NIMBIN BRANCH - COUNTRY LABOR

P.O. BOX 183
NIMBIN 2480

September 4, 2003

Senator Jan McLucas
Chair, Senate Select Committee on Medicare
Parliament House
Canberra ACT 2600

Dear Senator McLucas,

Please find attached a brief prepared on behalf of the Nimbin Needs Doctors Rural Action Group detailing all the facts in relation to the predicament the village has found itself in.

This group was formed after a Public Meeting was called by the sole remaining GP announcing that he could no longer continue to run a four person Practice and attached Hospital alone, and we learnt that most of our problems could be laid at the feet of the RRMA classification and the refusal by the Minister of Health and Ageing to change our status.

We currently have three GPs providing a 1.3 person coverage in the Practice now managed by the Division of GPs.

This Branch has supported the actions of this group and endorses these documents being sent to you as Chair of the Senate Select Committee on Medicare to assist you in your deliberations.

Yours faithfully,

Helen M. Colbourne

Helen M Colbourne Sec/Treas

Copies to : Senator Ursula Stephens
Ms Julia Gillard MP
Senator Michael Foreshaw
The Hon Morris Iemma

Nimbin Needs Doctors Rural Action Group
In association with NIMBIN HEALTH & WELFARE Association Inc.
Contact: Dr Len Martin PO Box 61, Nimbin NSW 2480
Tel., 0266 890 254 email: pteropus42@smartchat.net.au
Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au

28 August, 2003

Senator Jan McLucas
Chair, Senate Select Committe on Medicare
Parliament House
Canberra ACT 2600

Dear Senator McLucas,

I apologise for lumbering you with such a mass of documents, but it is a complete dossier on a major social injustice to the **small rural** northern NSW community of Nimbin, which puts the health of some 4-6000 rural Australians at risk, namely: **the continuing refusal by the Minister of Health and Ageing to change Nimbin's inappropriate Rural Remote & Metropolitan Area [RRMA] classification of 3 to an appropriate and entitled 5. While Nimbin remains RRMA 3 it cannot access many Federal incentives for rural medicine.** This contributed to the recent closure of the old Nimbin practice, and severely compromises the new one opened recently by local health services.

We ask for your help to redress this issue, using the information provided in any way you can. Senator Forshaw has asked questions of the Minister and staff at the June Senate Estimates Hearings. The answers, which are analysed in the documents supplied, are far from satisfactory. So too are the Ministerial written responses to our requests for review - so poor are these that they warrant a complaint to the Ombudsman!.

Copies of these documents are also going to the Shadow Minister for Health and Ageing, Ms Gillard, other ALP and Democrat members of the Senate Select Committe on Medicare (not as a formal submission - but because of the Senators' experience in Medicare issues), the NSW Minister for Health, Morris Iemma, oh yes - and the Ombudsman!.

Summary of Nimbin's Predicament

RRMA3 applies to large rural centres with populations of 25,000 to 99,999 in their urban centre; RRMA4 to small rural centres with populations of 10,000 to 24,999 in their urban centre; RRMA5 to other rural areas with less than10,000.in their urban centre - eg. Nimbin!.

Most Federal government incentives to encourage GPs to move to, and stay in, rural practice are only available to areas classed RRMA 4-7. These incentives are substantial (see document B).

Nimbin's RRMA3 status, and resultant lack of access to the appropriate incentives has led to progressive loss of four Nimbin GPs and eventual closure of that practice.

It now threatens the viability of the new practice arrangement - initiated recently by *Northern Rivers Division of General Practice, Northern Rivers Area Health Service & Lismore City Council* with additional major funding from the NSW State Government.

Nimbin's situation is exacerbated by surrounding areas being RRMA 4 or 5 - Murwillumbah, Byron Bay and Ballina. There is no doubt that RRMA5 status would greatly improve Nimbin's chances of attracting more GPs to the new practice. It is significant that the practice opens with contracted GP practice-sessions equivalent to little more than one GP, when the catchment population justifies the equivalent of three.

We believe that Nimbin *should* have RRMA5 status because of its geographical location. It is undeniably a rural community, over 30 km north of Lismore, with poor road access liable to blockage by

flooding and affected by dense fog for part of the year. Much of the practice catchment is in rugged country with even more difficult access to Lismore; many patients come from adjoining RRMA5 areas (see maps in document A).

We believe that Nimbin is *legally entitled* to RRMA5. The RRMA status of any rural Statistical Local Area (SLA; the unit to which RRMA is applied) depends not on total population of the SLA, but on that of the largest urban centre. Nimbin was classed as RRMA3 because it was located in the single SLA of Lismore (C) - (large rural centre with urban centre population >25,000).

In 2001, the ***Australian Bureau of Statistics*** **[ABS]**, as part of a National revision of the *Australian Standard Geographic Classification* [*ASGC*], split the SLA of Lismore (C) it into two SLAs: **Part-A**, containing the urban centre of Lismore, and **Part B**, which contains Nimbin and specifically excludes the urban centre of Lismore. On the basis of this reclassification, Nimbin is now located in an SLA classed other rural area with an urban centre population less than 10,000 **and therefore RRMA5** (see document C).

Nimbin's GP, Dr Dan Oxlee, supported by *Northern Rivers Area Health Service* and *Lismore City Council* has been writing to the Minister since 2000, describing the disastrous efffects of RRMA3 on the practice, drawing the Minister's attention to the reclassification of Nimbin's SLA and the need for RRMA5.

Since a crisis meeting in April 2003 over a hundred letters have been sent to The Minister. To date, we are aware of only a few replies. **From the beginning, the Ministry has been unresponsive to questions asked, consistently negative about changing Nimbin's RRMA status, and often in error.** At times it seems that neither Minister nor staff understand the basis of RRMA (see documents E and F).

To help you evaluate this situation and our case, I enclose seven briefing documents:

(A) The catchment area of Nimbin: the geographic basis for Nimbin's "moral" right to RRMA5 status;

(B) What RRMA3 exclues us from: how RRMA3 compromises survival of a medical practice in Nimbin;

(C) Basis of RRMA classification: how the ABS 2001 national updating gives Nimbin RRMA5 status;

(D) Letters to the Minister from Dr Oxlee and others;

(E) Ministerial responses to the above letters - a disgrace to the public service;

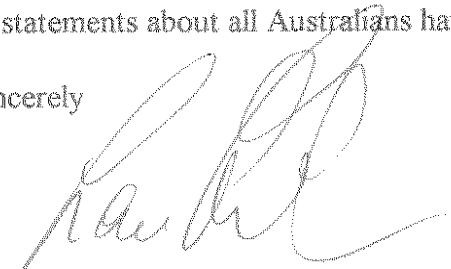
(F) Ministerial responses in June 2003 Senate Estimates Hearings to questions from Senator Forshaw;

(G) Documents obtained under the Freedom of Information Act.

We believe that Ministerial responses in (E), (F) and (G) provide convincing evidence that there is no good or binding reason why the Minister should not act to provide Nimbin with its appropriate RMMA 5 status.

In the meantime Nimbin's situation makes a mockery of the Federal Government's much vaunted and oft repeated statements about all Australians having equity of access to Medicare services.

Yours sincerely



Dr Len Martin, for the Nimbin Needs Doctors Rural Action Group

encl: briefing documents, A,B,C,D,E,F,G.

Nimbin and Rural Medicine, Document (A): NIMBIN AND ITS CATCHMENT AREA

by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

Executive Summary The town of Nimbin is the urban centre for a dispersed population of some 5-6000 people. Nimbin lies over 30 km north of Lismore, with poor road access to Lismore. Nimbin's catchment population, being dispersed over a large area of relatively rugged country, has even worse access to Lismore. It is unjust to classify the Nimbin catchment, which includes RRMA5 areas, as RRMA3.

Introduction Nimbin is a small rural town in the Local Government Area [LGA] of Lismore City, but which is located over 30 km north of the town of Lismore. Nimbin has a population of some 400 in the township, but draws on an outlying population of about 6,000. The single- (previously four-) GP medical practice closed in May 2003, because it could not attract additional GPs. The only practice in the area, it had over 4,000 local residents on its books. A major factor in the practice's failure to attract or retain GPs was Nimbin's RRMA3 status. Aside from Lismore, Nimbin is the only urban centre in the Richmond-Tweed area with this status, all others are classed as RRMA 4 or 5.

The issue of changing Nimbin's RRMA status has been addressed in Briefing Document C. **In what follows it will become clear that it is a nonsense, and major injustice to rank Nimbin as a town of 25,000-99,999 population – because that is what RRMA3 status implies**

Nimbin as a Small Urban Centre

The (2001) Statistical Local Area [SLA] of **Lismore (C)-Pt B** lists only four "towns". To quote,

"It includes the towns of Dunoon, Clunes, Modanville and Nimbin, but excludes the town of Lismore"

Only these four towns appear in the Australian Bureau of Statistics [**ABS**] *Census of Population and Housing, Selected Characterisitics for Urban Centres and Localities, New South Wales and Australian Capital Territory 2001* (***CPH2001***) [ABS Cat. No. 2016.1; ISBN 0 642 47797 3].

The *CPH2001* defines an urban centre as a,

"population cluster of 1,000 or more people, while a locality is a population cluster of between 200 and 999 people".

Thus all four "towns "of the **Lismore (C)-Pt B** SLA are "localities. The *CPH2001* lists Modanville as having the largest population (467) and Dunoon the least (398), with Clunes at 417 and Nimbin at 400.

Nonetheless it is unequivocal that, in terms of services and facilities provided, Nimbin tops the list, and functions as a small rural centre for a broad catchment area of 20-30 km diameter (see maps).

The town centre has: a cinema-restaurant; a bowling club; a central school with >300 pupils; a public swimming pool; several back-packer hostels; a post-office; a guest house; a police station**; a hospital, currently undergoing a major upgrade**; an established alternative-energy enterprise centre; a St Vincent de Paul thrift shop; a community-based neighbourhood centre; a community centre; a Community Technology Centre; a thriving art gallery and local regional gallery; a pub; a service station; an NRMA service and repair centre; one butcher employing 3-4 staff; a hardware store ditto; one newsagent-supermarket ditto; one emporium-supermarket ditto; one credit union branch ditto; one hot bread shop ditto; one pharmacy ditto; one estate agent ditto; a bookshop!; a hairdresser; one greengrocer; one organic greengrocer; one Pizza restaurant; several cafe/restaurants including The Rainbow, The Oasis, The Cave, Choices and others; various shops selling "touristy" goods; Djanbung Permaculture Centre.

The Village hall regularly hosts locally produced entertainment such as cabarets featuring talented local musicians, plays presented by local drama groups (there are three). There are sports fields and sports clubs, and a showground. Within two to three km of town are: a building supply centre; a produce store and a quarry. Nimbin also boasts a number of professional and other services: surveyor, solicitor, builders, plumbers, electricians; there is a highly active gardening club and magnificent gardens... the list goes on.

While Nimbin is known for its Hippy culture and drugs (and both are obvious on the main street, and attract tourists), it is clear from the thriving businesses and services listed above that Nimbin supports much more than the simple "alternative lifestyle" culture. There are still many farming families in the district and Nimbin continues to run an annual Agricultural Show! There have been numerous rural subdivisions, and increasingly these are being bought by the more affluent: retired professionals; baby-booming refugees from Sydney etc. The housing market is buoyant, as evidenced by the advertisements in the estate agents (http://www.nimbinrealestate.com.au/).

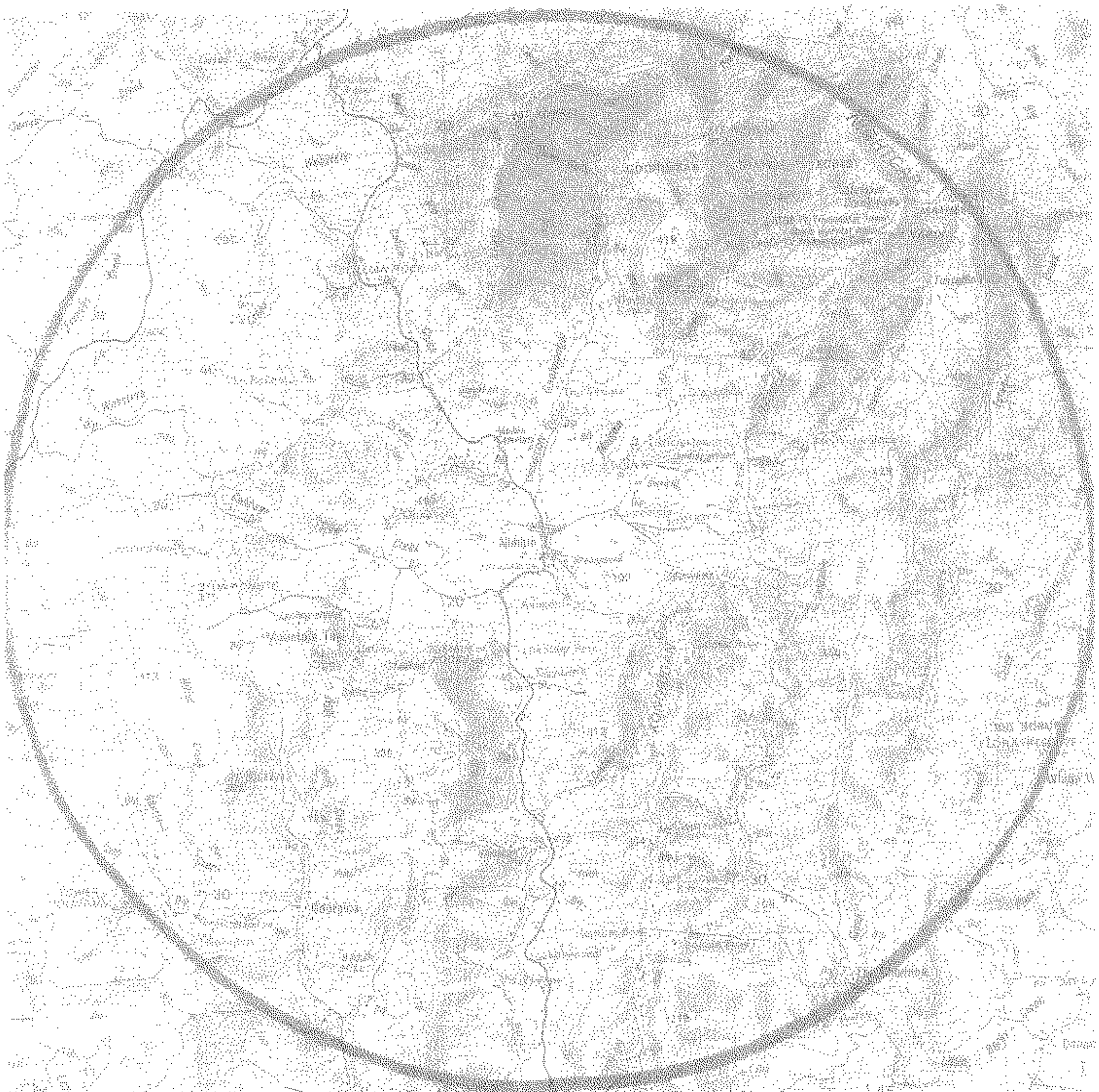
Although a new practice has recently been set up co-operatively by *Northern Rivers Division of General Practice*, *Northern Rivers Area Health Service* and *Lismore City* Council continuing RRMA3 status will to seriously compromise its viability, as it did the previous practice. By contributing to the previous practice closure, RRMA3 status has already put the health of a large rural population at risk (not to mention tourists), and it could well do so again!

2. The geographical location of Nimbin **Map 1** of the Lismore Local Government Area [LGA] and adjoining LGAs shows how isolated Nimbin is compared with Wollongbar and Alstonville, rated RRMA4!

Map 1 A general view of the Lismore Local Government Area [LGA] and adjoining LGAs **: Byron Bay, Ballina, Tweed (north), Kyogle (northwest), Casino (southwest).** Fine black lines indicate Census collection districts. In the Lismore LGA fine mauve lines indicate boundaries of Lismore "suburbs". The concentric rings around Nimbin mark 10 and 15 km respectively from the Nimbin Post Office.

Maps 2 and 3 show that Nimbin and its catchment area are in rugged country, a topography that exacerbates the isolation of Nimbin town and its catchment from Lismore.

Map 2. Satellite topographic view of the area covered by map 1. This emphasises the isolated position of Nimbin with its catchment area encompassing rugged country and difficult access to Lismore.

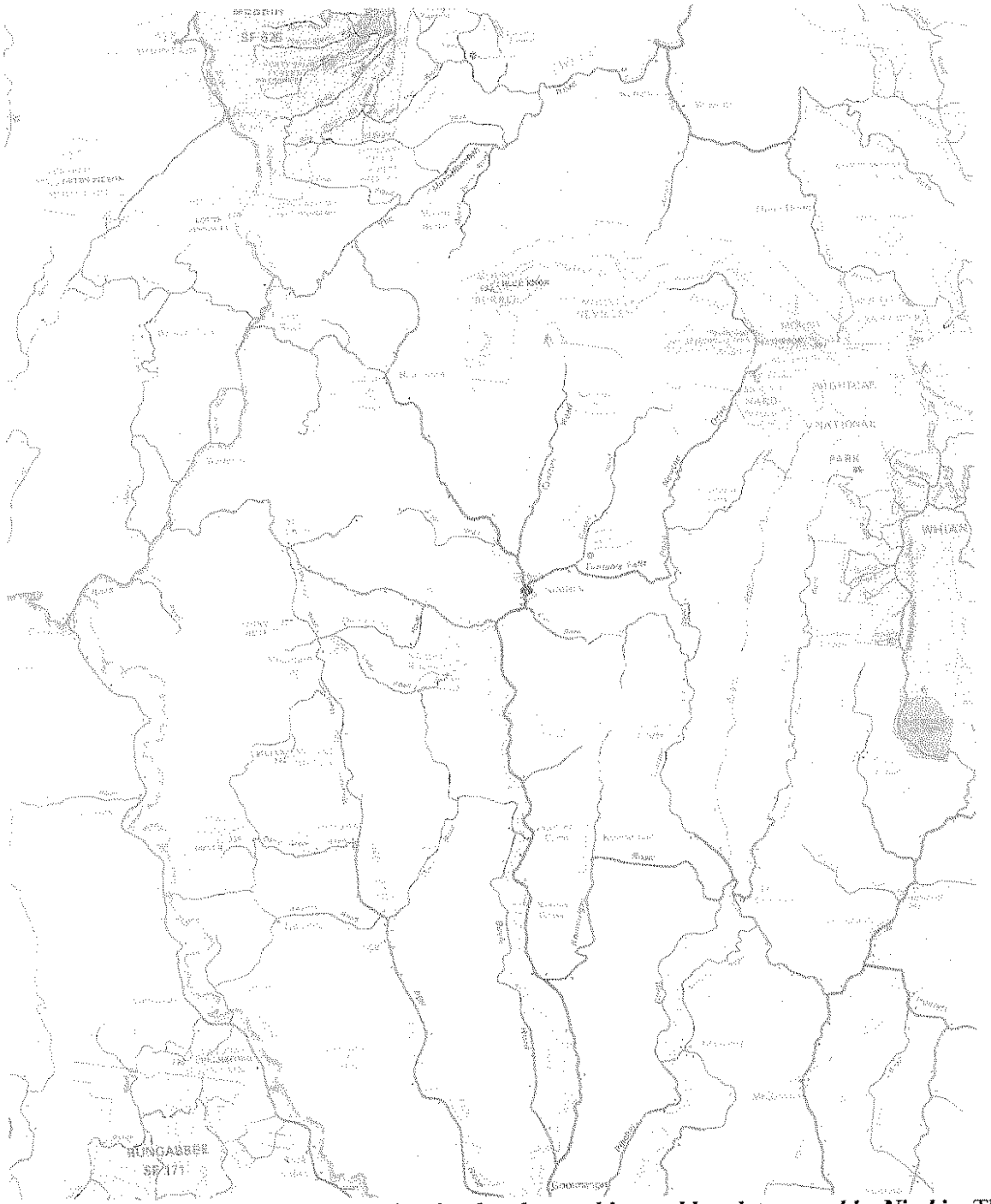


Map 3. A closer topographic view of the Nimbin catchment. This again emphasises the isolation of Nimbin from Lismore and how Nimbin township is a "natural centre" to its catchment - with a network of small winding roads

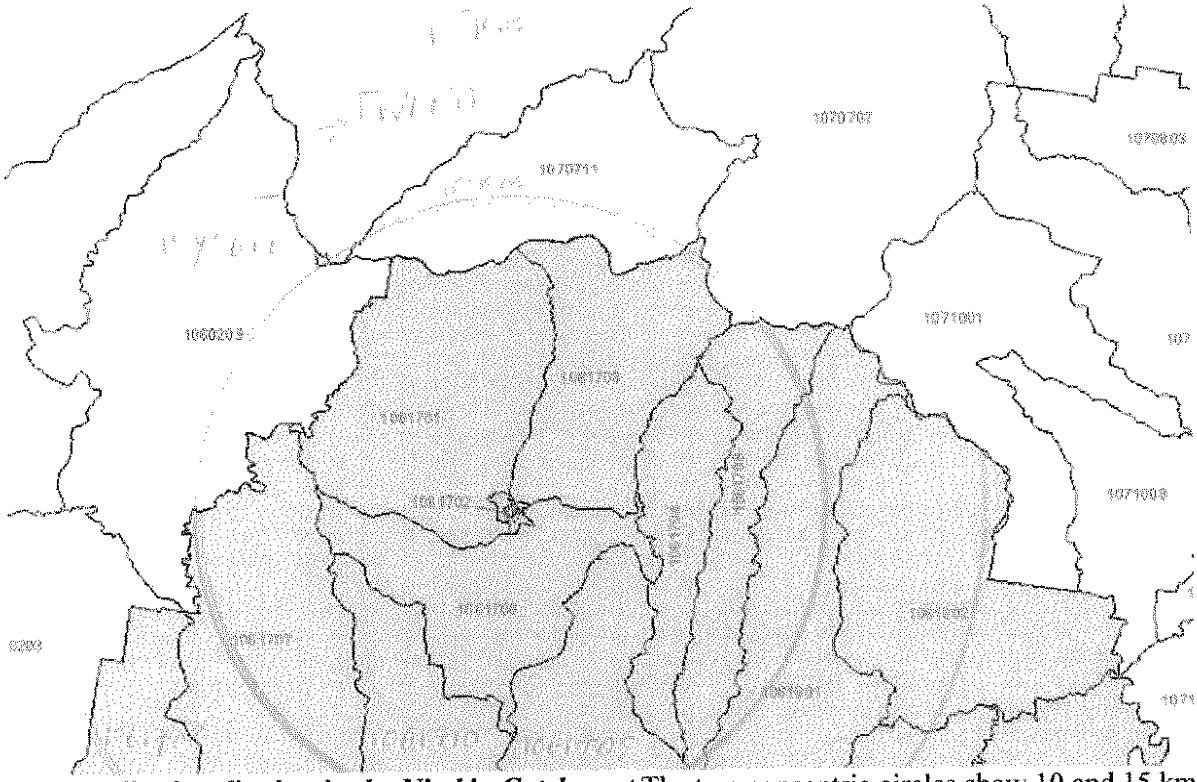
from the surrounding rugged country. Note also the road that winds south towards Lismore close to Goolmangar creek. It is prone to flooding and traffic hold-ups by dense fog. Orange circle marks 10 km from Nimbin PO.

Lying as it does in the extreme north of the Lismore LGA, Nimbin services populations from the adjoining LGAs of Kyogle and Tweed. Reference to Map 4, (a section of the "Casino" Forestry Map, that shows local roads in good detail), makes clear how natural it is for the populations of Cawongla, Barkers Vale, and Wadeville in Kyogle Shire, and Mount Burrill and Kunghur in Tweed Shire to treat Nimbin as their local centre - particularly given the range of services that Nimbin offers. **It should be noted that all of these localities are in SLAs with RRMA5 status.**

Areas within the Lismore LGA, which look to Nimbin, include Mountain Top, Jiggi, Coffee Camp, Koonorigan, The Channon, Tuntable Falls and Lillian Rock. The following outlying schools also lie within the Nimbin Catchment: **public schools** - Barkers Vale, Coffee Camp, Jiggi, The Channon, The Channon-Tuntable Creek; **non-government schools** – Nimbin-Tuntable Falls Primary School, Rudolph Steiner School (on Lillian Rock Road).



Map 4. Section of "Casino" Forestry Map showing local townships and hamlets served by Nimbin. The two concentric circles show 10 and 15 km from the Nimbin Post Office.



Map 5. Census collection districts in the Nimbin Catchment The two concentric circles show 10 and 15 km from the Nimbin Post Office.

Table 1 The Population of the Nimbin Catchment Area

Counts are based on the *Australian Bureau of Statistics* 2001 Census data

[Census for Urban Areas, ABS Catalogue No. 2016.1 ISBN 0 642 47797 3 (2003)]

Statistical Local Area	Census Collection District	Number of Residents	Subtotals
Kyogle (C)	1060209	748	**748**
Tweed (C) Part B	1070711	357	
	1070707	399	
	1070706	793	**1549 (2297)**
Lismore (C) Part B	1061701	533	
	1061702	486	
	1061703	308	
	1061704	368	
	1061705	456	
	1061706	427	
	1061707	780	
	1061708	462	
	1061709	221	
	1061710	407	
	1061801	493	
	1061802	281	**5222**
	Total	**7519**	**7519**

Table 1 shows the population numbers for the Census Collection Districts that can be regarded as being in the Nimbin catchment. One notable feature that emerges from these data is the remarkable degree of dispersal of the population across the whole catchment – another feature that emphasises the rural isolation of the catchment population in relation to Lismore.

Clearly it is a monstrous injustice that this rural area does not have the "other rural" status that its geographical location warrants, namely

RRMA5!

Nimbin and Rural Medicine, document (B): WHAT RRMA3 EXCLUDES US FROM

by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au] **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

(A) Executive summary

Practices in RRMA4-5 areas surrounding Nimbin gain many tens of thousands of dollars because of the higher medicare rebates available. Doctors are also attracted to these areas because of the substantially higher relocation subsidies. These areas also have access to rural stream registrars (who are more likely to remain in rural areas). These rural stream registrars are excluded from the Nimbin practice because of its RRMA 3 status. As a result the population of Nimbin town and catchment, some 6,000 rural Australian, continues to suffer!

RRMA3 status excludes Nimbin from:

Taking Rural-stream registrars into the practice.

NSWRDN Relocation Grants of up to $10,000 for GPs relocating to communities in need of GP services.

HIC PIP Practice Incentive Payments and Immunisation Incentives.

Commonwealth Health Registrars Rural Incentive Payment Scheme, Up to $60,000 over 3 years.

HIC Rural Other Medical Practitioner Program, whereby GPs who are Not Vocationally Registered (NVR) can access VR rebates; VR rebate for basic consultation is $25.05 versus $17.85 for NVR basic consultation rebate.

This last is already seriously impacting on the financial viability of the new practice set up in Nimbin recently by *Northern Rivers Division of General Practice [NRDGP], Northern Rivers Area health Service [NRAHS] & Lismore City Council [LCC].*

(B) The Effects

(1) As recounted by Guan Yeo CEO of the Royal Australian College Of General Practictioners to Dr Daniel Oxlee 4th June 2001 (see also document D) "For the 2001 enrolment, 40% of places have been quarantined for the Rural Pathway. Registrars in the Rural Pathway must complete the general practice component of training in RRMA 4 to 7, in return for receiving up to $60,000 in financial incentives from the Commonwealth. A perverse effect of this on Nimbin... is that **40% of the training enrolment is now excluded from training in your area. This excludes these GP registrars who demonstrated their interest in a career in a rural General Practice.** We will continue to strive to place registrars in Nimbin from the general stream, but these registrars have a lower likelihood of practicing in rural Australia after graduation"

(2) As recounted by Dr Daniel Oxlee, 13th Sept. 2001 To Mr. Ian Causley Dear Mr. Causley,... You may now recall that **I raised this issue last year** when there were three permanent doctors

in Nimbin. I sent you copies of my correspondence to Dr. Wooldridge in March of this year after one doctor resigned.... **Another doctor has resigned leaving myself as the only permanent doctor in Nimbin**... No matter if we get Doctors from overseas, the truth is that **any doctor working in Nimbin will be receiving less than those working in any other small town in Northern NSW.... Dr Gambin left Nimbin last year and receives more in rural loading in his PIP payments working in Murwillumbah which is a larger town with 20 GPs working a much easier after-hours load**... All other towns are able to take RACGP registrars on the rural training scheme... Please note that **in July this year Dr. Andronicus transferred to Byron Bay to take up the $20,000 rural incentive for RACGP trainees**. In Jan 2002 **Dr. Chiu who is our current registrar has also signaled he will be leaving because he can[not] obtain the rural training incentive [here]**. In response to my advertisements **I have had two doctors decide not to come to Nimbin citing our rural classification as one of their reasons**.

(3) As recounted by Dr Daniel Oxlee, 22nd March 2001 to Ken Gainger General Manager Lismore City Council Dear Mr Gainger,...The problems... are – it is harder to attract doctors to the area as they are missing out on payments... Our GP registrars which are GPs in training **are now given incentives of $60,000 over three years... if they train in rural areas outside RRMA3**. Which means that they will get such subsidies if they work in **any other town on the North Coast outside Lismore or Nimbin**... We can't expect them to stay on here. We do have a GP registrar coming next year but no assurances that that will continue.

(4) That are already impacting on Nimbin's new practice.

This practice, set up under a MoU between *NRDGP, NRAHS & LCC*, with some $50,000 NSW State Government start-up funds, contracts GPs to supply medical sessions. **So far it has managed to attract only three GPs, part-time**, for thirteen four-hour practice sessions - the equivalent of little over one full-time GP.

Nimbin's medical needs require the equivalent of three GPs - thirty practice sessions, each of four-hours, per week. **Is the failure to attract GPs a result of the lack of appropriate relocation grants?**

For the start-up period, the practice is being subsidised by *NRDGP, NRAHS & LCC* by provision of: rent-free practice rooms; salaries of practice manager & practice nurse; overnight accomodation for doctors rostered from elsewhere. **The practice must become self supporting - meeting all these running costs from fees charged and Medicare rebates.** It is here that the Federal Minister's intransigence severely compromises the practice's viability.

The doctors doing ten of the thirteen sessions are not vocationally registered. Thus the Minister's refusal to grant Nimbin appropriate rural status denies the practice the full Medicare rebate of $25.05 per consultation for these doctors. Instead it receives only $17.85. If our practice was rated as really rural - like all those in Byron Bay it would be entitled to the full rebate.

As quoted in a report announcing a raft of incentives to encourage doctors to move from the centre of Sydney to the outer suburbs, "***general practitioners who are not vocationally registered receive the higher Medicare payments normally reserved for fully-accredited GPs - an upgrade which can increase annual incomes by $40,000, according to government estimates***".

To Nimbin, that is a sick joke. This is just one of the Federal Medicare incentives to which Nimbin is morally and legally entitled - financial incentives that would help the practice meet its running costs. **If it cannot meet its running costs, the practice will close. Problem solved?**

Such incentives, designed to attract doctors to rural areas, are enjoyed by Murwillumbah, Byron and Ballina but not Nimbin.

We continue to ask the Minister, "Why not Nimbin?". In the meantime, while bureaucrats baffle with bulldust, the sick and elderly in Nimbin suffer - no equity of access to Medicare for them.

The following table (with built-in questions addressed to candidate GPs/registrars) comes from Chris Clark, CEO *The Northern Rivers Division of General Practice,* one of the bodies responsible for setting up and administering the new practice. It was generated in response to a statement made in the Senate estimates Hearings (Document F) that, "the RRMA classification was not the real issue there"!

Which Community Would You rather Work in?				
Incentive	**RRMA 3**	**Amount**	**RRMA 4-7**	**Amount**
NSWRDN Relocation Grants. For GPs relocating to areas in need of GP services	RRMA 3	Up to $8,000	RRMA 4-7	Up to $10,000
HIC ROMP Program (Rural Other Medical Practitioner)	No access to ROMP Program $7.20 less rebate/ standard consultation to community (Non-VR Rebate Basic Consult: $17.85)	$17,850 per 1000 Standard Consultations back to the community	Access to ROMP Program with full rebate (VR Rebate Basic Consult: $25.05)	$25,050 per 1000 Standard Consultations back to the community
Commonwealth Health RRIPS – Registrars Rural Incentive Payment Scheme	Registrars in RRMA 3	$0 No access to RRIPS	Registrars in RRMA 4-7	Up to $60,000 over 3 years
RLRP – Rural Locum Relief Program	Special approval from Commonwealth required for 3GA approval	$? Time spent dealing with extra layer of bureaucracy	NO Special approval from Commonwealth required for 3GA approval	$0
Rural Stream Registrars	No access available for placement. (Access only available to General Pathway registrars on 6 months rotation from Metropolitan area)	$?? Cost to health care of the community & workforce retention. Majority of Registrars in rural stream remain in the region.	Rural Stream Registrars have access to continuity of placement in rural area, servicing workforce shortage and creating long-tem commitment to region.	$?? Benefit to health care of community and workforce retention
TOTAL $ per year		**$25, 850**		**$95, 050**
Now explain why RRMA Classification doesn't make a difference!				

Nimbin and Rural Medicine, Document C: WHY IS NIMBIN STILL RRMA3? by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

0. Executive Summary

0.1. The basic unit of the Rural Remote and Metropolitan Areas (RRMA) classification is the Statistical Local Area [SLA]. An SLA is classed as "Rural" if it has the appropriate "remoteness index". Nimbin does.

0.2. A rural SLA is classed as large rural centre (RRMA3), small rural centre (RRMA4), or other rural area. (RRMA5) on the basis of t**he population of the largest urban centre within the SLA, not the total population of the SLA.** Large rural centres, small rural centres and other rural centres have urban centre populations of 25,000-99,999, 10,000-24,999, and less than 10,000 respectively.

0.3. Nimbin was classed RRMA3 in the 1994 Australian Bureau of Statistics [***ABS***] *Australian Standard Geographic Classification* [***ASGC***] as it was located in the Lismore (C) SLA with an urban centre population >25,000.

0.4. Most SLAs correspond to Local Government Areas [**LGAs**]. This was true of Lismore (C) in 1994, whereas Tweed (A) was split into two - parts A & B.

0.5. In 2001, in a National revision of the *ASGC*, the *ABS* split Lismore (C) into two separate SLAs: Pt-A, containing Lismore urban centre and Pt B, containing Nimbin and excluding Lismore urban centre.

0.6. Nimbin is now in an SLA with urban centre population <10,000, classed other rural centre and therefore, RRMA5.

0.7. Since 2001 these facts have **repeatedly** been drawn to the Federal Minister's attention - **to no avail**. Some letters have not been answered. Replies ignore the issue ignored, refuse to reclassify with no reason given; or (the Minister, 15th April 2002) state, "Nimbin is classified as RRMA 3 as it is located in the Lismore (C) Statistical Local Area", WHICH IS PATENTLY UNTRUE, BUT IS REPEATED BELOW.

0.8. On February 4th 2002, the Minister stated "**my Department has no authority to reclassify areas categorised under the Rural. Remote and Metropolitan Area (RRMA) classification. The RRMA model uses the Australian Standard Geographic Classification (ASGC) Statistical Local Area (SLA) as its basic building block**... **The ASGC is a classification maintained by the Australian Bureau of Statistics** for the collection and dissemination of geographically classified statistics, and is designed to meet user needs for social demographic economic statistics... **Nimbin is located in the SLA of Lismore (C) which is classified as RRMA3. It cannot be reclassified unless there is a dramatic downward shift in population in the Lismore (C) SLA".**

THIS IMPLIES THAT THE *ABS* HAS AUTHORITY TO RECLASSIFY, THAT RECLASSIFICATION WOULD BE RECOGNISED BY DHAC, YET THE MINISTER, IN AUGUST 2003, STILL REFUSES TO RECOGNISE THAT NIMBIN'S SLA HAS BEEN RECLASSIFIED BY THE *ABS*.

0.9. Conclusion

The Minister has no real or consistent reason to exclude Nimbin from its rightful access to Federal incentives for rural medical practices by refusing Nimbin RRMA5 status.

In persisting in this unjust course, she destroys the equity of access to Medicare services for some 6000 rural Australians and puts their health at risk.

Nimbin's inappropriate RRMA status, based on an out-of-date and inappropriate, geographical classification is a major social injustice!

1. Introduction

1.1. Nimbin is a small rural village, over 30 km north of Lismore, with a catchment population of some 6000. The single- (previously four-) doctor medical practice closed in 2003 because it could not attract additional doctors. The only local practice, it had over 4,000 local residents on its books. **A major factor in the failure to attract additional GPs, was Nimbin's RRMA3 status, exacerbated by neighbouring** towns such as Murwillumbah, Byron Bay, Ballina, Alstonville, Kyogle etc being RRMA 4 or 5. The greatest anomaly is Alstonville/ Wollongbar on RRMA4, despite their proximity to the centre of Lismore.

2. The Statistical Basis of the RRMA Classification

2.1. The ***Rural, Remote and Metropolitan Areas Classification*** [*RRMAC*] (1994; Australian Government Publishing Service; ISBN 0 644 42752 3; A51543 Cat. No. 94 3091 X) is based on the Australian Bureau of Statistics [ABS] *Australian Standard Geographic Classification* [*ASGC*] *(1994).*

2.2. *RRMAC* (1994) states that, "This classification is built up from SLAs... the building blocks from which the categories of the classification are constructed. Statistical Local Areas (SLAs) are the principal geographic building blocks used by the ABS... Local Government Areas (LGAs) are those areas which fall under the jurisdiction of local government councils. LGAs with large populations are often split into two or more SLAs... An Urban Centre is an urban collection district (about 300 dwellings) or an aggregation of... contiguous urban collection districts totalling 1000 or more in population." and that,

2.3. "The classification is a public tool... relevant to... equitable locational distribution of public resources", and that such classifications have been, **"particularly important in the assessment of needs and service availability in disadvantaged areas" [my emphases]**.

2.4. Determination of RRMA status involves an *Index of Remoteness*, derived by a complex statistical calculation based on various "distances". All local SLAs, apart from Tweed (A) Pt (A), have an appropriate Index of Remoteness.

2.5. *RRMAC* (1994) states that, "Non-metropolitan SLAs with an index of remoteness greater than 10.5 are classified as remote and those with an index value less than or equal to 10.5 as rural. **The size of the largest urban centre within, or partially within each SLA, is then identified to determine the category of each SLA within its zone**... It should be noted that component SLAs in some multi-SLA local government areas (LGAs) are not necessarily in the same category.". **[my emphases]**.

2.6. *RRMAC* (1994) P. 5 states, **"Rural Zones and Categories** The rural zones consist of those non-metropolitan SLAs whose index of remoteness is less than or equal to 10.5. There are three rural categories - large rural centres, small rural centres and other rural areas.

Large rural centres are SLAs where most of the population reside in urban centres of population 25 000 or more.

Small rural centres are SLAs in rural zones containing urban centres of population between 10 000 & 24 999.

Rural and remote centres are defined according to the population size of their associated urban area, not according to the population size of their SLAs.

Other rural areas are the remaining SLAs within the rural zone.".

3. The 1994 RRMA classification of SLAs in the Richmond-Tweed Statistical Division

3.1. When the Federal Health Department utilised RRMA as the basis for distributing incentives to **improve** medical services in rural and remote areas, Nimbin was located in the SLA of Lismore (C), remoteness index 9.68; total population 40,619. Since it included the urban centre of Lismore (population > 25,000) the whole SLA, including Nimbin, was classed as **large rural centre RRMA3.**

3.2. While Lismore (C) SLA contained the **whole** LGA administered by Lismore City Council [*LCC*] Tweed LGA was divided into two SLAs:

Tweed (A) - Pt A (1996 total population >29,581; remoteness index 0, because of proximity to the Gold Coast) was classed **Other Metropolitan**;

Tweed (A) - Pt B (1996 total population, 22,465; remoteness index 9.6) was classed **other rural area RRMA 5,** because the largest urban centre, Murwillumbah, had a 1996 population of 7,657.

3.3. Similarly, Byron (A) SLA (1996 total population, 28,175), largest urban centre, Byron Bay (population <10,000) is **other rural area RRMA5** and Ballina (A) (1996 total population, 36,625), largest urban centre, Ballina, (1996 population, 16,056) is **small rural centre RRMA 4**.

4. Year 2001 changes to the Lismore (C) SLA.

4.1. On December 10 1999 Gregory Bray for the ABS Regional Director NSW, wrote to the *LCC*,General Manager, "I refer to... correspondence in which I advised that the ABS was undertaking a review of Statistical Geography in NSW. This review is now complete and has recommended the creation of a new Statistical District of Lismore. **This change will be effective from July 2001 and will therefore be included in the geographic classification for the 2001 Census** of Population and Housing... The existing Local Government Area of Lismore (C) was split into two new Statistical Loca Areas (SLA), and the new Statistical District Boundary aligns with the new SLA of Lismore (C) - Part A. The new Statistical District (SLA of Lismore Part A) has an estimated population of 29,000 and the balance of the LGA **(SLA of Lismore Part B) has an estimated population of 13,000**.".

4.2. ABS publications confirm that the Lismore LGA was split into the two SLAs specified, and that they were used in the 2001 census. A map from the ABS, *Census of Population and Housing,* Selected Characteristics for Urban Centres and Localities, New South Wales and Australian Capital Territory (Struik, 2001) shows these "new" SLAs.

4.3. ***ABS*** *Australian Standard Geographical Classification* SLA Map (2001) for Lismore (C)-Pt A (Statistical Local Area) states that, "This SLA is part of the City of Lismore. It includes the town of Lismore". The map for **Lismore (C) - Pt B (Statistical Local Area) states that, "This SLA is part of the City of Lismore. It includes the towns of Dunoon, Clunes, Modanville and Nimbin but excludes the town of Lismore.".**

5. A variety of reasons from the Ministry - but all negative

The following letters are in our briefing documents D & E, but are worth considering here.

5.1. Ms Cobbold, Assistant Secretary, Health Capacity Development Branch, (31 October 2001, to *LCC*) states, "Nimbin **is located** in the statistical locall area of Lismore (C) which lies within a RRMA 3 area. It cannot be reclassified unless there is a dramatic downward shift in population numbers in the Lismore (C) SLA.". **Note the present tense**. On 19/11/2001, Dr Oxlee wrote to Ms Cobbold, about the new Lismore SLA.There appears to have been no response!

5.2. John R Perrin Senior Adviser (Social Policy) Office of The Prime Minister (21 December 2001 to Nimbin Pharmacy), "This classification... is based on Statistical Local Areas generated by the Australian Bureau of Statistics from Census data. The RRMA classification can be regarded as an indicator of the relative remoteness of localities in terms of their likely access to resources and facilities, including various health services. **I understand that Nimbin is classed as RRMA3 (large rural centre, population 25,000 - 99,000 in the urban centre) because it falls within the Statistical Local Area that includes Lismore."** Again the present tense and failure to recognise Nimbin's revised SLA.

5.3. The Minister for Health and Ageing (February 4th 2002, to I R Causley MP). "With respect to your request that the classification of Nimbin be altered, **I regret to advise that my Department has no authority to reclassify areas categorised under the Rural. Remote and Metropolitan Area (RRMA) classification. The RRMA model uses the Australian Standard Geographic Classification (ASGC) Statistical Local Area (SLA) as its basic building block**. SLAs are classified into metropolitan and non-metropolitan zones... **The ASGC is a**

classification maintained by the Australian Bureau of Statistics for the collection and dissemination of geographically classified statistics, and is designed to meet user needs for social demographic economic statistics... Within the rural classification - large rural centres with populations of between 25,000 and 99,999 in their urban centre (RRMA3), small rural centres with populations in their urban centre of 10,000 to 24,999 (RRMA4), and other rural centres **[*sic*]** with urban centre populations under 10,000 (RRMA5)... **Nimbin is located in the SLA of Lismore (C) which is classified as RRMA3. It cannot be reclassified unless there is a dramatic downward shift in population in the Lismore (C) SLA and, as such, is not eligible for incentive programs..."**

The emphases are mine. Again the present tense is used, though written in 2002, when "**the SLA of Lismore (C)**", as previously defined, no longer exists, and **Nimbin has long since been in Lismore (C) - Pt B, which excludes the Lismore urban centre and has a population distribution appropriate to RRMA5.**

NOTE THE IMPLICATION THAT CLASSIFICATION IS THE RESPONSIBILITY OF THE ABS, THAT THE ABS HAS AUTHORITY TO RECLASSIFY, THAT ANY RECLASSIFICATION WOULD BE RECOGNISED BY THE DHAC!

5.4. On **4th March 2002** Dr Oxlee wrote to Senator Patterson about the new SLA, questioning her letter of February 4th 2002. **On March 20th 2002**, he wrote again, refering to his previous letter, "I enclose a copy of my letter which I faxed on 6/3/02 but that I understand you have no record". **There is no evidence of a reply!**

5.5. Senator Patterson, (**15th April 2002** to the Deputy Prime Minister), states, "my department is unable to reclassify areas under the... (RRMA) classification. **As you are aware, Nimbin is classified as a RRMA 3, as it is located in the Lismore (C) Statistical Local Area (SLA).** The RRMA 3 classification is defined a large rural centre with populations of between 25,000 and 99.999 in their urban centre. The city of Lismore has a population of approximately 43,000 people **[*sic*]**. Therefore, the SLA in which **it is located** is classified as RRMA3. **Unfortunately, while Nimbin may be a smaller town outside the city of Lismore, it is still included in the same SLA and thus classified as RRMA 3**.".

The Minister's assertion is patently incorrect. Is it result of incompetence on the part of her departmental staff? Is there a hidden agenda? The population size given for the urban centre of Lismore is wrong. Nimbin is no longer located in an SLA that contains the Lismore large urban centre, but since the start of 2001 has been in an SLA which specifically excludes the Lismore centre. and rates as other rural area RRMA5. What is the Minister playing at?

5.6. Apropos possible incompetence: Brett Lennon, Assistant Secretary, Workforce and Quality Branch, (4th June 2003 to Mr and Mrs Jones, Thorburn Street Nimbin) writes, "(RRMA) Classification **Categorises postcodes into an index of remoteness according to population size.** Large rural centres (RRMA 3) have a population of 25,000 or more and small rural centres (RRMA 4) have a population between 10,000 and 24,999, **The Australian Bureau of Statistics (ABS) population figure for postcode 2480 is approximately 44,000. Geographic classifications cannot be altered arbitrarily**...". **Postcodes!**

5.7. On May 23 2003 I wrote to the Minister, questioning Nimbin's RRMA3 status and enclosing the original version of this document. "Despite Nimbin having been entitled to RRMA5 status since January 2001 [see attached document], repeated requests from our GP to have our RRMA status upgraded have met with refusal from you.".

Lisa McGlynn Acting Assistant Secretary GP Access Branch. (17th July 2003) replied, "The RRMA classification currently used by the department classifies Nimbin as RRMA 3... Geographic classifications cannot be altered arbitrarily." No notice taken of my RRMA briefing document. No reasons given, just a simple can't be done.

6. Final comments The Ministerial responses are less than satisfactory, smack of evasion, and resolutely ignore the current ABS classification. As Dr Oxlee said at the Nimbin crisis meeting, if this government can change Australia's international boundaries to accomodate refugees, it should find no difficulty in changing the boundaries to accomodate Nimbin - but then, **the crucial SLA boundaries have already been changed!**

Nimbin and Rural Medicine document (D): letters to the Minister 2001 - 2003. compiled by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

0. Executive summary

0.1. This document contains the text of 14 letters to the Minister of Health and Aged Care. We have gone to this length to enable the reader to fully judge:

(a) the basis of the crisis in the Nimbin medical practice that led to its closure;

(b) the quality and integrity of the Ministerial responses to these pleas from the Nimbin community.

The letters comprise:

(a) those from Dan Oxlee, Nimbin's last-remaining and increasingly desperate, GP, before the practice closed in May 2003;

asking the Ministry for help with respect to Nimbin's RRMA status;

cataloguing why the practice was declining, and how RRMA4-5 status would help;

(b) supporting letters from *Lismore City Council* and *Northern Rivers Area Health* Service and a post-practice-closure letter from this action group.

The sections of text which outline the difficulties and disadvantages suffered by the Nimbin practice that closed are highlit in bold red text.

We emphasise that, as long as the Minister for Health and Ageing refuses to recognise Nimbin's entitlement to RRMA5 status, all of said disadvantages and difficulties will apply to the new practice recently established by *Northern Rivers Division of General practice*, *Northern Rivers Area Health Service* and *Lismore City Council*, with major set-up funds from the NSW State Government. The three supporting bodies are currently subsidising the practice with accomodation for rostered doctors, rent-free practice chambers and salaries for a practice manager and a practice nurse, but this support is only for the start-up period and the practice must start to pay for itself in the near future. As outlined in document B, the difference between RRMA3 and RRMA5 status makes a major difference in finances and the ability to attract rural-stream registrars.

We believe that the Minister's intransigence with respect to Nimbin's RRMA status makes her in large part responsible for the closure of the previous practice. Will she now compromise the new initiative?

1. The Contents of section 2. The Letters

2. The Letters

2.1. From Chris Crawford, Chief Executive Officer NORTHERN RIVERS AREA HEALTH SERVICE 19 December 2000 to Mr Andrew Tongue General Practice Branch Commonwealth Department of Health & Aged Care Dear Mr Tongue, I am writing to raise an issue that may impact on the long term viability of maintaining general practitioner services in Nimbin, New South Wales.

Nimbin is classified as RRMA3, ie, based on the classification, a large rural centre with a population of 25,000-99,999. This is a statistical anomaly that requires reviewing and correction.

The reason for this anomaly is that Nimbin shares the same postcode with Lismore which is a larger rural centre. However, Nimbin is quite separate from Lismore in its culture, health needs and is at least 30km away.

The 1996 ABS census indicated the population of Nimbin village to be 319 and the catchment population, ie, 9 Nimbin catchment districts, to be approx. 4,000. Nimbin village itself consists of one catchment district and the surrounding areas comprise the 8 other catchment districts.

A recent planning process undertaken in Nimbin for the development of a Multi Purpose Service, which has been endorsed by the NSW Department of Health and the Commonwealth Department of Health & Aged Care, has defined the population of Nimbin as 4,000. This population is based on the 9 catchment districts referred to above.

A realistic assessment of Nimbin's population would indicate that Nimbin should be categorised as at RRMA5 classification, ie, a small rural centre with a population under 10,000. This classification would allow Nimbin to benefit from the various rural medical incentive programs which are available to doctors in rural areas.

In the new year, Nimbin is losing one of its doctors and there is a possibility that by the end of next year, another doctor will leave the medical services in Nimbin. Given the acute need for medical services in Nimbin, maintaining viable general practice medical services is crucial.

I am writing to seek your assistance to review the situation so that the Nimbin area can be classified appropriately and the long term viability of general practitioner services in Nimbin can be maintained.

Should you have any queries, please contact Mr Vahid Saberi, Director Policy & Health Service Development, telephone 026620 2949. Yours sincerely Chris Crawford, Chief Executive Officer

2.2. From Dr Daniel Oxlee and Dr. David Helliwell 39 Cullen St. Nimbin 2480, 9th March, 2001 To the Hon. Michael Wooldridge, Minister for Health and Aged Care Dear Dr. Wooldridge, We wrote to Mr. Ian Causley in November last year concerning the difficulties we are having with our RRMA classification. He passed our letter on to your office but we have yet to receive any response and our situation has since become more desperate.

Nimbin is currently classified as RRMA 3 (Large rural centre pop.>25,000) because it has the same postcode and thus is in the same statistical local area as Lismore. Nimbin is however a small town of 300 to 400 with an outlying catchment of about 4000.

We have no ambulance in the town and the doctors here are responsible for all the after hours care. We are the only VMOs to Nimbin Hospital.

Lismore is over half an hour away on a difficult road. Nimbin is also culturally quite separate from Lismore. We thus should be classified RRMA 5.

Since writing to Mr. Causley we have lost one doctor from our practice and we have had no responses to our advertising.

As our overheads cannot be reduced we now feel that we may soon find our practice financially nonviable.

We have contacted the department of Health and aged care but have received no help.

As mentioned in our previous letter our RRMA classification has the following disadvantages for us:

1. We miss a great deal of the PIP, which we should be due.
2. We will miss out on training RACGP trainees under the rural stream and of course will find it difficult to attract non-rural trainees.
3. We do not attract incentives for doctors to move to this area and thus will continue to struggle to obtain assistance with our workload.

Please note that your department has approved funding for a multipurpose facility in Nimbin. This is based on the department's assessment of Nimbin as a rural area of population of 4000. Are we 'non-rural' doctors expected to provide the medical services to this facility?

We eagerly await your prompt response. Enclosed is a letter of support from Chris Crawford CEO of the Northern Rivers Area Health Service. Dr. Daniel Oxlee, Dr. David Helliwell

2.3. From Dr Daniel Oxlee, 22nd March 2001 To Ken Gainger General Manager Lismore City Council Dear Mr Gainger, I have been asked to give you a rundown of our problem in Nimbin. A few years ago the Federal Govt decided to introduce practice incentive payments to GPs in lieu of increasing Medicare rebates.

Part of this payment is for rurality. They have used the Rural, Remote and Metropolitan classification to gauge rurality and because of the fact that we have the same postcode as Lismore we have been classified as RRMA 3 a large rural town of population 25000 to 10000.

We have complained about this ever since. The problems it gives us are – it is harder to attract doctors to the area as they are missing out on payments.

Our GP registrars which are GPs in training are now given incentives of $60,000 over three years (not over one year as was reported in the Northern Star) if they train in rural areas outside RRMA3. Which means that they will get such subsidies if they work in any other town on the North Coast outside Lismore or Nimbin.

We can't expect them to stay on here. We do have a GP registrar coming next year but no assurances that that will continue.

I wrote to Ian Causley last year about this and also to Michael Wooldridge. I have received a reply from Grant Tambling the ministerial secretary to Dr Wooldrige and from the department itself. I wrote to Jenny Macklin but have received no reply. I enclose copies of the letters.

We had three GPs here permanently last year. One left at the end of 2000 and another will be leave at the end of this year. I have had no luck advertising for replacements and have applied for and received 'area of need' status to enable me to employ overseas doctors. This is a temporary measure only and I need permanent doctors in Nimbin. Thanks Dan Oxlee

2.4. From Dr Daniel Oxlee, 22nd March 2001 To Sen The Hon. Grant Tambling Parliamentary Secretary to the Minister for Health and Aged Care Dear Senator Tambling, We received, via Mr Ian Causley, your reply to our request that our RRMA classification be reviewed. Unfortunately your explanation gives us no comfort.

Nimbin is a very small town with a population of 319 and an outlying catchment of approximately 4000.

The doctors in this town provide all the medical care for this population and cannot share our on call roster with any other practices due to our isolation. It is purely an anomaly that we are placed in the same RRMA as Lismore.

Your department has already acknowledged our rurality by agreeing to build a multipurpose facility in Nimbin and yet our practice is in real danger of closing. Who then will provide medical services to the MPF?

We have lost one doctor in the past three months and have received no response to our advertising for a replacement. We also have no assurance that we will be able to attract any RACGP trainees as we are out of the rural training stream.

It is a ludicrous situation that we are considered a larger centre than Murwillumbah, Byron Bay, Port Maquarie Tamworth and Coffs Harbour. We feel that this contradicts your government's assertion that you are interested in enhancing medical services for rural Australia.

We feel the only option that is equitable would be a change in our RRMA from 3 to 5. If this is not possible we would conclude that the federal government sees no need for a continued medical service in Nimbin. Yours faithfully Dr Daniel Oxlee

2.5. From Dr Daniel Oxlee, 24th March 2001 To Dr Guan Yeo, NSW State Director, RACGPTP Dear Guan, We are having great trouble with our RRMA classification at present. We feel that our small size and remoteness should make us certainly an RRMA 5 but we are in the same statistical local area as Lismore and therefore have been classified as RRMA 3.

This is quite ridiculous as there are much larger towns and towns closer to Lismore than us such as Alstonville that are RRMA 5. Doctors at Alstonville have VMO rights into Lismore Base Hospital. Large towns such as Coffs Harbour and Tamworth have a higher rating than us. **Not only are we missing some PIP money but also there are many rural benefits that cut off at RRMA 3.**

We are hoping that you may be able to help us at least continue to attract RACGP trainees in the rural stream. We have contacted the Health minister but haven't had much success. I enclose our correspondence so far and Grant Tambling's reply. We have also had a letter of support from Chris Crawford, the CEO of the local health area. Thanks, Dan Oxlee

2.6. From Guan Yeo of the Royal Australian College Of General Practitioners 4th June 2001 To Dr Daniel Oxlee Dear Dan, **Re: RRMA classification of Nimbin** Thank you for vour letter regarding the problems of Nimbin being classified as RRMA3. The attachments (response from Senator Tambling dated 6 March. Northern Rivers AHS letter dated 19 December. your letter to Senator Tambling undated.) was helpful background material.

Senator Tambling's letter (page 1 paragraph 4) incompletely describes the situation in relation to General Practice training. For the 2001 enrolment, 40% of places have been quarantined for the Rural Pathway. Registrars in the Rural Pathway must complete the general practice component of training in RRMA 4 to 7. in return for receiving up to $60,000 in financial incentives from the Commonwealth.

A perverse effect of this on Nimbin (with a RRMA 3 classification) is that 40% of the training enrolment is now excluded from training in your area. This excludes these GP registrars who demonstrated their interest in a career in rural General Practice. Registrars in the general stream will continue to be required to undertake part of their training in rural areas. We will continue to strive to place registrars in Nimbin from the general stream, but these registrars have a lower likelihood of practicing in rural Australia after graduation.

In his letter, Senator Tambling agreed that any classification system will have its limitations. It could be more productive to negotiate a way to address the recognised limitations. With an exceptions system that is both transparent and consistent. Senator Tambling described an exceptions system that currently applies to the Rural Locum Relief Program. A similar exceptions svstem can be developed for the Rural Pathway (ie.eligibility to Commonwealth financial incentives for GP registrars). This would then enable registrars in the Rural Pathway many of whom with the demonstrated commitment to a career in Rural General Practice, to continue to train in towns like Nimbin.

Perhaps it may be worthwhile engaging in a dialogue with Senator Tambling to develop criteria for an open and transparent exceptions system to the R4-7 limitation of the Rural Pathway. Sincerely Guan Yeo

2.7. From Dr Daniel Oxlee, 27th May 2001 To Ms Rhonda Jolly, Commonwealth Department of Health and Aged Care
Dear Ms Jolly, As we discussed, I enclose my reply to Senator Tambling. I originally wrote to Mr. Ian Causley who passed the information on to Dr. Wooldridge and I received a reply from Senator Tambling.

The issues regarding our inappropriate RRMA classification however have not been addressed. **My current working colleague will cease practice in December and I will be the sole GP in Nimbin with a population of about 4000 patients, on call 24 hours with no relief from doctors in adjacent towns and yet I will still be classified as RRMA 3 – Large Rural Centre!**

It is very difficult to attract Doctors to a rural area if there is no reasonable rural loading. Please ensure that someone who can make the necessary changes deals with this. I will continue to contact your office and those of Senator Tambling's and Dr. Wooldridge's until the situation is resolved. Yours sincerely Dr. Daniel Oxlee

2.8. From Dr Daniel Oxlee, 13th Sept. 2001 To Mr. Ian Causley Dear Mr. Causley, Thank you for accepting our petition today. **You may now recall that I raised this issue last year when there were three permanent doctors in Nimbin.** I sent you copies of my correspondence to Dr. Wooldridge in March of this year after one doctor resigned.

Another doctor has resigned leaving myself as the only permanent doctor in Nimbin.

The area of Need Status is irrelevant to our current problems and is being used as a distraction by the Health department and the Minister.

No matter if we get Doctors from overseas, the truth is that any doctor working in Nimbin will be receiving less than those working in any other small town in Northern NSW. OUR RRMA 3 STATUS MUST BE CHANGED

In your discussions with Dr Wooldridge I request that you consider:

1. Nimbin is the only town in Northern NSW apart from Lismore that is classified RRMA 3.

2. All other towns receive full rural loading in their PIP payments.

3. Dr Gambin left Nimbin last year and receives more in rural loading in his PIP payments working in Murwillumbah which is a larger town with 20 GPs working a much easier after-hours load.

4. All other towns are able to take RACGP registrars on the rural training scheme.

5. Please note that in July this year Dr. Andronicus transferred to Byron Bay to take up the $20,000 rural incentive for RACGP trainees.
6. In Jan 2002 Dr. Chiu who is our current registrar has also signaled he will be leaving because he can obtain the rural training incentive.

7. In response to my advertisements I have had two doctors decide not to come to Nimbin citing our rural classification as one of their reasons. Thank you Dr Daniel Oxlee

2.9. From Dr. Daniel Oxlee 19th November 2001 To Christianna Cobbold Assistant Secretary Health Capacity Development Branch Dear Ms Cobbold, I refer to your letter to the General Manager of Lismore City Council dated 31st October 2001.

In your letter in which you are responding on behalf of the Minister you have explained that the RRMA classification is based on the Australian Standard Geographic Classification (ASGC) and the Statistical Local Areas within that classification.

You mention that Nimbin is located in the SLA of Lismore (C). I would like to point out that in the 2001 edition of the ASGC the Lismore (C) SLA has been divided into Lismore C part A and Lismore C part B.

Nimbin is located in the part B which has a population of 13,000. Senator Tambling on the 6th March 2001 mentioned that the RRMA system needed to be transparent and consistent.

I am now waiting for the required update of the RMA classification of Nimbin. I note that exceptions have already been made to the RRMA classification such as the division of the Wyallah SLA.Yours sincerely Dr. Daniel Oxlee

2.10. Extract from Ken Gainger GENERAL MANAGER Lismore City Council 19 December 2001 To Senator the Kay Patterson Federal Minister for Health and Ageing Dear Minister, I am writing to raise the issue of Rural Remote Metropolitan Area (RRMA) classification.... Lismore Local Government Area (LGA) comprises the city of Lismore in addition to a number of small outlying villages. One such village is Nimbin, located approximately 30km inland from the centre of Lismore. Unfortunately, due to the relative remoteness of Nimbin as well as the problems associated with living in a small community, Nimbin has been unable to attract and retain adequate numbers of general practitioners. Nimbin shares the same RRMA classification as Lismore, RRMA 3. This classification precludes Nimbin from access to Rural Incentive Scheme, Relocation and other subsidies available to other rural centres classified RRMA 4 and above. Currently Nimbin has only one doctor and one trainee doctor who will be leaving Nimbin in December 2001...

It is interesting to note that neighbouring Ballina and Byron Bay shires are classified as RRMA 4 and 5 respectively. Both LGAs can therefore attract rural grants and subsidies where Nimbin cannot. So in addition to being geographically isolated, Nimbin is further disadvantaged in its capacity to attract doctors when compared to the appeal of coastal centres with numerous services, tourist facilities and accommodation, and the added bonus of financial incentives for general practitioners. The crux of the problem appears to be the RRMA 3 classification which renders Nimbin ineligible for the annual $20,000 per practitioner rural assistance incentive, the Practice Incentive Payment (effectively returns more money on the Medicare rebate), and the employment of registrar trainees. However, doctors can access all benefits if employed in the neighbouring coastal towns of Byron Bay, Lennox Head, Alstonville and Ballina. These are highly sought after residential and tourist destinations in the first instance, and the additional incentives make these towns eminently more appealing than Nimbin.

Given the above account of the difficulties facing the Nimbin community and in particularly its crucial health services, I strongly encourage you to reassess this individual case based on its merits. As per the original RRMA model, it was intended that the classification system is taken into consideration with other criteria, as outlined above and is not based solely on the RRMA classification. **Yours sincerely Ken Gainger GENERAL MANAGER Lismore City Council**

2.11. From Dr Daniel Oxlee 18th February 2002 To Senator The Hon.Kay Patterson Minister for Health and Ageing Dear Senator Patterson. I refer to your letter to Mr. Ian Causley regarding the RRRMA classification of Nimbin dated 4th February 2002. I require some further information on the subject.

Firstly I understand that the RRMA classification is based on the ASGC Statistical local area and that you state that Nimbin lies within the Lismore {C) SLA.

This is not true. The September 2001 update of the ASGC clearly separates Lismore C part A which contains the CBD of Lismore and Lismore C part B of which Nimbin lies and has a population of around 13,000. This should place Nimbin in the RRMA 4 classification.

I phoned your office last week but have yet to receive an answer. Correspondence from your office last year suggested that overseas trained doctors working in Nimbin would be able to access the higher medicare rebates that usually only vocationally registered practitioners are eligible for.

We obtained the services of a locum for 10 days recently and have found that all his medicare claims have been refused by the health insurance commission on the basis that he was not eligible for the higher rates. This has left our practice considerably out of pocket and questions the viability of obtaining overseas trained doctors in the future.

I note that you have taken some pride in securing these rebates for us and I hope you can reassure me that such rebates will be possible. Yours faithfully Dr. Daniel Oxlee

2.12 From Dr Dan Oxlee 4th March 2002 to Senator.Kay Patterson Minister for Health and Ageing Dear Senator Patterson, I refer to your letter to Mr. Ian Causley regarding the RRMA classification of Nimbin dated 4th February 2002. (A copy of the letter is enclosed)

I urgently require some further information on the subject.

Firstly I understand that the RRMA classification is based on the ASGC Statistical local area and that you state that Nimbin lies within the Lismore {C) SLA. This is not true. The September 2001 update of the ASGC clearly separates Lismore C part A which contains the CBD of Lismore and Lismore C part B of which Nimbin lies and has a population of around 13,000. This should place Nimbin in the RRMA 4 classification.

Paragraph six of your letter states that Nimbin's RRMA classification could change if the population of the Lismore [C] SLA decreases dramatically. The reclassification of Nimbin into Lismore [C] part B with a population of around 13000 achieves this and corrects this anomaly.

I await eagerly Nimbin's RRMA reclassification, as there is significant financial hardship on my practice as a result of this anomaly.

Secondly, I was led to believe from communication with Mr. Causley that overseas trained doctors working in area-of-need positions in Nimbin would be eligible for full GP rebates. Is this what you refer to when you mention exemptions to the Health Insurance Act 1973? I recently employed a locum tenens who was ineligible for the higher rebates again because of our RRMA status. This seriously compromises my ability to use doctors through the area of need scheme. Please notify my office as soon as possible about this matter. Yours faithfully Dr. Daniel Oxlee

2.13 From Dr Daniel Oxlee, 20th March 2002 To Senator The Hon. Kay Patterson Minister for Health and Ageing Dear Senator Patterson, I enclose a copy of my letter which I faxed on 6/3/02 but that I understand you have no record. There is some urgency in this matter.

The second point I had raised in my letter was that **we are currently unable to attract the full medicare rebates for any overseas trained doctors in Nimbin.**

This will seriously compromise our ability to employ such doctors and renders the only initiative that the Federal Government has come up with to address the problem of our lack of doctors as useless.

I have now found an overseas trained doctor and at considerable expense have arranged registration through the NSW Medical Board. I need to know as soon as possible if your department will allow this doctor to claim the higher rebates. Yours faithfully Dr. Daniel Oxlee

2.14 From Dr Len Martin of *Nimbin Needs Doctors* Rural Action Group 23 May, 2003 to Senator Kay Patterson Federal Minister for Health and Ageing Dear Senator Patterson, as an elderly, respectable taxpayer and self-funded retiree, I am concerned at what you have allowed to happen to our medical practice in Nimbin. Over the last four years we have been unable to replace GPs as they have left, and the end result is that our last remaining GP is closing the practice this week.

A major factor in this decline has been Nimbin's RRMA3 status, which has excluded us from the various incentives, financial and otherwise, that are enjoyed by surrounding districts such as Murwillumbah and Byron Bay on RRMA5, and Ballina on RRMA4.

Despite Nimbin having been entitled to RRMA5 status since January 2001 [see attached document], repeated requests from our GP to have our RRMA status upgraded have met with refusal from you. It seems therefore that you are in large part responsible for the severe decline in our local medical services, a decline which now puts a population of 5-6,000 Rural Australians at severe risk.

I am therefore intrigued by the report (Sydney Morning Herald 21 May 2003), entitled **Sweetener sparks GP shift from inner city**, "*Dozens of doctors are swapping the inner city for the outer suburbs in response to new government perks of up to $30,000 and the prospect of higher patient fees. The Health Minister, Kay Patterson, has disclosed that 64 doctors have been approved for relocation payments in return for shifting to outer metropolitan areas. The doctors, including specialists, are eligible for $20,000 to move to an outskirts practice, with another $10,000 if they establish a new practice. As part of the scheme, general practitioners who are not vocationally registered receive the higher Medicare payments normally reserved for fully-accredited GPs - an upgrade which can increase annual incomes by $40,000, according to government estimates. The $20,000 incentive scheme was announced just two months ago and followed an earlier outer-metropolitan package which drew only a handful of doctors. Senator Patterson's spokesman said the response rate to the new incentives was well ahead of expectations and was a significant breakthrough in the Governments attempts to encourage GPs to shift from the over-served inner city areas to the under-served urban out skirts - including,... the Blue Mountains.*".

I note the above entitlements and wonder, if you can provide them to encourage doctors to move to the outer suburbs, at the stroke of your pen as it were, why you can't also provide Nimbin with RRMA5 status - to which it is entitled.

The NSW State Government has just provided a $50,000 seeding grant to set up a business to run a GP practice in Nimbin. However, while this may increase the practice's attractiveness to GPs, it seems highly likely that the practice will be non-viable while burdened with RRMA3 status - which excludes it from the appropriate level of incentives, including presumably, the recently-announced increased medicare rebates to encourage bulk-billing of pensioners etc.

I urge you, therefore, to act to remedy this unjust situation which is putting a large rural population at risk.. Sincerely Dr Len Martin

Now read the Ministerial responses and judge!

Nimbin and Rural Medicine, Document E: letters from the Ministry by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

0. Executive summary

We include the full text of eight letters to demonstrate the quality and integrity of Ministerial responses.

0.1. The replies consistently refuse to consider revising Nimbin's RRMA status.

0.2. The reasons given are inconsistent and frequently contain significant errors of fact.

0.3. The replies are completely unresponsive to our GP's pleas for help, and ignore the questions asked.

0.4. Ministerial staff avoid answering questions by reiterating stock phrases and motherhood statements. One favourite is, "Whilst these incentives encourage general practitioners to practice in rural areas, the Government has no authority over where general practitioners choose to practice". [but in a free market economy, Doctors will go where the money is best. ie., ANYWHERE on the north coast BUT NIMBIN!!!]

0.5. Repeatedly, the benefits that are available to RRMA4-7 areas are spelled out at great length.

0.6. When reading these letters in the light of Dr Oxlee's difficulties, and the implications of these difficulties for the health of the community around Nimbin - some 6,000 people, one does wonder about the people writing the replies. Do they live in the real world? They are nominally, "public servants" - but are they? What instructions have they received from above?

0.7. One wonders about motivations, hidden agendas and incompetence. Do these people actually understand the RRMA system? Are they simply too scared to make a change in case they open a can of worms? Is their image of Nimbin the problem?

0.8 As Dr Oxlee said at the Nimbin public meeting, if this government can change Australia's international boundaries to accomodate refugees, it should find no difficulty in changing the boundaries to accomodate Nimbin - but then, **the crucial SLA boundaries have already been changed by the ABS!**

Conclusion

From the inconsistent statements made here by Minister and staff, and in the Senate Estimates Hearing and FOI documents (see *Nimbin and Rural Medicine documents F &G*) we conclude that:

the Minister has no real or consistent reason for refusing Nimbin RRMA5 status and excluding Nimbin from its rightful access to Federal incentives for rural medical practices. In persisting in this unjust course, she destroys the equity of access to Medicare services for some 6000 rural Australians and puts their health at risk.

1. The Literary Contents of section 3. The Letters Facsimile copies of all are available.

3.1. 13th March 2001 from Senator the Hon Grant Tambling Parliamentary Secretary to the Minister for Health and Aged Care To The Hon I.R. Causley MP

3.2. 25 October 2001 from Christianna Cobbold, Assistant Secretary Health Capacity Development Branch, Health Industry & Investment Div. Dept. of Health & Aged Care to Mrs S. Gilmour

3.3. 21 December 2001 from John R Perrin Senior Adviser (Social Policy) Office of The Prime Minister to Mr Ian W Gilmour Nimbin Village Pharmacy

3.4.. 4 February 2002 from Senator Kay Patterson Minister for Health & Ageing to I R Causley MP

3.5. 17 April 2002 from Senator Kay Patterson Minister for Health and Ageing to John Anderson MP, Deputy Prime Minister

3.6.. 4 June 2003 from Brett Lennon Assistant Secretary Workforce and Quality Branch, Department of Health and Ageing to Mr and Mrs Jones 52 Thorburn Street NIMBIN NSW 2480

3.7. 17th July 2003 from Lisa McGlynn Acting Assistant Secretary GP Access Branch Department of Health and Ageing to Dr Len Martin PO Box 61 NIMBIN NSW 2480

3.8. 25 June 2003 Trish Worth Parliamentary Secretary to the Minister for Health and Ageing to Ms Liz Rummery, Chair Northern Rivers Area Health Service Board

2. Introduction

We include the text of these letter in full so that readers can make up their own minds as to the quality and integrity of the Minister's responses. Nevertheless at the risk of prejudicing said readers we note that there is a certain sameness about these letters, despite the variety of authors. In particular, there is a tendency to trot out the same "Good News" statements, eg.,

"The Commonwealth Government is committed to improving access to primary health care services in rural and remote areas of Australia, and has put in place a comprehensive Regional Health Strategy to help improve the situation for consumers and Gps.". Such recurrent prose has been appropriately highlit purple font.

All of the letters contain an implicit or explicit refusal to change Nimbin's RRMA status; only the reasons vary - and to a remarkable extent! All of these sections have, therefore, been highlit by red font. In reading these letters, please keep in mind that:

in 2001, Nimbin was placed in a new SLA, one which does not contain Lismore urban centre;

this SLA is classed other rural centre and entitles Nimbin to RRMA5 status;

this placement was made by the *Australian Bureau of Statistics* as part of a National updating of the *Australian Standard Geographical Classification*; it was not an "arbitrary" change;

RRMA status has nothing to do with postcodes, but see P.7, lines 31-34.

In the text of the letters, occasional comments by the author are [bracketed] in bold-blue.

3. The Letters

3.1. 13th March 2001 From Senator the Hon Grant Tambling Parliamentary Secretary to the Minister for Health and Aged Care To The Hon I.R. Causley MP Dear Mr Causley

Thank you for your representations of 17 November 2000 to the Minister for Health and Aged Care, the Hon Dr Michael Wooldridge MP, on behalf of Dr D. Oxlee of the Nimbin Medical Centre, concerning Rural, Remote and Metropolitan Area (RRMA) Classification. As Parliamentary Secretary to the Minister, I am responding on behalf of the Government. I apologise for the delay in responding.

The Commonwealth Government is seriously concerned about the maldistribution of the Australian medical workforce and the resulting difficulties experienced by some rural communities in accessing general practitioner services. For this reason, 200 of the available 450 general practice training places have been tied to rural Australia. [this is the good news, the bad news is that Nimbin cannot access them!]

I note your concerns about using the RRMA Classification as the basis for placing registrars enrolled in the rural training stream. While any classification system will have its limitations, there is a real need for a transparent and consistent measure. The RRMA Classification is an index used in targeting many Commonwealth funded workforce programs, and categorises all statistical local areas in Australia according to their remoteness.

Although the rural training stream will place registrars in areas classified as RRMA 4-7, placements will still be allocated based on a pragmatic analysis of the availability of practices to take on a registrar, given there are a limited number of places in some areas. The Royal Australian College of General Practitioners is responsible for allocating placements, and does so in a way that addresses areas of workforce shortage.

Registrars enrolled in the rural training stream will also be required to undertake some hospital training, which may occur in areas classified as RRMA 3, given the availability of hospital placements may be limited in RRMA 4-7 areas. Furthermore, registrars undertaking the general training stream will still be required to undertake at least one mandatory placement in an area of workforce need, or a rural or remote community. These placements will be more likely to be undertaken in areas classified as RRMA3 given RRMA 4-7 areas are targeted through the rural training stream.

In the past 12 months, there have been a number of requests nationally to grant Rural Locum Relief Program placements in areas with a RRMA classification of 3 or "large rural" with a clear and demonstrated general practice workforce shortage. The Rural Locum Relief Program will now encompass such areas with a classification. of RRMA 3 for inclusion on the scheme subject to approval by the Rural Workforce Agencies of each State and Territory. Lismore will be included in this scheme.

The conditions of this placement include:

that should there be an observable improvement in the doctor/population ratio the identified area is removed from the agreed list, and no further Rural Locum Relief Program placements made;

that any locums granted placements in RRMA 3 areas demonstrate progress to meet the requirements for recognition as a general practitioner; and

that placements are understood to be of a temporary nature.

I hope this information is helpful to Dr Oxlee, Further details are available from Ms Sandra King, Director of the GP Education Unit in the Department of Health and Aged Care, on (02) 6289 3645.

Thank you again for your interest in this matter. Yours sincerely Grant Tambling

3.2. 25 October 2001 from Christianna Cobbold, Assistant Secretary Health Capacity Development Branch, Health Industry and Investment Division, Department of Health and Aged Care to Mrs S. Gilmour chemist@nrg.com.au. Dear Mrs Gilmour

Thank you for your letter of 10 September 2001 to the Prime Minister, the Hon J.W. Howard MP concerning Nimbin. This matter falls within the portfolio responsibility of the Minister for Health and Aged Care, the Hon Dr Michael Wooldridge. Due to the announcement of the Federal election and the establishment of a Caretaker Government, I am responding on the Minister's behalf.

The Department of Health and Aged Care has no authority to reclassify areas categorised under the Rural Remote Metropolitan Area (RRMA) classification. The source of this classification is a 1989

request to Government departments to prepare a report on access to, and delivery of services to rural and rernote areas of Australia which subsequently developed into an index of remoteness. [but the ABS does] The classification is a tool used to supplement knowledge about rural and remote areas and to assist decision-makers concerned with a range of social justice issues. It has been used therefore, by a number of Departments and agencies.

RRMA divides each of Australia's States and Territories into three groups - metropolitan areas, rural zones and remote zones. These are:

- Within the metropolitan classification - capital cities (RRMA 1) and other metropolitan centres with urban centre population above 100 000 (RRMA 2).

- Within the rural classification - large rural centres with populations of between 25 000 and 99 999 in their urban centre (RRMA 3) small rural centres with populations in their urban centre of 10 000 to 24 999 (RRMA 4) and other rural centres with urban centre populations under 10 000 (RRMA 5).

- Within the remote classification - remote centres with urban centre population of more than 5000 (RRMA6) and other remote areas with urban centre populations of less than 5000 (RRMA 7).

Effectively what this means is that, the most remote areas are those which generally have low population density, few towns, high dependence on a few natural resource based industries, low rainfall, degraded or depleted soil, low levels of transport, communications infrastructures and public utilities, low levels of commercial, financial and government service provision and high prices for goods and services.

Nimbin is located in the statistical local area of Lismore (C) which lies within a RRMA 3 area. It cannot be reclassified unless there is a dramatic downward shift in population numbers and, as such, is not eligible for programs aimed at RRMA 4 - 7 locations. [Nimbin no longer is, the ABS reclassified Nimbin's SLA in 2001]

Significant numbers of overseas-trained doctors enter Australia on both a temporary and permanent basis. Provider number restrictions enable the Government to restrict These doctors wishing to work in private practice to those areas of Australia most in need of medical services, primarily in rural and remote areas. For an area to access the services of a temporary resident or overseas-trained doctor, the Commonwealth must first determine whether the area is a *district of workforce shortage*.

RRMA is a factor used in determining whether an area is a *district of workforce shortage*. The other factor which is considered in determining whether an area can be classified as a *district of workforce shortage* in RRMA categories 3-7 is doctor to population ratio. If the doctor population ratio is below the national average of 75.8 doctors per 100 000 people, then the area could be considered eligible for this classification.

Districts of workforce shortage therefore, can effectively be categorised as those in which communities are considered to have less access to medical professional services than that experienced by the population in general, either because of the remote nature of the community or because of lack of supply of services or a combination of the two factors.

While Nimbin lies within a RRMA 3 area, it would qualify as a *district of workforce shortage* because its doctor to popu!ation ratio is below the national average. Analysis of the recent Medicare billing statistics for the period 1998 - 2001 indicates that the number of services and the number of medical practitioners in Nimbin has remained relatively constant during that time. These calculations include the fact that one of the medical practitioners in Nimbin is no longer practicing.

New South Wales Health has declared Nimbin an "area of need" for the purposes of State medical registration. On that basis and the classification of Nimbin as a *district of workforce shortage*, the delegate who grants exemptions to the Act for temporary resident doctors on behalf of the Minister, would agree to

up to two temporary resident doctors and the possibility of a Rural Locum Relief Program placement as a short-term measure pending the recruitment of suitable Australian trained medical practitioners over the longer term. Thank you again for your letter. Yours sincerely Christianna Cobbold

3.3. 21 DEC 2001 from John R Perrin Senior Adviser (Social Policy) OFFICE OF THE PRIME MINISTER to Mr Ian W Gilmour Nimbin Village Pharmacy. Dear Mr Gilmour

Thank you for your letter of 21 September 2001 to the Prime Minister regarding a shortage of doctors for Nimbin and the Rural and Remote Areas (RRMA) Classification applied in determining eligibility for related assistance programmes. The Prime Minister has asked me to reply on his behalf. I apologise for the delay in responding.

The Department of Health and Ageing uses the *Rural, Remote and Metropolitan Areas (RRMA) Classification, 1991 Census Edition*, to assess rurality of localities under some rural health programmes. This classification system is based on Statistical Local Areas generated by the Australian Bureau of Statistics from Census data. The RRMA classification can be regarded as an indicator of the relative remoteness of localities in terms of their likely access to resources and facilities, including various health services. I understand that Nimbin is classed as RRMA3 (large rural centre, population 25,000 - 99,000 in the urban centre) because it falls within the Statistical Local Area that includes Lismore. [but ABS 2001?...]

While Nimbin's classification as RRMA3 means that the Rural Retention Program does not apply, medical practices in Nimbin would be eligible for a Practice Incentives Program rural loading of 15%. Nimbin is also considered a district of workforce shortage under provisions enabling recruitment of temporary resident doctors and possible Rural Locum Relief Placements as a short-term measure to ensure availability of doctors.

Your letter has been referred to Senator the Hon Kay Patterson, the Minister for Health and Ageing, who has portfolio responsibility for this matter, Yours sincerely John R Perrin Senior Adviser (Social Policy)

3.4. 4 February 2002 from Senator Kay Patterson Minister for Health & Ageing to I R Causley MP. Dear Ian,

Thank you for your letter of 11 December 2001 concerning the long-term viability of maintaining general practitioner services in Nimbin.

With respect to your request that the classification of Nimbin be altered, I regret to advise that my Department has no authority to reclassify areas categorised under the Rural, Remote, and Metropolitan Area (RRMA) classification. The RRMA model uses the Australian Standard Geographic Classification (ASGC) Statistical Local Area (SLA) as its basic building block. SLAs are classified into metropolitan and non-metropolitan zones.

The ASGC is a classification maintained by the Australian Bureau of Statistics (ABS) for the collection and dissemination of geographically classified statistics, and is designed to meet user needs for social demographic and economic statistics. [and it was the ABS that reclassified Nimbin's SLA in 2001 as part of a National revision of the ASGC, separating Nimbin from the Lismore urban centre]

The RRMA divides each of Australia's States and Territories into three groups - metropolitan areas, rural zones and remote zones. These are:

- Within the metropolitan classification - capital cities (RRMA 1), and other metropolitan centres with urban centre populations above 100,000 (RRMA 2).

• Within the rural classification - large rural centres with populations of between 25,000 and 99,999 in their urban centre (RRMA 3), small rural centres with populations in their urban centre of 10,000 to 24,999 (RRMA 4), and other rural centres with urban centre populations under 10,000 (RRMA 5).
• Within the remote classification - remote centres with urban centre populations of more than 5,000 (RRMA 6), and other remote areas with urban centre populations of less than 5,000 (RRMA 7).

This means that the most remote areas are those which generally have low population density, few towns, high dependence on a few natural resource based industries, low rainfall, degraded or depleted soil, low levels of transport, communications infrastructures and public utilities, low levels of commercial, financial and government service provision and high prices for goods and services.

Nimbin is located in the SLA of Lismore (C) which is classified as a RRMA 3. It cannot be reclassified unless there is a dramatic downward shift in population in the Lismore (C) SLA and, as such, is not eligible for incentive programs available to RRMA 4-7 locations. [but the ABS removed Nimbin from that Lismore SLA in 2001.....

Significant numbers of overseas trained doctors enter Australia on a temporary or permanent basis. Provider number restrictions enable the Government to restrict these doctors wishing to work in private practice to those areas of Australia most in need of medical services, primarily rural and remote areas. For an area to access the services of a temporary resident or overseas trained doctor, the Commonwealth must first determine whether an area is a 'district of workforce shortage'.

The RRMA is a factor used in determining whether an area is a 'district of workforce shortage'. The other factor which is considered in determining whether an area can be classified as a 'district of workforce shortage' in RRMA categories 3-7 is doctor to population ratio. If the doctor to population ratio is below the national average of 75.8 doctors per 100,000 people, then the area could be considered eligible for this classification.

While Nimbin lies within a RRMA 3 area, it would qualify as a 'district of workforce shortage' because its doctor to population ration [*sic*] is below the national average.

In addition, New South Wales Health has declared Nimbin an 'area of need' for the purposes of medical practitioner registration. On that basis and the classification of Nimbin as a 'district of workforce shortage', I am pleased to advise that my delegate, who grants exemptions to the *Health Insurance Act 1973* for temporary resident doctors, would be prepared to consider applications from up to two temporary resident doctors and the possibility of a Rural Locum Relief Program placement as a short-term measure pending the recruitment of suitable Australian medical practitioners over the longer term. Yours sincerely, Senator Kay Patterson

3.5. 17 APR 2002 from Senator Kay Patterson Minister for Health and Ageing to John Anderson MP Deputy Prime Minister. Dear Deputy Prime Minister,

Thank you for your representations of 12 March 2002 concerning the long-term viability of maintaining general practice services in the New South Wales town of Nimbin.

As advised in a letter of 8 November 2001 by Ms Christianna Cobbold, Assistant Secretary of the Health Capacity Development Branch, **my Department is unable to reclassify areas under the Rural, Remote and Metropolitan Area (RRMA) classification. As you are aware, Nimbin is classified as a RRMA3, as it is located in the Lismore(C) Statistical Local Area(SLA). The RRMA 3 classification is defined as large rural centres with populations of between 25,000 and 99,999 in their urban centre. The city of Lismore has a population of approximately 43,000 people. Therefore, the SLA in which it is located is classified as RRMA 3. Unfortunately, while Nimbin may be a smaller town outside the city of Lismore, it is still included in the same SLA and thus classified as RRMA 3.** [but the ABS removed Nimbin from that Lismore SLA in 2001...]

The RRMA is a factor used in determining whether an area is a district of workforce shortage. The other factor that is considered in determining whether an area can be classified as a district of workforce shortage is doctor to population ratio. If the doctor to patient ratio is below the national average of 75.8 per 100,000 people, then the area could be considered eligible for this classification and may access the services of overseas trained doctors and temporary resident doctors.

While Nimbin lies within a RRMA 3 area, it would qualify as a district of workforce shortage as its doctor to population ratio is below the national average. Nimbin has also been given area of need status by the New South Wales State Health Department. As advised previously, the delegate who grants exemptions to the Health Insurance Act 1973 for temporary resident doctors would agree to consider applications from upto two temporary resident doctors and the possibility of a Rural Locum Relief Programme placement in Nimbin. I understand that the delegate has, at this point in time, granted an exemption for one temporary resident doctor to work in the town of Nimbin. However, the utilisation of temporary resident doctors is a short-term measure pending the recruitment of a suitable Australian medical practitioner.

If the town of Nimbin is experiencing difficulty in attracting a doctor to work in the town, the local Division of General Practitioners may be able to assist with placing advertisements and recruiting suitable medical practitioners. Nimbin is located within the Northern Rivers Division of General Practitioners. The contact details are as follows:

Northern Rivers Division of General Practitioners PO Box 519 LISMORE NSW 2480 Telephone: (02)6622 4433
The New South Wales Rural Doctors Network Suite 19, Level 3 133 King Street NEWCASTLE NSW 2300

I trust this information is of assistance. Yours sincerely, Senator Kay Patterson 15 APR 2002

3.6. 4 June 2003 from Brett Lennon Assistant Secretary Workforce and Quality Branch, Department of Health & Ageing to Mr & Mrs Jones 52 Thorburn St.NIMBIN NSW 2480. Dear Mr and Mrs Jones,

Thank you for your representations of 7 April 2003 to the Minister for Health and Ageing, Senator the Hon Kay Patterson concerning the shortage of doctors in Nimbin. The.Minister has asked me to reply on her behalf.

The Commonwealth Government is committed to improving access to primary health care services in rural and remote areas of Australia, and has put in place a comprehensive Regional Health Strategy to help improve the situation for consumers and GPs. Whilst Nimbin is not eligible for some rural programs, there are still a number of programs that GPs can access.

The Government appreciates the need to secure general practitioner services in a community such as Nimbin, and the expenses incurred in maintaining a medical centre. The Government does provide additional funding incentives to general practices in rural areas through initiatives. **Whilst these incentives encourage general practitioners to practice in rural areas, the Government has no authority over where general practitioners choose to practice. [but in a free market economy, Doctors will go where the money is best. ie., ANYWHERE BUT NIMBIN!!!]**

Nimbin is classified as an eligible location under the Rural Retention Program (RRP). Subject to fulfilling the eligibility criteria, a general practitioner working in Nimbin can receive up to $5,000 in retention payments following completion of six years of service in the area.

Practices may be eligible for funding under the Practice Incentives Program (PIP). These include incentives for electronic prescribing, electronic transmission of clinical data, providing access to after hours care, providing teaching sessions for medical students and participating in activities recognised by the National Prescribing Service. The PIP practice nurse initiative provides additional funding to general practices in rural and remote areas to employ practice nurses.

The PIP also allows practices participating... whose main practice location is outside a major metropolitan area to receive a rural loading. As a RRMA 3 area, a 15% rural loading is applicable to Nimbin.

Another important Commonwealth Government initiative utilises the services of overseas-trained doctors who enter the country regularly on either a temporary or permanent basis. Medicare provider number restrictions in the *Health Insurance Act 1973* (the Act) enable the Government to restrict employment of these doctors to those areas of Australia most in need of medical services, primarily rural and remote districts of workforce shortage.

Current workforce statistics indicate that Nimbin's doctor population ratio is worse than the national average. Nimbin therefore qualifies as a *district of workforce shortage*. Accordingly, the delegate in the Department of Health and Ageing would agree to up to two overseas-trained doctors to work in Nimbin.

Rural, Remote and Metropolitan Areas (RRMA) Classification Categorises postcodes into an index of remoteness according to population size. Large rural centres (RRMA 3) have a population of 25,000 or more and small rural centres (RRMA 4) have a population between 10,000 and 24,999, The Australian Bureau of Statistics (ABS) population figure for postcode 2480 is approximately 44,000. Geographic classifications cannot be altered arbitrarily. [RRMA classification does not involve postcode; the ABS removed Nimbin from the Lismore SLA in 2001. The Geographic classification has already been altered by the Australian Bureau of Statistics, not arbitrarily, but the Minister and her staff refuse to recognise the fact!]

The use of the RRMA system as the determinant of rurality is being examined as part of an ongoing process to unify and improve the current rural classification systems. At the present time, the RRMA classification is considered to be the most appropriate tool available to assess eligibility for a number of Commonwealth funded rural programs.

I am also aware that Dr Ian Cameron of the NSW Rural Doctors Network is working with the town, the local Division of General Practice and The Northern Rivers Areas Health Service to come up with a local solution. **[as pointed out elsewhere, the "solution" is severely compromised by the Minister's intransigence]**

Thank you again for your interest in this matter. Yours sincerely, Brett Lennon

3.7. 7th July 2003 from Lisa McGlynn Acting Assistant Secretary GP Access Branch Department of Health and Ageing to Dr Len Martin PO Box 61 NIMBIN NSW 2480. Dear Dr Martin,

Thank you for your letter of 23 May 2003 to the Minister for Health and Ageing, Senator the Hon Kay Patterson, concerning the general practitioner shortage in Nimbin. The Minister has asked me to reply on her behalf.

The NSW Rural Doctors Network (funded by the Commonwealth to recruit and retain doctors in rural NSW) is actively working with the NSW Health Department, the Northern Rivers Area Health Service, the Northern Rivers Division of General Practice and the local community to resolve the general practitioner shortage in Nimbin. Funding has been received from the NSW Government to set up a general practice and it appears that resolution is imminent, with a number of GPs having expressed an interest in working in Nimbin.

The government appreciates the need to secure general practitioner services in a community such as Nimbin. Although the government provides additional incentives to encourage general practitioners to practice in rural areas, it has no authority over where general practitioners choose to practice. Medical practices are private businesses and are not established or managed by the Commonwealth.

The Commonwealth is committed to improving access to primary health care services in rural and remote areas of Australia, and has put in place a comprehensive Regional Health Strategy to help improve the situation for consumers and GPs. While Nimbin is not eligible for some rural programs, there are still a number of programs that general practitioners can access.

Nimbin is classified as an eligible location under the Rural Retention Program (RRP). Subject to fulfilling the eligibility criteria, a general practitioner working in Nimbin can receive retention payments as an acknowledgement of continued services to rural areas.

Practices may be eligible for funding under the Practice Incentives Program (PIP). These include incentives for electronic prescribing, electronic transmission of clinical data, providing access to after hours care, providing teaching sessions for medical students and participating in activities recognised by the National Prescribing Service. The PIP practice nurse initiative provides additional funding to general practices in rural and remote areas to employ practice nurses. The PIP also allows practices participating in the Program whose main practice location is outside a major metropolitan area to receive a rural loading. As a RRMA 3 area, a 15 % rural loading is applicable to Nimbin.

The RRMA classification currently used by the department classifies Nimbin as RRMA 3 ('Rural, Remote and Metropolitan Areas Classification, Department of Human Services and Health, 1994). Geographic classifications cannot be altered arbitrarily.

Thank you for raising these important issues. I hope the information provided is of assistance to you. Yours sincerely, Lisa McGlynn [**The letter to which Ms McGlynn is replying (see *Nimbin and Rural Medicine document (D): letters to the Minister 2001 - 2003*), was accompanied by our RRMA briefing document which described the Australian Bureau of Statistics 2001 non-arbitrary reclassification of Nimbin's SLA, as part of the National update of the *Australian Standard Geographical Classification*. Ms McGlynn completely ignores the RRMA document, not even acknowledging its receipt - no reasons are given for refusing a review, just a simple "can't be done"**].

3.8. 25 JUN 2003 Trish Worth Parliamentary Secretary to the Minister for Health and Ageing to Ms Liz Rummery, Chair Northern Rivers Area Health Service Board. Dear Ms Rummery,

Thank you for your representations of 27 March 2003 to the Minister for Health and Ageing, Senator the Hon Kay Patterson, concerning the potential loss of general practice services in Nimbin as a result of the pending closure of the Nimbin Medical Centre. As Parliamentary Secretary to the Minister, I am responding on her behalf.

Please accept our apologies... **the response to Mr Chris Crawford's letter of 19 December 2000 to Mr Andrew Tongue expressing his concerns regarding Nimbin's classification as a Rural, Remote and Metropolitan Area (RRMA) 3 area ('large rural centre') has been overlooked.** [**my emphases - one really does wonder**]

The Commonwealth Government is committed to improving access to primary health care services in rural and remote areas of Australia, and has put in place a comprehensive Regional Health Strategy to help improve the situation for consumers and GPs. Whilst Nimbin is not eligible for some rural programs, there are still a number of programs that GPs can access.

The Government appreciates the need to secure general practitioner services in a community such as Nimbin, and the expenses incurred in maintaining a medical centre. The Government does provide additional funding incentives to general practices in rural areas through initiatives. **Whilst these incentives encourage general practitioners to practice in rural areas, the Government has no authority over where general practitioners choose to practise.**

Nimbin is classified as an eligible location under the Rural Retention Program (RRP). Subject to fulfilling the eligibility criteria, a GP working in Nimbin can receive up to $5,000 per annum in retention payments following completion of six years of service in the area. For additional information on the RRP, please contact the Health Insurance Commission directly on 1800 010 550 (freecall). Information is also available on the Department of Health and Ageing web site at http://www.health.gov.au/hsdd/gp/rural/rurret.htm.

Practices may be eligible for funding under the Practice Incentives Program (PIP). These include incentives for electronic prescribing, electronic transmission of clinical data, providing access to after-hours care, providing teaching sessions for medical students and participating in activities recognised by the National Prescribing Service.

The PIP practice nurse initiative provides additional funding to general practices in rural and remote areas to employ practice nurses. The PIP also allows practices participating in the Program whose main practice location is outside a major metropolitan area to receive a rural loading. As a RRMA 3 area, a 15 % rural loading is applicable to Nimbin. If you would like additional information on PIP incentives please contact the PIP inquiry line on 1800 222 032 (freecall). [see Dr Oxlee's letters on PIP]

Feedback on specific aspects such as the RRMA classification is an important aspect of monitoring the impact of rural initiatives, and I appreciate that the Northern Rivers Area Health Service Board has taken the time to inform the Government of their views on these matters.

RRMA is a seven-scale classification, with two metropolitan classes, three rural and the remote classes. **The foundation unit of RRMAs is the Statistical Local Area (SLA). RRMA classification has an 'index of remoteness measure' that mixes distance and population factors. The RRMA classification currently used by the Department of Health and Ageing places Nimbin in a SLA classified as RRMA 3. Geographic classifications cannot be altered arbitrarily.** [the ABS removed Nimbin from the Lismore SLA in 2001. The Geographic classification has already been altered by the Australian Bureau of Statistics, not arbitrarily, but the Minister and her staff refuse to recognise the fact!]

The use of the RRMA system as the determinant of rurality is being examined as part of an ongoing process to unify and improve the current rural classification systems. Currently, the RRMA classification is considered to be the most appropriate tool available to assess eligibility for a number of Commonwealth funded rural programs.

In implementing rural programs, **I can assure you that the Department will continue to monitor the important issue of rural classification as raised by the Northern Rivers Area Health Service Board.** [And?????]

I am also aware that Dr Ian Cameron of the New South Wales Rural Doctors Network is working with the town, the local Division of General Practice and the Northern Rivers Areas Health Service to come up with a local solution. Dr Cameron can be contacted on (02) 4929 1811. [and this to NRAHS! Are we or they idiot children?] Thank you again for your interest in this matter. Yours sincerely, Trish Worth

4. Final comments

The Ministerial responses to date are less than satisfactory.

They smack of evasion. One wonders about motivations and hidden agendas.

But one also wonder about staff incompetence. Do they understand the RRMA system?

They resolutely ignore the current ABS classification of Nimbin's SLA.

Are they simply too scared to make any change in case they open a can of worms?

Is it their image of Nimbin the problem?

As Dr Oxlee said at the Nimbin public meeting, if this government can change Australia's international boundaries to accomodate refugees, it should find no difficulty in changing the boundaries to accomodate Nimbin - but then, the crucial SLA boundaries have already been changed!

Nimbin and Rural Medicine document (F): Ministerial Responses to Senator Forshaw's Questions at the Senate Estimates Hearing, June 5th 2003. by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

(A) Executive summary

On receiving our Nimbin RRMA briefing document, Senator Forshaw questioned The Minister for Health & Ageing and staff. **In reply it was asserted that:**

(1) Nimbin's RRMA status had not been "the real issue" in the decline and closure of the Nimbin medical practice **(P. 3. l. 2). This is patently untrue, see Dr Oxlee's letters, which the bureaucrat ignores.**

(2) The Rural Doctors Network **"**have solved the problem**" (P. 3. l. 2)** and **"**It is a good result... to solve the problem**" (P.5.line). This is not true, the problem has not been solved. The new practice contracts doctors for 4hr medical sessions and must pay for itself from patients' fees and Medicare rebates. Nimbin needs 30 session per week. Of the 13 sessions contracted so far, 10 involve non-vocationally registered doctors who are NOT entitled to the full medicare rebate because Nimbin is RRMA3. The new practice is already compromised by the Minister's intransigence!**

(3) The reclassification [of Nimbin's Statistical Local Area (SLA)] was, **"**at the state level**" (P.4. l. 15). This is not true. It was part of a National reclassification by the Australian Bureau of Statistics (*ABS*).**

(4) If Nimbin's RRMA status were changed, **"**the whole thing would need to be updated and changed. It would have an impact across the country...**" (P.4. l. 16). If social justice is to be served, which is a purpose of RRMA, why not?. Is it simply too much trouble? Examination of the *ABS* list of year 2001 reclassifications indicates minimal impact.**

(5) In changing Nimbin's RRMA status, **"**you change the classification system**" (P.4. l. 20). This is not true, there is no change in the RRMA classification system only adjustment based on the *ABS* update of the basic unit of RRMA, viz., the Statistical Local Areas (SLAs)**

(6) "it is unlikely that... [RRMAs will be updated] because... the official ABS standard index, the Australian Standard Geographical Classification... is now more useful than it was back then in terms of doing the sorts of things the RRMAs were originally designed to do.". **(P.5. l. 26).** Well said. **We reiterate that, Nimbin's entitlement to RRMA5 status is a direct result of the ABS updating the *Australian Standard Geographical Classification*. NIMBIN IS ENTITLED TO RRMA5.**

Note that the Ministry admits (P. 4. l. 20) that "it is possible**" to change Nimbin's RRMA status.**

Conclusion

From the inconsistent statements made by the Minister and her staff in this Senate Hearing, and those made in letters, together with the statements in the FOI documents (see *Nimbin and Rural Medicine document (G): Ministerial in documents obtained under the Freedom of Information Act*) we conclude that:

the Minister has no real or consistent reason for excluding Nimbin from its rightful access to Federal incentives for rural medical practices by refusing Nimbin RRMA5 status. In persisting in this unjust course, she destroys the equity of access to Medicare services for some 6000 rural Australians and puts their health at risk.

(B) Introduction

Our *Action Group* previously circulated a briefing document on Nimbin's RRMA status (document C is updated version). In response Senator Forshaw questioned The Minister for Health and Ageing at the Senate Estimate Hearing. The full Hansard transcript in Adobe Acrobat format is available at: http://www.aph.gov.au/hansard/senate/commttee/S6473.pdf

In this annotated document, the text is reproduced verbatim from pp.146-148 of the Hansard text. Significant ministerial statements are coloured red; our rebuttals are [bracketed] in blue. A complete list of ministerial staff attending can be found on p. 97 of said transcript: Participants quoted below are:

Senator Forshaw; Senator Patterson, Minister for Health and Ageing.

Department of Health and Ageing
Whole of Portfolio Executive ***Ms Jane Halton,*** Secretary
Portfolio Strategies Division ***Mr David Webster,*** First Assistant Secretary
Outcome 4—Quality Health Care, Primary Care Division ***Mr Andrew Stuart***, First Assistant Secretary; ***Ms Leonie Smith***, Assistant Secretary, General Practice Access Branch

(C) The Transcript: CA 528 Senate—*Legislation* Thursday, 5 June 2003

Senator FORSHAW—I raised a matter on the first day when we were talking about Medicare, which I was told should be brought up here. That is with regard to the classifications of—

Ms Halton—This is the RRMA issue?

Senator FORSHAW—This is the RRMA issue, yes. Just to summarise it: if, with regard to the classifications that apply to—

Ms Halton—You mentioned Nimbin. That sticks in my mind.

Senator FORSHAW—Nimbin, yes. It sticks in a lot of people's minds.

Ms Halton—I have never actually been there.

Senator FORSHAW—I have.

Ms Halton—Can Ms Smith give you a bit of background on Nimbin as it is classified, rather than on other aspects of Nimbin?

Senator FORSHAW—Please do.

Ms Smith—We have been aware of the Nimbin issue. There has been difficulty in finding doctors to go to that town. For some time the community has been writing to the department and suggesting that, if we were to change the RRMA classification, that would solve Nimbin's problems. However, what we have tried to do is work with the Rural Doctors Network and some other New South Wales based organisations, particularly the northern rivers divisions. I understand that now Nimbin will be getting some general practitioners in the near future. The issue was really related to the fact that, although people were willing to go there and provide services, they wanted to have a flexible arrangement in terms of the practice arrangements. They were not necessarily interested in buying into a practice in Nimbin, but they wanted to have an arrangement where they could walk in and walk out —that is probably the way that that tends to be

described now. My understanding is—from reading *Australian Doctor* today and talking to the Rural Doctors Network—that **they have solved the problem** for Nimbin , so **the RRMA classification was not the real issue** there. That is definitely the Rural Doctors Network feeling as well. [???]

[We certainly question the nature of RDN's "feelings". Ms Smith avoids discussing the RRMA issue. It is NOT true that, "the issue was really related to..." and "the RRMA classification was not the real issue". She also implies that the only letters received were from "the community"! Dr Oxlee's letters repeatedly asked for a change in Nimbin's RRMA status because Nimbin could not attract GPs because GPs contemplating the practice found that they would not be eligible for the incentives appropriate to a rural practice that are available to areas classed RRMA4/5. Note that RRMA3 areas are not eligible for Rural Stream Registrars!

As for Ms Smith's "understanding" - the problem is far from solved. With NSW State Government Funding, *Northern River Division of General Practice, Northern Rivers Area Health Service* and *Lismore City Council* have set up a practice with GPs on contract. The practice must pay for itself from patients' fees and Medicare rebates. Without appropriate rural incentives because of inappropriate RRMA3 status THE NEW PRACTICE MAY FAIL. Since opening on August 11th 2003, the practice has had only three part-time GPs for a total of thirteen 4h sessions - equivalent to little more than one GP. The catchment population warrants 3 GPs. TWO OF THESE DOCTORS ARE NON-VOCATIONALLY REGISTERED SO THE PRACTICE CANNOT CLAIM THE FULL MEDICARE REBATE ON 77% OF VISITS, LOSING TENS OF THOUSANDS OF DOLLARS!]

Senator FORSHAW—Is there a problem with changing the RRMA classification anyway? It has been put to me, and I think it has been put to the department and the minister, that there have been changes made with regard to the statistical local area. There has been some change at the state level.

[Not true, the Lismore SLA was split by the Commonwealth *Australian Bureau of Statistics* (*ABS*) as part of a National update of the *Australian Standard Geographical Classification* (*ASGC*).]

Ms Smith—There is a similar problem with many geographical classifications systems. They are systems that are generally set up at a particular time, based on particular data. Of course, as things change over time, the classification system sometimes results in there being particular anomalies, especially where populations are moving in and out of places at greater rates than they were previously, for example.

[Not so: the split of Lismore SLA, described above, was an *ABS* updating of the *ASGC*. It did not involve major population changes. The *ABS* split of the Lismore SLA into two parts corrected an anomaly, bringing the Lismore LGA (Local Government Area) into line with that of Tweed, which has long been split into an urban SLA (Tweed Part A) and a rural SLA (Tweed Part B) - an arrangement whereby the relatively large Tweed Part B town of Murwillumbah is rated RRMA5!].

Senator FORSHAW—I do not think that is necessarily the case with this one, is it? Nimbin has always been a small community. It might have exploded on certain occasions—

Ms Smith—Aquarius comes to mind.

Senator Patterson—Were you there, Senator Forshaw? Or are you too young?

Senator FORSHAW—If I can recall, I probably was not there, to quote—is it Edina?

Ms Halton—I thought it was Timothy Leary actually.

Senator Patterson—We will go back through the videos and have a look.

Senator FORSHAW—I know the district fairly well because I have had a longstanding family connection with the area.

Senator Patterson—Don't go any further!

Senator FORSHAW—If you want to know, my grandmother came from Lismore—okay? My mother did too. The reason I raise it is that it is argued that, because it was in RRMA 3 they are not entitled to any incentives—payments, assistance—but that, because in effect the Lismore area has now been divided into two separate groups and Nimbin is sort of in the outer Lismore urban area, Nimbin could be reclassified as RRMA4. Why is that not a possibility? Even if the issue, you might say, is fixed in another way, why should it not be properly classified? Or is that argument incorrect?

[Not correct in that Nimbin is the (2001) SLA of Lismore Part B and entitled to RRMA5]

Ms L. Smith—It probably goes to **the reclassification at the state level**, which has happened only in the last couple of years **I think**. The broader RRMA classification is a national classification and **the whole thing would need to be updated and changed. It would have an impact across the country** on a number of different areas. Whilst some areas, like Nimbin, may change—and its SLA changed to become an RRMA 4 or 5—other areas would move into categories RRMAs 1 and 2. Whatever you do and wherever **you change the classification system**, you end up having numbers of winners and losers. **So it is possible**, but it has an impact.

[Ms Smith's "think" is incorrect. The reclassification was part of a National reclassification by the Commonwealth ABS;

The basic "unit" of the RRMA classification, the SLA, is an integral unit/category of the National *Australian Standard Geographical Classification*, each SLA being defined nationally by the Commonwealth *Australian Bureau of Statistics*.

The assertion that "other areas would move into categories RRMAs 1 and 2" is "kite-flying". Removal of Nimbin from the Lismore SLA does not cause the RRMA status of the Lismore urban centre to diminish! The change in Nimbin's RRMA status, which should follow automatically from the change in SLA, does not require that the "whole thing would need to be updated and changed".

"wherever you change the classification system, you end up having numbers of winners and losers", begs the question. The change in the Lismore SLA is not "changing the classification system", it is an an updating of the existing system from which revision of Nimbin's RRMA status should follow automatically.

We are pleased that Ms Smith agrees that "it is possible" to change Nimbin's RRMA status, but question the implication of her assertion "but it has an impact". How much impact? Would it, for example, have as much impact as the recently proposed incentives offered to encourage GPs to move from the inner to the outer suburbs of Sydney? Inspection of the *ABS* lists of year 2001 nation-wide changes to SLAs show that resultant changes in RRMA status are minimal.]

Senator FORSHAW—Is that a real issue?

Ms Smith—Yes.

[How "real" ? The ABS national list of year 2001 SLA reclassifications indicates minimal impact.]

Senator FORSHAW—I am advised that in 2001 it was changed to Lismore C part A, which has a population of about 29,000, and Lismore C part B, which has 19,000. That puts it clearly into an RRMA 4 category.

[Not so - RRMA status is defined by the population size of an SLA's largest urban area, not by its total population (see p.7, lines 33-51); since Nimbin's current SLA (Lismore C part B) does not include an urban area with population >10,000 Nimbin is entitled, like Murwillumbah, to RRMA5]

I cannot see why they should not be changed. Or I cannot see what is wrong with the logic of saying that, if the area has been clearly reclassified in this way, then why can't it have its RRMA classification changed. The point is made that cities like Ballina and Byron Bay have a classification of 4 or 5 and Nimbin, which is a village up in the hills, is a 3.

Mr Webster—I have a bit of additional historical information on the RRMAs, which might help explain where we are at.

Senator FORSHAW—Don't give any secrets away.

Mr Webster—What I understand is that the RRMAs were developed way back in 1994, as you know. The reason for that was, at that particular time, the Australian Standard Geographical Classification, which is the ABS classification, was not seen to address the need of having a rural and remote index. Subsequently, there have been various changes across the entire country in terms of the SLAs, but there have also been various other indexes that have been developed over that particular period of time. The Nimbin situation that you are describing is just one of the areas that has been affected by those changes.

The RRMAs have not been updated officially at all since that time. **I think it is unlikely that they will be because what has happened since then is that there have been moves with the official ABS standard index, the Australian Standard Geographical Classification, which is now more useful than it was back then in terms of doing the sorts of things the RRMAs were originally designed to do.**

[Mr Webster does not appear to understand the current or proposed bases of classification. The new *ARIA* classification has yet to be implemented. To our knowledge, no date has been set for *ARIA* to replace *RRMA* in determining the distribution of incentives for rural medical practices. *RRMA* is a derived function of the SLA, the RRMA *level* being defined by the remoteness index and population characteristics of the SLA. In turn the SLA is a basic unit/ category of the *Australian Standard Geographical Classification*. What does Mr Webster mean by, "I think it is unlikely... the *Australian Standard Geographical Classification*, which is now more useful than it was back then in terms of doing the sorts of things the RRMAs were originally designed to do". The *ASGC* is more useful - as the tool whereby the *ABS* corrects statistical anomalies, such as the 1994 single Lismore SLA. If the system were allowed to adapt, then Nimbin would receive appropriate RRMA5 status.

TO REITERATE: THE CURRENT *Australian Standard Geographical Classification* ENTITLES NIMBIN TO RRMA5!]

Senator FORSHAW—Thank you for indicating that something is apparently going to happen. The good people of Nimbin and their doctors will be happy about that, I hope.

Mr Stuart—It is a good result for Nimbin using a number of flexible programs to solve the problem.

[We fear that Mr Stuart does not understand or appreciate Nimbin's problem. The problem is far from solved]

Senator FORSHAW—You did not fix all that up between last Monday and today, did you?

Ms Smith—We have been working on it for a while.

Ms Halton—I should say yes, shouldn't I.

Senator FORSHAW—So I cannot claim the credit.

Ms Halton—That would also mean that we were incredibly responsive, so we both win out of that.

Senator Patterson—It has been an issue for a while. I have become aware that there are very small areas of Australia. [*sic*]

Senator FORSHAW—Yes, I know, and I know they have written to you and that you wrote back to them. The initial answers were not encouraging but I am sure they will be at least a bit more encouraged now.[10.35 p.m.] **[Before and after the loss of Nimbin's GP, the few replies from the Ministry ignored the implications of Nimbin's RRMA3 status and uniformly refused to review the situation.]**

TRANSCRIPT ENDS HERE

(D) Observations on Transcript

The sense of self-congratulation expressed by the department seems a little excessive, since **the recent initiative to develop a contracted-GP practice in Nimbin has resulted largely from application of NSW State Government funds. Furthermore, continuing failure of the Federal Ministry to approve an appropriate RRMA status for Nimbin will seriously compromise the new practice.**

We note that, in respect of the statements made about RRMA by the department in the transcript, the Minister, in a letter dated 15th April 2002 stated that, "...my department is unable to reclassify areas under the Rural, Remote and Metropolitan Area (RRMA) classification. As you are aware, Nimbin is classified as a RRMA 3, as it is located in the Lismore (C) Statistical Local Area (SLA). The RRMA 3 classification is defined a large rural centre with populations of between 25,000 and 99,999 in their urban centre. The city of Lismore has a population of approximately 43,000 people [*sic*]. Therefore, the SLA in which it is located is classified as RRMA3. Unfortunately, while Nimbin may be a smaller town outside the city of Lismore, it is still included in the same SLA and thus classified as RRMA 3." **[That statement was untrue then and remains untrue today, and confirms the inconsistency of ministerial responses!]**

Note that The ***Rural, Remote and Metropolitan Areas Classification*** [*RRMAC*] (1994; Australian Government Publishing Service; ISBN 0 644 42752 3; A51543 Cat. No. 94 3091 X) is based on the ABS *Australian Standard Geographic Classification* [*ASGC*] *(1994).* To quote *RRMAC* (1994),

"This classification is built up from **SLAs** which are the building blocks from which the categories of the classification are constructed. **Statistical Local Areas (SLAs)** are the principal geographic building blocks used by the ABS... **Local Government Areas (LGAs)** are those areas which fall under the jurisdiction of local government councils. **LGAs with large populations are often split into two or more SLAs.** In rural and remote zones, the majority of ... LGAs consist of only one SLA... An **Urban Centre** is an urban collection district (about 300 dwellings) or an aggregation of... contiguous urban collection districts totalling 1000 or more in population." and

"Non-metropolitan SLAs with an index of remoteness greater than 10.5 are classified as remote and those with an index value less than or equal to 10.5 as rural. **The size of the largest urban centre within, or partially within each SLA, is then identified to determine the category of each SLA within its zone...**"

Nimbin and Rural Medicine document (G): Ministerial documents obtained under the Freedom of Information Act.

by Dr Len Martin. *Nimbin Needs Doctors* **Rural Action Group** [PO Box 61, Nimbin, NSW 2480; telephone, 0266 890 254; e-mail, pteropus42@smartchat.net.au]. **Contact person from August 25-October 5: Marion Forwood, Community Economic Development Officer, 81 Cullen St., Nimbin 2480; (02) 66 891 559; nimcedo@nimnet.asn.au**

(A) Executive summary

Documents obtained under *FOI* comprised 3 ministerial minutes with nothing of crucial importance in them; 'Rural, Remote and Metropolitan Areas Classification 1991 Census Edition', and a covering letter of from Lisa McGlyn, Acting Assistant Secretary, General Practice Access Branch Dept of Health & Ageing, Primary Care Division. **The wording of the covering letter is crucial, thus.**

Quotation 1. "I am providing a copy of... 'Rural, Remote and Metropolitan Areas Classification... This document outlines the methodology of the geographical classification tool currently applied by the Department nationally."

Comments

This document describes the basis of RRMA, just as we have described it in our RRMA document

"the methodology of the geographical classification tool" is simply categorisation of SLA into RRMA class by index-of-remoteness & largest-urban-centre population size.

Application of "the geographical classification tool" gives Nimbin RRMA5!

Quotation 2 "With respect to... How the RRMA categories... can be... challenged... The criteria upon which the.. decision was made and the procedures for making that determination... for challenging the making of the determination. I am unable to provide... documents... they do not exist... **There is no 'determination' or 'decision' per se by the department that Nimbin be included in RRMA 3. This is simply the factual result of applying the RRMA classification tool.** As such the department holds no documents relating to procedures for challenging or changing the determination." **[my bold emphases]**

Comments

This passage confirms that Nimbin is incorrectly categorised RRMA3 simply because the Department of Health and Ageing is using statistical data that is out-of-date and incorrect, namely Nimbin's PREVIOUS SLA.

The, "factual result of applying the RRMA classification tool" to Nimbin's present, correct SLA would be to categorise Nimbin as RRMA5!]

Conclusion

Together with the inconsistent statements made by the Minister and her staff in letters, in the Senate Estimates Hearing, the present documents demonstrate that the Minister has no real or consistent reason for excluding Nimbin from its rightful access to Federal incentives for rural medical practices by refusing Nimbin its rightful RRMA5 status. In persisting in this unjust course she destroys the equity of access to Medicare services for some 6000 rural Australians, and puts their health at risk.

(B) Introduction

In response to a request from Nimbin Needs Doctors Rural Action Group, the Department of Health and Ageing sent us five documents. They comprise:

1. *covering letter dated 7 July 2003 from Lisa McGlyn, Acting Assistant Secretary, General Practice Access Branch Department of Health and Ageing, Primary care Division.*

2. *ministerial Minute 1956 in full.*

3. *ministerial Minute 1663 with some parts deleted.*

4. *ministerial Minute 1752 with some parts deleted.*

5. *copy of 'Rural, Remote and Metropolitan Areas Classification 1991 Census Edition".'*

They were sent in response to our request for documents relating to advice to the Minister for Health and Ageing in relation to the following:

1. *advice given by the Department to the Minister in relation to clause 4(a) of the Health Insurance (GMST) Regulations 2002;*

2. *how* the RRMA categories referred to in clause 4(a) can be changed or challenged;

3. *the determination by the Department that Nimbin be included in an area that receives a RRMA 3 classification;*

4. *the criteria upon which the above decision was made and the procedures for making that determination;*

5. *the procedures for challenging the making of the determination.*

In this annotated document, the text is reproduced verbatim from a photocopy of the covering letter Significant statements are coloured red; our rebuttals are [bracketed] in blue. Facsimiles of all of the FOI documents are available if required.

(C) The Text

1. The letter gave satisfactory reasons for the deletions, which would not affect our case. Nonetheless, one reason was of general interest, namely:

"These documents are nearly 3 years old and the policy has been in place for over 2 years. I believe that it would be contrary to the public interest to generate debate about the basis on which an established policy was achieved..."

[**Might this be a contributing reason for the department's inertia/ resistance to changing Nimbin's RRMA status. We note that the RRMA book that** "outlines the methodology of the geographical classification tool currently applied by the Department nationally", **is the 1991 edition.**]

2. It is other wording of the covering letter, quoted below, that is of particular importance.

2.1. "Freedom of Information Request No: 03/43 I refer to your letter of 13 May 2003 in which you sought access... to copies of documents relating to advice to the Minister for Health and Ageing in relation to... " [here the letter lists the 5 request-headings listed above]
"With respect to advice given by the Department to the Minister in relation to clause 4(a) of the Health Insurance (GMST) Regulations 2002... 3 documents... relate to your request... I am able to release Ministerial Minute 1956... in full... Ministerial Minutes (1663 and 1752)... with some parts deleted"
[There appears to be nothing of crucial importance in the minutes. But, it should be emphasised, they relate to moves to IMPROVE medical services to rural areas - defined as RRMA 4-7].

2.2. "With respect to... the determination by the Department that Nimbin be included in an area that receives a RRMA 3 classification, I am providing a copy of... 'Rural, Remote and Metropolitan Areas Classification 1991 Census Edition'. This document outlines the methodology of the geographical classification tool currently applied by the Department nationally."

[The document describes the basis of RRMA exactly as we quote in our RRMA document - "the methodology of the geographical classification tool" is simply categorisation of SLA into RRMA class by index-of-remoteness & largest-urban-centre population. Its application gives Nimbin RRMA5!]

2.3. "With respect to your request regarding... How the RRMA categories referred to in clause 4(a) can be changed or challenged... The criteria upon which the above decision was made and the procedures for making that determination... The procedures for challenging the making of the determination... **Decision** I am unable to provide copies of any documents, as they do not exist. **Reasons for decision** Section 24A states that requests may be refused if the document does not exist. There is no 'determination' or 'decision' per se by the department that Nimbin be included in RRMA 3. This is simply the factual result of applying the RRMA classification tool. As such the department holds no documents relating to procedures for challenging or changing the determination. In other words... the document does not exist.".

[This confirms that Nimbin is incorrectly categorised RRMA3 simply because the Department of Health and Ageing is using incorrect, out of date statistical data namely Nimbin's PREVIOUS SLA.

The "factual result of applying the RRMA classification tool" to the present, correct SLA would be to categorise Nimbin as RRMA5!]

(D) Conclusion

Together with the inconsistent statements made by the Minister and her staff in letters, and in the Senate Estimates Hearing, the present documents demonstrate that the Minister has no real or consistent reason for excluding Nimbin from its rightful access to Federal incentives for rural medical practices, by refusing Nimbin its rightful RRMA5 status. In persisting in this unjust course she destroys equity of access to Medicare services for some 6000 rural Australians, and puts their health at risk.