



Northern
Territory
Government

DEPARTMENT OF HEALTH

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Our Ref: DD2013/3647
Your Ref: 51274

Dr Richard Chadwick
General Manager
Adjudication Branch
Australian Competition & Consumer Commission
GPO Box 3131
CANBERRA ACT 2601



Dear Dr Chadwick

**RE: RURAL DOCTORS ASSOCIATION OF AUSTRALIA LIMITED APPLICATION FOR
AUTHORISATION A91376-INTERESTED PARTY CONSULTATION**

Thank you for the opportunity to respond to the above submission to the Australian Competition & Consumer Commission.

When negotiating and developing suitable conditions for medical officers the needs of a number of groups are taken into account such as various professional Colleges and the Australian Medical Association. The Department of Health (DoH) has embedded pre-vocational, vocational and Continuing Professional Development education into working conditions. It is essential that in accepting the Rural Doctors Association of Australia (RDAA) collective bargaining arrangements that the RDAA do not assume any exclusive rights to negotiate with the DoH for any group.

The RDAA has asked to include Medicare Locals into the authorised provider groups. The Northern Territory Medicare Local (NTML) is a partnership between Aboriginal Medical Services Alliance Northern Territory (AMSANT), DoH and the former General Practice Network Northern Territory. The primary concern of this partnership is the delivery of primary health care. NTML would be the major body impacted by authorising RDAA to collectively represent rural General Practitioners.

The impact of bargaining competition of an individual medical officer versus collective medical officers is uncertain in the primary health care delivery system. However it is known that supply and demand will impact significantly on both the bargaining capacity of the provider and the supplier. Over many years the supply of medical officers has not met demand. The competitive bargaining of individuals has been strong in this environment.

Health Workforce Australia has provided significant lead in Australia to identify the gap and support a number of solutions to meet future health workforce needs. Australian universities have increased medical student numbers and the NT has commenced its own Medical

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Program with Territorian doctors graduating in 2015. Presently DoH is close to being fully medically staffed for the first time in many years.

In the future, it is likely that the NT will not struggle with a significant undersupply of doctors. It would be appropriate to consider anticipated change in supply, when considering the competitive situation of the RDAA's proposed collective representation of medical officers.

During NT enterprise negotiations, the industry bodies that DoH negotiates with are the Australian Salaried Medical Officers Federation (ASMOF) and the Australian Medical Association (AMA). The ASMOF covers medical officers under the *Fair Work (Registered Organisation) Act 2009*. The RDAA is not a registered body however they may represent individuals under s176 of the Act. This is considered to be a complex process.

The RDAA has had a collective negotiation authorisation since 2008 and DoH has not been negatively impacted by this collaboration. The structure of the health system is in national reform and this relationship may alter in the restructure.

DoH presently has no objection to the Rural Doctors Association of Australia Limited Application for Authorisation A91376-interested party consultation but would like to reserve the right to reconsider that authority in the future.

If you have any further enquiries relating to this matter, please contact Judy Cole from the Office of the Chief Medical Officer on (08) 8922 7119.

Yours sincerely

Jeffrey Moffet
31 May 2013