

SUBMISSION TO ACCC

EXCLUSIVE DEALING NOTIFICATION no. 93645 lodged by ST VINCENTS PRIVATE HOSPITAL

My name is Joanna Rae Sutherland. I am a specialist anaesthetist currently living and working in Coffs Harbour, NSW. Until 2005 I lived in Sydney and worked as a specialist anaesthetist in public and private hospitals in Sydney, including Royal North Shore Hospital, the Mater Hospital (Crows Nest), North Shore Private Hospital and a number of other private hospitals in Sydney. I remain accredited at these private institutions. I am currently in active clinical practice in Coffs Harbour at both public and private hospitals.

I believe the proposal that accreditation for anaesthetists at St Vincent's Private Hospital be restricted to those anaesthetists accredited at St Vincent's Public Hospital is likely to significantly reduce competition. The notification has the potential to affect patients, surgeons and other proceduralists who require anaesthesia services at St Vincent's Private Hospital. It is also likely to impair the professional activities of anaesthetists who may wish to provide services at St Vincent's Private Hospital, but who are not accredited at St Vincent's Public Hospital.

Accreditation of an anaesthetist at a private hospital is not a guarantee of employment. Once accredited at a private hospital, in order for an anaesthetist to work at a particular institution, that anaesthetist is typically invited to provide anaesthesia services by a surgeon or proceduralist, or, less frequently, by a patient who is to undergo surgery or a diagnostic procedure requiring anaesthesia.

The proposal that accreditation of anaesthetists at St Vincent's Private Hospital be restricted to those anaesthetists accredited at St Vincent's Public Hospital is, I believe, unfair and anti-competitive from the point of view of patients seeking surgical and anaesthetic services at St Vincent's Private Hospital. Accreditation at St Vincent's Public Hospital is, in practice, a function of the number of

anaesthesia positions established by the public hospital. This is determined by the NSW State government Area Health Service (South East Sydney Illawarra Area Health Service) in consultation with St Vincent's Public hospital. The main determinant of the number of anaesthetists accredited at the public institution is the budgetary constraints of NSW Health in general, and the Area Health Service in particular. Clearly the level of surgical (and hence anaesthesia service) activity at St Vincent's Public Hospital is unrelated to the demand for surgical and anaesthesia services at St Vincent's Private Hospital.

Accreditation of anaesthetists to various private hospitals is a function of the Boards of these hospitals, on the advice of a medical staff council or groups of specialists who are able to comment on individual practitioners' qualifications and experience. Generally such accreditation processes follow the same patterns in both public and private hospitals. I am not aware of any private hospital in Australia which requires simultaneous accreditation at a public hospital, such as is proposed for St Vincent's Private Hospital. I believe this notification is unprecedented. It is also peculiar that the accrediting body in this case (St Vincent's and Mater Health, Sydney) does not grant accreditation across both institutions (St Vincent's Private Hospital and the Mater Hospital). I can see no valid reason why such accreditation should not be granted as a matter of course. Both institutions provide broadly the same nature and level of complexity of surgical and anaesthetic activity.

The notification, if implemented, will reduce the potential pool of anaesthetists who are able to be invited by surgeons, proceduralists or patients, to provide anaesthesia services at St Vincent's Private Hospital. Competition amongst anaesthetists wishing to provide such services is reduced by the terms of the notification. Therefore I believe the implementation of this notification will result in a detrimental outcome to those members of the public who are patients in St Vincent's Private Hospital, or who provide surgical or diagnostic procedures requiring anaesthesia services at St Vincent's Private Hospital.

I believe the outcomes for patients at St Vincent's Public Hospital are, or should be, independent of the activities of St Vincent's Private Hospital. I can see no valid reason why any purported benefit for patients at St Vincent's Public Hospital should be permitted to impinge on the outcomes due to competition for anaesthetic services for patients, surgeons or other proceduralists at St Vincent's Private Hospital.

On a personal level, whilst I currently live and work in rural NSW, I remain able to provide anaesthesia services in Sydney should my personal circumstances change. In particular, I have had a professional association with the Mater hospital for over 15 years. The Mater hospital shares a board and CEO with St Vincent's Private Hospital (St Vincent's and Mater Health Sydney Ltd). I am anxious to preserve my right to practice my professional activities wherever and whenever possible and appropriate. If the notification is implemented my current ability to practice is unaffected. However my potential to provide anaesthesia services at St Vincent's Private Hospital is restricted by the notification. I believe it is unreasonable to restrict the access of anaesthetists to a particular private hospital because of spurious reasons relating to a public institution which, while geographically associated, is independent in its appointment processes, structure and function from the private hospital.

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