

AUSTRALIAN MEDICAL ASSOCIATION

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Mr Richard Chadwick General Manager Adjudication Branch Australian Competition and Consumer Commission GPO Box 131 Canberra ACT 2601

Dear Mr Chadwick

Re: Amendment to AMA application for authoristion - No. A91334

I refer to the above application for authorisation and advise that we wish to seek a number of amendments in order to clarify some definitional issues identified by the ACCC as well as its coverage.

Coverage

Having further considered the coverage of the application, the AMA has decided to amend the application to enhance the potential public benefits that might flow from it.

In this regard, we seek that the Authorisation apply to all general practitioners at a general practice registered with the AMA, provided at least one of these GPs is a current member of the Australian Medical Association and practises in the practice on a regular, on-going basis.

To ensure that registration is a relatively straightforward process, the AMA would establish an on-line facility for general practices to register their details, including the relevant AMA member(s). This would have the additional benefit of providing the AMA with the ability to monitor and assess the impact of the Authorisation as well as provide feedback to the ACCC in any future application for re-authorisation. We do not envisage that this would be a public register, but it would be available for the ACCC's inspection.

A register would also support improved communication with practices regarding the proposed authorisation and the rights and responsibilities that flow from it. We would also give practices the option to supply the details of other GPs at the practice so that we could also share information directly with them. It is important to stress that the latter would be voluntary and would not be a prerequisite for the authorisation to apply.

The AMA, as outlined in its original application, would also communicate directly with members to ensure that they fully understand the Authorisation.

Definition of General Practitioner (GP)

For the purposes of the Authorisation, we seek to amend the application so that a GP is defined as a medical practitioner who:

- a) holds registration with the Medical Board of Australia as a specialist in the specialty of general practice; or
- b) is vocationally registered under section 3F of the Health Insurance Act 1973; or
- c) is a Fellow of the Royal Australian College of General Practitioners (FRACGP), who participates in, and meets the requirements for the RACGP Quality Assurance and Continuing Medical Education Program; or
- d) is a Fellow of the Australian College of Rural and Remote Medicine (FACRRM) who participates in, and meets the requirements for the ACRRM Quality Assurance and Continuing Medical Education Program; or
- e) is undertaking an approved general practice placement in a training program for either the award of FRACGP or a training program recognised by the RACGP being of an equivalent standard; or
- f) is undertaking an approved general practice placement in a training program for either the award of FACRRM or a training program recognised by ACRRM as being of an equivalent standard; or
- g) holds limited registration with the Medical Board of Australia that permits them to practice as a general practitioner; or
- h) has access to A1 Medicare rebates under a Commonwealth Government workforce program.

Structures in which the Authorisation would operate

The AMA is seeking authorisation for GPs practicing in a single general practice with one or more other GPs, and the GPs at that practice (including a branch practice/s);

- 1. share patient records, common facilities, a common trading name and/or common policies and procedures; and
- 2. operate within one of the following business structures:
 - a) a partnership of two or more GPs where not all partners are natural persons. That is, where at least one is a body corporate or other separate entity;
 - b) an associateship (as defined by the wording in paragraph 3.3 of A91024), of two or more GPs;

- c) any structure with more than one GP where the GPs operate as separate entities but still share patient records, common facilities, a common trading name and/or common policies and procedures; or
- d) any of the above which, from time to time, employs GPs on a locum basis.

I trust that the above amendments better define our application and strengthen the public benefits that it has the potential to deliver.

Yours sincerely

Francis Sullivan

Secretary General

/3 November 2012