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October 31, 2002

Prof. Allan Fels AO
Chairman
Australian Competition & Consumer
Commission (ACCC)
PO Box 1199
DICKSON ACT 2602

FILE No:
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MARS/PRISM:

Dear Chairman

I refer to your media release of June 20, last, ref MR 156/02 issued under the title: 'ACCC Draft Decision Gives Certainty to General Practitioners on Fee Arrangements,' announcing your Commission's proposal to provide "certainty to GPs working in specific business arrangements to agree on fees charged to patients without risk of action under the Trade Practices Act 1974."

I note that the ACCC proposes to grant authorisation to GPs in 'associateships' being "groups of GPs who wish to remain independent businesses while co-locating to obtain certain advantages." The draft proposal "would not allow fee arrangements between doctors in different general practices the general practices proposing to be authorised present themselves to the community as one integrated medical centre."

While the draft proposal is welcomed as a forward step, I am of the opinion that restricting authorisation to medical practitioners co-locating in 'associateships' in one integrated medical centre, discriminates against groups of doctors independently located and working together in their local areas.

This is particularly relevant to groups of doctors independently located working together in rural and regional Australia to better serve the needs of their local communities. Such rural and regional communities are already disadvantaged geographically compared to communities located in the major capital cities, particularly in respect of doctors providing specialised medical services. Excessive heavy handedness by arms of government, particularly by organisations such as the ACCC, can only lead to a lack of services and a corresponding reduction in health-care for rural and regional patients.

Figures released today by the Australian Bureau of Statistics, (cat.no.8689.0), 'Rural and remote general practitioners working long hours,' support the claim that GPs in rural and remote areas are working longer hours than their metropolitan counterparts. On average, GPs in remote areas worked 57 hours a week, this compared with an average of 52 hours for those working in rural areas and an average of 46 hours in metropolitan areas. "Of those GPs working in rural and remote areas, 40% worked an average of more than 60 hours a week compared to 26% of metropolitan GPs".

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The ABS survey results identified that specialists mainly working in private practice worked on average 54 hours per week (compared with an average of 47 hours for GPs). "The results have shown that within this specialist group, surgeons and gynaecologists/obstetricians worked the longest hours (average 59 hours) followed by paediatricians (average 58 hours)."

It is disappointing that the Commission's draft proposal makes no specific reference to the needs of doctors working in rural and regional areas, or the needs of their communities, compared to the needs of practitioners and communities located within the metropolitan areas of Australia's major capital cities. It seems more than obvious that the tyranny of distance in Australia in respect of medical services is not fully appreciated or understood by people located in our capital cities.

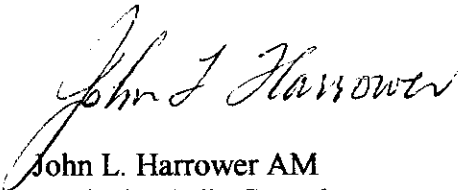
The Royal Flying Doctor Service of Australia on ABC Radio, *The World Today*, has drawn attention to this fact, evidenced by the number of city people that travel into Australia's remote regions inadequately prepared, expecting to find medical, pharmaceutical and other services within arm's length wherever and whenever they are needed.

I respectfully submit therefore:

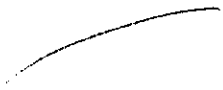
that the Commission's proposed 'associateships' be extended, in the interests of equality and fairness, to groups of doctors working together independently in rural and regional areas of Australia thus better acknowledging the needs of these areas, and,

that the above mentioned report of the ABS also be taken into account in preparing a final guide for the Commission's proposed authorisation to give certainty to medical practitioners in respect of fee arrangements.

Yours faithfully



John L. Harrower AM
Trade & Media Consultant



Media Release



8689.0 Rural and remote general practitioners working long hours

EMBARGO: 11:30 AM(CANBERRA TIME) 29/10/2002

*****Released Today*****

General practitioners in rural and remote areas are working longer hours than their metropolitan counterparts, according to figures released today by the Australian Bureau of Statistics (ABS).

In 2002 there were 18,867 general practitioners in Australia who were mainly working in private practice. The overall average number of hours worked by these general practitioners each week was 47 hours. On average, general practitioners in remote areas worked 57 hours. This compared with an average 52 hours for those working in rural areas and an average 46 hours in metropolitan areas. Of those general practitioners working in rural and remote areas, 40% worked an average of more than 60 hours per week compared with 26% of metropolitan general practitioners.

Consistent with the long working hours of general practitioners were a high number of private patient contacts per week. Whilst general practitioners had an average of 136 private patient contacts per week, 22% reported between 150 and 199 contacts per week and a further 22% reported more than 200 contacts per week.

Females account for 33% of all general practitioners in Australia. They are often younger than their male counterparts with 55% aged under 45 years and only 15% aged over 55 years. This compares with 31% of male general practitioners aged less than 45 and 35% over 55 years.

The survey results identified that Australia has 10,509 specialists mainly working in private practice. On average these specialists work 54 hours per week (compared with an average 47 hours for general practitioners). The results have shown that within this specialist group, surgeons and gynaecologists/obstetricians worked the longest hours (average 59 hours) followed by paediatricians (average 58 hours).

The specialist profession is even more dominated by males, with females accounting for only 14% of all specialists in Australia. Females, however are strongly represented in the younger age groups accounting for 25% of all specialists under 45 years.

Further details can be found in **Private Medical Practitioners, Australia, 2002** (cat. no. 8689.0).

This is a transcript of The World Today broadcast at 1200 AEST on local radio.

Flying Doctors urge medical awareness

The World Today - Thursday, October 31, 2002

JOHN HIGHFIELD: The Royal Flying Doctor Service says Australian tourism groups must do far more to educate people travelling to the outback about taking proper equipment, including first aid boxes and medications.

The RFDS headquarters in Broken Hill says while remote communities value tourism dollars, particularly in this time of drought as we have at the moment, there are simply no pharmacies out there.

As Nance Haxton reports, the service to replenish The Flying Doctor emergency medical chests at outstations and homesteads is being stretched apparently to the limit.

NANCE HAXTON: It would not be exaggerating to say that the Royal Flying Doctors Service is the lifeline of the outback. The Broken Hill base alone services an area of 640,000 square kilometres, from the Queensland border south to the Flinders Ranges, and flies almost 600,000 kilometres for consultations every year.

The seven doctors and six nurses help anyone in need, whether they be station owners, shearers or visitors, but is finding that its limited resources are increasingly being called on to treat travellers through the outback, who are attracted to the isolation and wide open spaces, but forget that this also means there is a lack of services that city people take for granted.

The senior medical officer for the RFDS at Broken Hill, Dr Mike Hill, has just completed the service's annual fly-through of outback clinics to check on supplies. He found that supplies are under more pressure than ever before, and largely for preventable incidents.

MIKE HILL: The single biggest problem that we have is people come away, bringing their prescriptions with them thinking that they can get it from their local pharmacy. And they don't realise that there is not a local pharmacy.

And then often at very difficult times like on weekends, or after hours, they suddenly realise they haven't got any, any medications, and how to suddenly get that. And although we do have some medications out there at various locations in the bush, there's certainly not anywhere near the same number of medications that people can be on. And surprise surprise, they suddenly discover they can't get what they need.