

5 December 2018

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Dear Mr Griffin,

RE: AA1000427 – RDAA – submission

The Australian Salaried Medical Officers' Federation Industrial Organisation of Employees, Queensland (the ASMOFQ) provides the following submission to the Australian Competition & Consumer Commission (ACCC) regarding concerns with AA1000427 (the authorisation), specifically around the proposed extended scope of the authorisation to allow the Rural Doctors Association of Australia (RDAA) to collectively negotiate with Hospital and Health Services (HHSs) in Queensland.

1. AA1000427 (the authorisation), under s. 90 (7) of the *Competition and Consumer Act 2010 (Cth)* (the Act), will provide for:
 - a. Increased competition;
 - b. Likely, no benefit to the public; and
 - c. In the alternative, the detriment to the public will be outweighed by the potential benefit to the public.

Outcome Sought

2. The authorisation extending the scope mentioned in paragraph 1.6 should not be granted.

Background

3. The ASMOFQ is an industrial organisation registered pursuant to the *Industrial Relations Act 2016 (Qld)* (the Industrial Relations Act);
4. The ASMOFQ has a Queensland Branch, The Australian Salaried Medical Officers Federation, Queensland Branch (the ASMOF Queensland Branch) registered pursuant the *Fair Work (Registered Organisations) Act 2009 (Cth)* (the RO Act);
5. The objects of the ASMOFQ are described at part 3 of the ASMOFQ Constitution.
6. The objects of the ASMOFQ can generally be summarised as:
 - a. to promote and protect the broad interests of Salaried Medical Practitioners, including Visiting Medical Officers (VMOs);
 - b. to provide services to its members; and

- c. to advocate the provision and development of quality health services.
7. At a collective level, the ASMOFQ generally achieves the objects by:
- a. Negotiating the *Medical Officers' (Queensland Health) Certified Agreement* (the MOCA) on behalf of publically employed doctors working for one of the 16 HHSs; and
 - b. Advocating for improved employment entitlements for VMOs in Queensland. For example:
 - VMOs working in a HHS to receive a 2.5% remuneration increase backdated to July 2017, this increase applies to both contracted and non-contracted VMOs.

Relationship Between ASMOFQ and AMA Queensland

8. The ASMOFQ has a conjoint agreement with AMA Queensland, whereby:
- a. AMA Queensland provides industrial advice to independent contractor VMOs via authorisation A91599.
 - b. The ASMOFQ provides industrial advice to AMA Queensland regarding the conditions and entitlements which employee VMOs receive.
 - c. When AMA Queensland identifies that the VMO is not an independent contractor, the AMA Queensland is able to refer the member to the ASMOFQ to be represented as an employee.

Public Benefit

9. The ASMOFQ contends that the ability for RDAA and subsequent State branches, including the Rural Doctors Association Queensland (RDAQ) to negotiate on behalf of VMOs employed by Hospital and Health Services (HHSs) would significantly undermine the negotiation process, increase competition between organisations and subsequently reduce the public benefit:
- a. The ASMOFQ has VMO members.
 - b. The ASMOFQ has surveyed our VMO members they have a strong preference for a Certified Agreement.
 - c. The ASMOFQ strongly advocates for all VMOs employed by the State to be on the same terms and conditions and have access to the Queensland Industrial Relations Commissions (QIRC) for the purposes of dispute resolution, via a low cost jurisdiction.
 - d. The ASMOFQ has entered into discussion with Queensland Health as early this regarding our members' preference for a Certified Agreement.
 - e. The ASMOFQ holds concerns that the extended scope of negotiating power will undermine the ASMOFQs advocacy for VMOs to enter into a Certified Agreement.
 - f. The ASMOFQ has and will continue to advocate for all VMO members, including Rural VMOs, via the Agreement making process, as we have done for our SMO members.
 - g. The ASMOFQ is concerned with the increased risk of 'sham contracting' if attempts are made to contract outside of the employment relationship.
 - h. The ASMOFQ holds concerns that whereby authorisation is given to another party to negotiate contractor arrangements with Individual HHSs, this will encourage the use of independent contractors and undermine the employment relationship to the detriment of our members.

- i. The ASMOFQ holds concerns with the length of the proposed authorisation, should the legislation in Queensland change allowing RDAQ to negotiate for a Certified Agreement.

Clarification Sought from RDAA

The ASMOFQ seeks:

10. Confirmation that RDAA (or any associated State bodies) are proposing to only represent independent contractor VMOs, not employee VMOs;
11. Confirmation of how the RDAA proposes to manage the relationship between AMA Queensland when representing VMO independent contractors during collective negotiations with HHSs, if the extended scope of authorisation is granted under paragraph 1.6; and
12. Confirmation that RDAA (including RDAQ) only propose to represent VMO independent contractors working in rural locations and therefore, the proposed extended scope of the authorisation will not cover all 16 HHSs, should the extended scope be granted.

If you have any questions or require further information, I can be contact in writing via email: j.cosgrove@amaq.com.au.

Yours sincerely,



Mr John Cosgrove
ASMOFQ Senior Industrial Advocate