

7 December 2018



Mr Luke Griffin
Assistant Director | Adjudication
23 Marcus Clarke Street
CANBERRA ACT 2601

Dear Mr Griffin

RE: AA1000427 – RDAA authorisation application & submissions received

In relation to the submission by ASMOFQ, the Rural Doctors Association of Australia (RDAA) acknowledges the lead role of ASMOFQ in the industrial framework for salaried doctors employed within Queensland Health. Our intention is not to establish a separate arrangement for employee VMOs outside of this industrial framework. We will liaise with ASMOFQ to ensure that the Rural Doctors Association of Queensland (RDAQ) are a key stakeholder and are engaged in the consultation in these negotiations so that the voice and views of rural based employee VMOs are considered in the development of any new agreement. RDAA acknowledges for VMO employees, one certified agreement is the preferred model for employment remuneration arrangements, and we are seeking no change to this arrangement.

In relation to independent contracted VMO's (non-employees) RDAA and RDAQ remains committed to collaborating with AMA Queensland and where rural doctors are members of AMA Queensland RDAA/ RDAQ would respect AMA Queensland's leadership in contract negotiations. In particular RDAA/RDAQ is seeking recognition as an interested party to support members' who are otherwise isolated. Based on this, our initial application listed the HHS' with rural services within their boundary, and therefore RDAQ/RDAA would agree to limit any representation to rural based members (Modified Monash Model rating 3-7).

Some RDAQ members have indicated however that particularly in rural areas, there are a very limited number of independent (or contracted) VMOs. The conditions of the contract for independent VMOs have generally aligned with the pay rates of the employee VMOs but they are not directly linked. Our VMO independent contract members report that the contract renewal process is challenging to progress, requiring them to dedicate a significant amount of time, during which they are required to brief various parties including the Hospital and Health Service, to outline the difference between independent VMOs and employee VMOs and negotiate the details of contracts.

As an example, a number of years ago, when the employee QH VMO agreement expired, negotiations continued on for approximately two years, it was communicated to VMOs that there would be back pay. Unfortunately, some enquiries by independent VMOs regarding their contracts were confused with the employee VMOs and were advised that they would get back pay. However, it became clear that at the end of the process this was not correct, and their individual contract needed to be re-negotiated at the time of the individual contract renewal process.

RDAQ and RDAA wish to support these members and ensure they are not disadvantaged in their contract arrangements and as a recognised party to provide organisational support to individual VMO contractors to ensure timely renegotiations of their contracts.

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It is important to note that while RDAA does not record if our members are also members of other organisations, we do know through individuals that they have elected not to be a member of the AMA(Q). RDAA only seeks to engage with the HHS' to support our members and will collaborate with the AMA(Q) as part of this process to ensure that there is alignment and any risks of "sham contracting", as mentioned in the ASMOFQ correspondence, are managed appropriately.

RDAA also has members who are very active in both organisations and at a federal level there is close collaboration and sharing of ideas and views between RDAA and the AMA. AMA and RDAA worked collaboratively in the lead up to the 2016 Federal election to develop that Rural Rescue Package proposal. Elements of this proposal continue to be core areas of focus and advocacy for both organisations at a national level. This relationship is one the RDAA highly values and aims to maintain into the future.

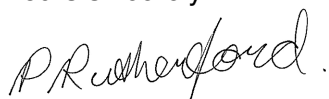
RDAA and its state Associations have a long history of strong collaboration, and engagement. With our rural based membership it is important that the views of our members are strongly represented in negotiations, as often there are unintended consequences when city based models are imposed to rural communities.

With consideration to the extended period of the authorisation, RDAA would greatly support this. RDAA has a highly regarded reputation and is respected within the rural medical workforce environment for providing member support, engagement with stakeholders including Federal and State Governments, Departments of Health and other organisations such as the AMA, National Rural Health Alliance and many others. We do not anticipate the need to amend the arrangements outlined in the draft authorisation within the proposed ten-year period.

I would also like to take the time to acknowledge the submission by the Northern Territory Government. We appreciate their consideration of our application and their support of the determination being granted for 10 years.

If you have any questions regarding this matter please contact me on 02 6239 7730.

Yours sincerely



Peta Rutherford
Chief Executive Officer
Rural Doctors Association of Australia