

Submission to the Australian Competition & Consumer Commission:
August 2018

RURAL DOCTORS ASSOCIATION OF AUSTRALIA LIMITED APPLICATION FOR
REVOCATION OF AUTHORISATION A91376 AND SUBSTITUTION OF NEW
AUTHORISATION A1000427— INTERESTED PARTY CONSULTATION

General Practice Registrars Australia (GPR) welcomes the opportunity to provide a response to the Australian Competition and Consumer Commission (the ACCC) on the Rural Doctors Association of Australia Limited application for revocation of authorisation A91376 and substitution of new authorisation A1000427.

GPR is the not-for-profit organisation representing general practice (GP) registrars and medical students and prevocational doctors interested in general practice. As the voice of the next generation of general practitioners, GPR has a vital interest in ensuring excellence in general practice education and training to improve the health care of all Australians.

GPR, as the peak body representing the interests of GP registrars, has an interest in the Rural Doctors Association of Australia Limited (RDAA) application insofar as it seeks re-authorisation to collectively negotiate with “state and territory health departments, Country Health South Australia and Western Australia Country Health Services on behalf of rural doctors” and to “extend authorisation to collectively negotiate with Victorian Local Hospital Networks, certain specified Primary Health Networks and Queensland Hospital and Health Service (HHS) areas”.

Many GP registrars, especially regional and rural areas, are expected to undertake Visiting Medical Officer (VMO) roles at local hospitals, as a component of their placement with a GP training practice. These VMO services contribute to the provision of a broad range of health care services to people living in regional, rural and remote communities.

Employment terms and conditions for GP registrars is negotiated within the National Terms and Conditions of Employment for Registrars (NTCER) for general practice work, at their training practice, and state government processes for VMO hospital work. GPR notes that the voluntary collective negotiating arrangements, under both the current and proposed authorisation, enable RDAA to support rural doctors, in negotiation of the terms and conditions under which they provide VMO services to local hospital networks and other health services.

However, it appears to be the case that GP registrars, when working for hospitals, in VMO roles, encounter a range of payment situations. Some receive payments directly from hospitals. Others have these payments directed through their employing general practice, which may take a proportion of their billings/fees. Some current payment arrangements may be inappropriate for what is deemed to be the work of an "independent contractor", when GP registrars are engaged as employees by their training practice. At least in one jurisdiction, to do the VMO work, there is a legislative requirement for GP registrars to obtain an ABN, which puts them in a difficult situation. And there is a question regarding whether the insurance cover at the GP registrars' employing practices covers them adequately for VMO work in a local hospital for matters such as public liability and professional indemnity.

The management and payment arrangements vary across states and individual rural hospitals, so our organisation is seeking to understand what is actually happening and to provide advice

and guidance to our members (GP registrars) that protects them against risks and ensures patient safety is not jeopardised.

Given that some of our members have been placed in a legally precarious situation which we are trying to better understand and resolve, it is our considered position that there needs to be a review of VMO arrangements for general practice registrars.

For GPRA, relevant issues include:

- (a) Ensuring that GP registrars are aware of the nature of the contractual arrangement as a VMO and ensure they have adequate insurance in place.
- (b) Reviewing whether this is a legitimate demand to place on GP registrars and whether or not it adds to or detracts from their training for fellowship and their role/performance at their GP training practice.

It is our considered opinion that, should the matters raised herein not be adequately addressed, there remains a genuine risk to GP registrars and to the broader public. That Rural Doctors Association of Australia Limited has been involved in negotiating the current situation is acknowledged; however, representation and collective negotiation on behalf of GP registrars working under VMO arrangements would benefit from a collaborative approach between RDAA and GPRA.

GPRA notes, for the record, its support for the application of the RDAA for revocation of authorisation A91376 and substitution of new authorisation A1000427. The matters raised herein are part of GPRA's obligation to advocate on educational, employment and policy issues in general practice training. We seek to work with the RDAA on addressing these matters to ensure there is ongoing community benefit, especially in regional, rural and remote areas of Australia and there are not any adverse impacts, particularly for our GP registrar members.

Yours sincerely



Dr Melanie Smith
President



Dr Andrew Gosbell
CEO