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19.9.08.

AMA Application for Authorisation

The AMA (National) on behalf of its member State organisations has applied for authorisation to represent its members who are rural GP hospital VMOs in their dealings with State Governments. The authorisation is to cover situations in which the Government is a voluntary respondent in negotiations and no issue of collective boycott is canvassed. This replicates successful applications by the Rural doctors' Association of Australia, RDAA (A91078 14.5.08) and by AMA NSW (A91088 14.8.08).

RDAV supports the RDAA response to the AMA application. There can be little intrinsic objection and it is to be hoped that AMA will continue to work constructively with RDAs. RDAs have been the principle representatives of rural doctors in most States since 1987. This sector has idiosyncracies ill-understood by persons not within it. The AMA rural reference group was established in 2005.

Generally rural doctors seek measures with potential to make the workforce better functional. These are proposed by the RDAs and supported or not by the AMA. In NSW, the AMA has supported the RDANSW negotiated Rural Doctors' Settlement Package since 1987, although this was not acknowledged in the NSW application. In South Australia, AMASA supported RDASA work towards the 2006 State Package and gave an award to the then RDASA President Peter Rischbeith, also an AMA member, for this achievement. In Queensland negotiation would appear to be primarily by RDAQ.

The complexity of medical representation demands complementary representation from different medical organisations concentrating on their own sector, making it advisable for individual doctors to join at least one academic and one political organisation. This works well providing boundaries are respected. The AMA is a large organization, with a wide range of practice services useful to rural doctors. All members of RDAV are encouraged to belong to it. Most Victorian rural practices have enough AMA subscriptions paid to justify use of their services. Since 1994, when the Victorian State rural VMO Package was terminated, many rural practices have been using the AMA to represent individual doctors negotiating fee for service contracts with their hospitals, through its partnership with the Australian Salaried Medical Officers Association. Since 2006, following the ACCC determination, this has been succeeded by group negotiation in the same manner. The RDAV, as does the RDAA, does not see itself as a competitor with the AMA to provide such services, even though it may advise a few locations in the negotiation of contracts when requested. At the national level, whenever possible the RDAA works in collaboration with the AMA.



In Victoria, the Generalist Visiting Medical Officer sector has shrunk considerably in the last 20 years, so that procedural GP VMOs are now much less common in Metropolitan areas and large regional towns. We are not privy as to what degree these VMOs were being represented by AMA prior to their replacement by specialist-led teams or whether they were included in the State VMO package. The AMA continues of course to represent salaried Hospital Medical Officers, negotiating their EBA in conjunction with the Australian Salaried Medical Officers Federation.

The RDAV was formed to represent community-based VMOs in the rural, mainly outer regional, sector. The overall number of rural community GPs has probably not shrunk because of overseas recruitment and the addition of Registrars in training. VMO numbers have dropped because of the worrying and continued bed, obstetric and theatre closure. The attachment below shows figures available to us of closure and total number of GPs. The actual number of VMOs is not known, but would be at least 2/3 of the total GPs. It is hard to guess trends and Departmental intentions but a fairly substantial number of Victorian hospitals should remain into the future requiring VMO services. There is absolutely no sign that Victoria will be able to preserve adequate rural services, without a significant number of centres dependent on GP VMOs. It won't do this without satisfactory visible industrial conditions because of competition with other States and other medical sectors.

The AMAV and RDAV worked together in the 1990s in development of the standard contract currently in use, and in the obtaining of after-hours on-call payments for rural doctors. RDAV has for some years been trying to persuade the State Government to resume use of a State-wide package. Because of DHSV and VHIA opposition (on ACCC record) the RDAV has sought political support from AMAV in this venture. Following ACCC authorization the RDAV will shortly be making an approach to Government.

AMA advocacy is apt to be swayed by its wider membership. Specialists always fear that too much will be dealt with in rural. Rural Generalists see the adverse results from failure to manage medical conditions early and in depth. There remains a lobby committed to carte blanche medical retrieval and transfer of rural medical conditions.

On one occasion in 1987 AMA Victoria represented both rural specialist and generalist VMOs in the Victorian Health Remuneration Tribunal and obtained a State Package which functioned till terminated in 1994. Loss of this package has been detrimental to the Victorian rural workforce and has contributed to the major loss of services.

Competition policy has in one way and another deferred representation for a good decade. Where State administrations were disinclined, representatives were unable to propose measures. The 2001 Wilkinson Committee softened policy and led to the ACCC Health Services Advisory Committee but despite ACCC assurances that rural Doctors could apply to the ACCC for exemption for actions 'in the public good' (ACCC Consumer Express December 2001/January 2002), the AMA remained distrustful of the process.

It is to be hoped that under any authorization, State AMAs and RDAs will continue to work together in negotiation of rural matters with State administrations. VMOs are a State and not National function.

Lack of National AMA support in 2004 for the ACRRM application for recognition of rural medicine (as a 'specialty' within the 'specialty of General Practice') led to more years' delay and

the necessity for COAG intervention. The resulting internal debate led to formation of the AMA rural reference group in 2005 with RDAA and ACRRM representation.

In 2006 the RACGP made application A91024 for revocation and substitution of authorization A90795 in respect of price setting arrangements (a role agreed with AMA and RDAA). For reasons unknown to us the RACGP added to this an application for rural doctors, in legally constituted groups, to jointly negotiate hospital agreements. This application was strongly supported by the RDAV because individual contract negotiation had been a major source of friction and detriment to clinical hospital practice in rural Victoria. The National AMA submission however read "The AMA is unable, at this point, to support this aspect of the application.....cannot see a public benefit.....noting GPs make up a relatively small proportion of the VMO population". The application was approved on 23.5.07.

Following this approval AMA Victoria made ACCC application No.CB 00004 for joint representation of GP and Specialist VMOs at Latrobe Regional Hospital. This was not a homogenous group and the application was not successful.

RDAV has been working towards a State rural doctors' package for some years now, similar to those negotiated by RDAs in other States, and intends to continue in this direction. It has made submissions concerning the sector to the 2007 State Ministerial Inquiry into Public Health Workforce and to the NHHRC. It has the benefit of advice from other State RDAs experienced in this field. Now that the RDAA has ACCC authorization, the RDAV is finally able to approach the State on an authorized basis. Major goals of this package are stabilization of the workforce and attraction of doctors into rural from regional GP training programs, in the face of major lack of interest in rural practice amongst Australian Graduates.

It is essential to preserve in all States the thrust of negotiations to conserve, and develop where necessary, a strong rural medical workforce capable of meeting medical needs in a timely and effective manner. The role of RDAs and the RDAA has been to provide a vocal and visible political lobby to this end.

Signed



Mike Moynihan, President

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Attachments

Health services Advisory Committee September 2003

<http://www.accc.gov.au/content/index.phtml/itemId/363545/fromItemId/622975>

Viable models of rural and remote practice study RDAA November 2003 (RDAA website Projects and Issues

<http://www.rdaa.com.au/default.cfm?action=media&type=model>

ACCC Consumer express December 2001/January 2002

www.accc.gov.au/content/item.phtml?itemId=302666&nodeId=83d858494b40e64f260f358c6d8d4c58&fn

AMA submission to AMC 19.11.04

www.ama.com.au/.../APPLICATION_FOR_RECOGNITION_OF_RURAL_AND_REMOTE_MEDICINE_AS_A_MEDICAL_SPECIALT

List of AMC Ministerially-approved recognised specialties

<http://www.amc.org.au/index.php/accreditation-aamp-recognition-mainmenu-188/recognition-mainmenu-190/recognised-specialties-mainmenu-138.html>

AMA rural reference group established 21.6.05

<http://www.ama.com.au/web.nsf/doc/WEEN-6DK3FZ>

AMA - Practice Nurses – GP Network news 8.4.05.

<http://www.ama.com.au/web.nsf/doc/WEEN-6B89ZV>

AMA Submission 7.2.07 RACGP application for Revocation and Substitution A 91024

<http://accg.gov.au/content/index.phtml/itemId/780495/display/submission>

AMA 2007 Latrobe application ACCC. Collective Bargaining notification CB00004 lodged by AMA (Vic) Determination

<http://www.accc.gov.au/content/index.phtml/itemId/806362>

AMA 2008 NSW VMO application

<http://www.accc.gov.au/content/index.phtml/itemId/839395>

Summary of Victorian Hospitals:

Apart from 7 Base hospitals, there are 94 hospitals with < 500-550 GP VMOs. (No reliable statistics available). 11 have additional specialists who in sub-base hospitals work with GP VMOs. 35 have Obstetrics, 51 no obstetrics. 46 have no theatre or anaesthetics or GP anaesthetists to provide emergency airway management. Many of these towns do not have ambulances either. Most smaller hospitals are currently staffed by OTDs. They take up to 5 years to get the FRACGP and then often leave. A surprising number have worked as proceduralists, often in South Africa.

Regional Base with full specialist roster: Wodonga (Albury) (7)

Wangaratta (shaky obstetrics), Shepparton, Bendigo, (Geelong regarded as rural by State), Ballarat, Warrnambool (shaky obstetrics)

Sub-Regional: specialist roster complemented by VMOs (4):

Hamilton, Horsham. Sale, Warrigul.

Procedural GP VMO hospital with obstetrics and active theatre (35):

Major: Bacchus Marsh, Bairnsdale, Echuca, Kilmore, Swan Hill, **Large:** Benalla, Colac, Kilmore, Kyabram Wonthaggi, **Medium:** Ararat, Camperdown, Castlemaine, Cohuna, Foster, Kerang, Kyneton, Leongatha, Mansfield, Seymour (Just reopened), Maryborough, Myrtleford, Orbost (intermittent), Portland, Stawell, Terang, Timboon (? operational), Yarrowonga. **Small:** Bright, Castlemaine, Daylesford, Mt Beauty, Orbost (intermittent), St Arnaud, Terang, Timboon (? operational)

Hospitals with small degrees of theatre activity (5)

Corryong, Korumburra, ? Lorne, ? Maffra, Port Fairy.

Non-procedural GP VMO hospital locations. (46): Alexandra, Apollo Bay, Ballan, Beaufort, Beechworth, Birchip, Boort, Casterton, Charlton, Cobram, Cohuna, Coleraine, Corryong, Creswick,

Dimboola, Donald, Edenhope, Euroa, Heathcote, Heyfield, Heywood, Hopetoun, Inglewood, Jeparit, Kaniva, Manangatang, Nagambie, Nathalia, Neerim, Nhill, Omeo, Ouyen, Penhurst, (Rainbow) Robinvale, Rochester, Sea Lake, Skipton, St Arnaud, Warracknabeal, Wedderburn, (Willaura) Wycheproof, Yackandanda, Yarram, Yea. (=no resident doctor)

Locations with full acute bed closure since 1983 (35) At least 22 now with no resident doctor.

Avoca, Anglesea, Beac, Beulah, Birregurra, Chiltern, Clunes, Cobden, Dunolly, Eildon, Gisborne, Kooweerup, Koroit, Lismore, Lake Bolac, Lancefield, MacArthur, Maldon, Mirboo, Mortlake, Murchison, Murrayville, Natimuk, Neerim, Nyah, Pyramid Hill, Redcliffes, Rushworth, Rutherglen, Tongala, Trentham, Warley, Wedderburn, Yarra Junction, Yackandanda.

Obstetric Units closed since 1983: (88):

Alexander, Apollo Bay, Avoca, Ballan, Beechworth, Beulah, Beeac, Birchip, Birregurra, Boort, Casterton, Charlton, Clunes, Cobram, Coleraine, Corryong, Cowes, Creswick, Dimboola, Donald, Dunolly, Eildon, Edenhope, Elmore, Euroa, Gisborne Heyfield, Heywood, Hopetoun, Inglewood, Jeparit, Kaniva, Kooweerup, Koroit, Korumburra, Lancefield, Lismore, Lorne, MacArthur, Maffra, Maldon, Manangatang, Minyip, Mirboo Nth, Moe, Mortlake, Murchison, Murrayville, Murtoa, Nagambie, Nathalia, Natimuk, Neerim South, Nhill, Numurkah, Nyah West, Omeo, Orbost, Ouyen, Penshurst, Port Fairy, Pyramid Hill, Rainbow, Redcliffes, Robinvale, Rochester, Rupanyip, Sea Lake, Seymour, Skipton, Sunbury, Talangatta, Tatura, Terang, Timboon, Tongala, Trentham, Walwa, Warley, Warracknabeal, Wycheproof, Wedderburn, Willaura, Yackandanda, Yarra junction, Yarram, Yea.

Obstetric locations still open (43):

- **Closing 2008:** Daylesford. (Terang and Timboon already 2008)
- **Small 5:** Bright, Castlemaine, Healsesville, Mt Beauty, St Arnaud
- **Medium: 21:** Ararat, Benalla, Camperdown, Castlemaine, Cohuna, Colac, Foster, Kerang, Kilmore, Kyabram, Kyneton, Leongatha, Mansfield, Seymour (just reopened), Maryborough, Myrtleford, Orbost (intermittently operational), Portland, Stawell, Wonthaggi, Yarrawonga.
- **Larger Centre: 9:** Bacchus Marsh, Bairnsdale, Echuca, Hamilton, Horsham, Kilmore, Sale, Swan Hill, Warragul.
- **Regional/Subregional: 8:** Ballarat, Bendigo, Mildura, Shepparton, Traralgon, Wangaratta, Warrnambool, Wodonga.

Comment on Obstetrics: The median age of GP Obstetricians is now 50 but there are very few under 40. Substantial retirement occurs after 50 and the workforce will be terminally depleted within 10 years without a major training and retention exercise paralleled by a similar process for midwives, who share the same age profile. This means that most of the small and medium maternity centres, and possibly some of the larger, will close, leaving quite a bleak landscape, and adding to rural morbidity. (See maps) For larger centres the supply of obstetricians is meager.

RDAV Procedural GP Statistics (Collated from register compiled from all locations)

GP proceduralists in Rural Victoria 2006 (Obstetrics, Anaesthesia or dual) by age and sex.

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total
M/F	0/2	5/4	11/3	29/5	40/8	44/4	24/1	11/0	163/27

GP Obstetricians in Rural Victoria 2006 by Age and Sex

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total	Grand Total
M/F	0/2	3/3	7/3	20/3	36/6	37/3	17/1	11/0	131/21	152

GP Obstetricians in Rural Victoria 2004 and 2006 Compared to show attrition

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total
04/06	2/2	8/6	15/10	39/27	42/42	35/40	17/17	9/11	167/155

GP Anaesthetists in Rural Victoria 2006 by Age and Sex

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total	Grand Total
M/F	0/0	2/0	8/1	16/1	22/4	30/1	12/1	8/0	98/8	106

GP Anaesthetists in Rural Victoria 2004 and 2006 Compared to show attrition

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total
04/06	0/0	4/2	19/9	22/17	25/26	25/31	17/13	6/8	118/106

Specialist Obstetricians in Rural Victoria 2004 and 2006 Compared for age progression

Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Total
04/06		1/1	3/1	5/6	2/3	12/7	3/8	6/7	32/32

2007 DHS listed On-call Rural Enhancement Package locations (89).

Alexandra DH, Apollo Bay, Ararat, Bacchus Marsh, Birchip, Ballan DHC, Beaufort, Beechworth HS, Benalla Dand MH, Boort DH, Bright,, Camperdown, Casterton, Castlemaine, Charlton, Cobden DHS (No beds), Cobram DH, Cohuna DH, Colac Area HS, Coleraine, Corryong, Creswick DH, Daylesford DH, Dimboola DH, Donald, Dunolly (no beds), Edenhope and DH, Euroa H, Foster, Healesville, Hopetoun, Heathcote, Heyfield H, Heywood RH, Inglewood DandHS, Jeparit, Kaniva, Kerang DH, Kilmore and DH, KoowereupRHS (No beds), Korumburra, Kyabram and DHS, Kyneton DHS, Leongatha MH, Lorne CH, Maffra, Maldon H (? No beds), Manangatang and DH, Mansfield DH, Maryborough, Mt Beauty, Myrtleford, Nagambie H, Nathalia DH, Neerim D Soldiers Memorial H, Nhill, Numurka DandHS, Omeo DH, Orbost RH, Ouyen, Peshurst DandMH, Port Fairy, Portland DH, Rainbow, Robinvale DHS, Rochester and Elmore DHS, Rupanyip (No beds), Rushworth (Waranga ? no beds), Sale, Sea Lake DandH, Seymour DMH, Skipton (GP non- resident), Stawell RH, St Arnaud, Tallangatta HS, Tatura (No beds), Terang and Mortlake, Timboon and District HS, Walwa (no beds), Warley H, Warracknabeal, Warragul, Winchelsea (? No beds), Willaura (no doctor), Wonthaggi, Yackandanda BNH, Yarram and DHS, Yarrawonga DHS, Yea and DHS

Victorian rural hospitals	Total GP	Solo Practice	Group Practice	GP Workforce	Procedural	Additional Specialists
Alexandra	3		2		Theatre	
Apollo Bay	4		2			
Ararat	9		1		Obstetrics/Theatre	
Bacchus M	13		2		Obstetrics/Theatre	y
Bairnsdale	22	1	2		Obstetrics/Theatre	
Ballan	2		1			
Beaufort	1	1				
Beechworth	6		1			
Benalla	16		2		Obstetrics/Theatre	
Birchip	1	1				
Boort	1	1				
Bright	3		1		Obstetrics/Theatre	
Camperdown	8		2		Obstetrics/Theatre	
Casterton	5		1			
Castlemaine	15		4		Obstetrics/Theatre	
Charlton	1	1				
Cobram	10		2			
Cohuna	4		1		Obstetrics/Theatre	
Colac	13		2		Obstetrics/Theatre	
Coleraine	5		1			
Corryong	3		1		Theatre	

Creswick	4		1			
Daylesford	8		2		Obstetrics /Theatre	
Dimboola	2		1			
Donald	1		1			
Echuca	19		2		Obstetrics/Theatre	
Edenhope	3		1			
Euroa	5		1			
Foster	6	1	2		Obstetrics/Theatre	
Hamilton	11		1		Obstetrics/Theatre	y
Healesville	4		1		Obstetrics/Theatre	
Heathcote	2	1				
Heyfield	2		1			
Heywood	2	2				
Hopetoun	1	1				
Horsham	11		3		Obstetrics/Theatre	y
Inglewood	1		1			
Jeparit	1					
Kaniva	1		1			
Kerang	7		2		Obstetrics/Theatre	
Kilmore	8	1	2		Obstetrics/Theatre	
Korumburra	8		1		Theatre	
Kyabram	10	1	1		Obstetrics/Theatre	
Kyneton	4	1	1		Obstetrics/Theatre	
Leongatha	11+		1		Obstetrics/Theatre	
Lorne	1	1				
Maffra	7		2			
Manangatang	1	1				
Mansfield	9		2		Obstetrics/Theatre	
Maryborough	6		2		Obstetrics/Theatre	
Mt Beauty	5	1	1		Obstetrics/Theatre	
Myrtleford	6		1		Obstetrics/Theatre	?closing
Nagambie	1	1				
Nathalia	3		1			
Neerim	2		1			
Nhill	3		1			
Numurkah	7		2			
Omeo	4		1			
Orbost	2		1		Obstetrics/Theatre	
Ouyen	1	1				
Penshurst	1	1				
Phillip Island	5		1			
Port Fairy	5		1			
Portland	13	1	3		Obstetrics/Theatre	
Rainbow				no resident		
Robinvale	2	2				
Rochester	2	1				
Rosebud				no info		
Rupanyup	1			no resident		

Rushworth	1	1				
Sale	25		4		Obstetrics/Theatre	y
Sea Lake	2		1			
Seymour	11	1	2		Theatre/? Obstetrics soon	
Skipton	1	1				
St Arnaud	2		1		Obstetrics/Theatre	
Stawell	9		2		Obstetrics/Theatre	
Swan Hill	10		1		Obstetrics/Theatre	
Tallangatta	2		1			
Terang	4		1		Theatre	
Timboon	2		1			
Traralgon	17	2	2		Obstetrics/Theatre	y
Walwa	1		1			
Warburton	5		2		Obstetrics/Theatre	
Warracknabeal	1	1	3		One practice closing	
Warragul	28	3	3	Few at hospital	Obstetrics/Theatre	y
Willaura				no resident		
Winchelsea	1	1				
Wodonga	Inadequate Info		>2	12 GP Obstetricians	Obstetrics/Theatre	y
Wonthaggi	17		2		Obstetrics/Theatre	
Wycheproof	1	1				
Yarram	2	2				
Yarrawonga	11		2		Obstetrics/Theatre	
Yea	4		2			
locations = 93						
525						
37						
103						
Obstetrics 37						

****** *These families already do enough to help out.***

19/09/2008
