

12 September 2013

Mr David Hatfield
Director, Adjudication Branch
Australian Competition and Consumer Commission
GPO Box 3131
CANBERRA ACT 2601

Dear David

Re: Rural Doctors Association of Australia application for re-authorisation A91376 – draft determination

I thank the Australian Competition and Consumer Commission (ACCC) for the opportunity to provide input and feedback in respect to the application by the Rural Doctors Association of Australia Limited (RRDA), dated 30 April 2013, to replace their previous authorisation A91078 with the current authorisation.

The Royal Australian College of General Practitioners

The Royal Australian College of General Practitioners (RACGP) is the peak professional body for general practitioners across Australia. The RACGP supports general practitioners, general practice registrars, medical students and international medical graduates working in general practice, by providing support and education, and by setting the standards against which their general practices operate.

The RACGP has over 21,000 members, which operate in both metropolitan and rural and remote settings.

The RACGP represents the largest rural membership of any specialist college with over 9,000 members in our National Rural Faculty including more than 5,000 GPs living and working in regional, rural and remote Australia. The RACGP is committed to providing additional training to rural practitioners to support the acquisition of advanced rural skills. We currently have 454 members who have a Fellowship of Advanced Rural Practice with a further 450 GPs currently enrolled, and as such have had the largest reach of any vocational rural training program.

It is on this basis the RACGP is qualified to make the following comments.

1. The RACGP supports the re-authorisation of the right for the RDAA to collectively negotiate

The RACGP is broadly supportive of this re-authorisation, and considers the RDAA the appropriate industrial body to conduct the relevant collective negotiations.

The RACGP believes the proposed RDAA authorisation and the RDAA's continuing right to collectively negotiate is necessary to support those general practitioners in rural settings, and appropriately complements the benefits to general practice acquired under the Australian Medical Association authorisation A91334.

2. The RACGP supports the RDAA request to negotiate to collectively negotiate with Medicare Locals and Local Hospital Networks

The RACGP supports the RDAA's request to collectively negotiate with Medicare Locals and Local Hospital Networks (LHNs).

The ACCC's current position on this matter is based on a point-in-time assessment, where these two institutions are in their infancy, and going through necessary organisational growth and maturation.

The RACGP considers the final operational scope for both Medicare Locals and LHNs is not understood well enough yet to prohibit the proposed RDAA activities in this area for the next 5 years.

Therefore, the ACCC's final determination must be flexible enough to incorporate any such developments. Specifically, the RACGP considers the final determination must authorise the RDAA to act on behalf of general practitioners operating in a rural setting if and to the extent Medicare Locals or LHNs assume those relevant responsibilities currently held by state and territory health departments.

Alternatively, if the ACCC is reluctant to currently permit these dealings, the RACGP proposes the ACCC makes no comment in the final determination on the RDAA's right to collectively negotiate with Medicare Locals and LHNs, pending further developments in those areas.

3. "Rural Generalists" are General Practitioners

The RACGP cautions against the terminology used in the interim authorisation. Specifically, "rural doctors", "rural generalist visiting medical officers in rural areas", "visiting medical officers" and "rural general practitioners" are all used at various points in the document. It appears the authorisation uses these interchangeably in parts.

These terms have definitions that may vary from one jurisdiction to the next. A "rural generalist", for example, is *usually* a general practitioner (with an advanced skill – procedural or non-procedural), working in a rural or remote location. However, it may refer to a physician, or an employee of a rural public hospital. A "visiting medical officer" refers to a job description, usually held by independently contracted, fee-for-service medical practitioners who, for the most part are also general practitioners with FRACGP (Fellowship of the RACGP) qualifications.

To avoid ambiguity and scope creep, any ACCC determination of this nature must have a clearly defined boundary of application. The use of colloquialisms detracts from the clarity required.

Accordingly, the RACGP considers the RDAA determination must import and exclusively use those terms defined in the current legal framework for medical practitioners, being the *Health Practitioner Regulation National Law Act 2009* (Qld), as adopted by each State and Territory (National Law).

"Rural generalist" is not defined under the National Law, nor is it recognised by the Australian Medical Council or the Medical Board of Australia. Instead, the speciality of "general practice" is recognised, and general practitioner therefore has a precise, statutory definition.

In the rural setting, the RACGP officially recognises “rural general practitioners” as those medical practitioners with a recognised speciality in general practice, who provide co-ordinated primary healthcare to rural and remote communities. This definition relates back to the National Law, and clearly defines its subject.

Therefore, the RACGP strongly encourages the use of the phrase “general practitioner working in a rural or remote location” when referring to those “general practitioners” covered by this authorisation.

Thank you again for the opportunity to provide a submission. I look forward to the issuing of the final determination for the RDAA, and am happy to provide further detail on any of the above if necessary.

Yours sincerely



Dr Liz Marles
President