

A Public Service Mutual or co-operative is 'an organisation which wholly or in part delivers public services through a cooperative or mutual governance structure, whereby members of the organisation are able to be involved in decision-making, and benefit from its activities, including benefits emanating from the reinvestment of surpluses⁵.'

In Australia we have categorised co-operatives into three main groups – consumer, producer or employee and enterprise co-operatives. They can also be a combination of all three.

Getting to see a GP - the demand for a new solution

The inability of many Australians to afford or be able to access quality primary health care through a GP has attracted significant attention in our community. Australia's general practice industry, while working well in some communities, does not provide accessible, available, appropriate and affordable health care in many parts of Australia⁶.

The National Health Performance Authority's report into the responsiveness of Australia's health care services found the general practice industry lacks alignment with the personal health needs of communities – resulting in localised gaps between need and supply. As a result, areas where need for services is highest (those areas with lower average health) are not receiving an equitable share of services¹⁰.

Up until the 1990s, Australia's general practice industry comprised of sole proprietor GPs and small scale practices with close ties to meeting community needs^{11,12}. Today, only 10 per cent of doctors operate sole practices with over 42 per cent operating with between five and nine doctors¹³. The three largest listed health care providers, worth over \$2b each have been successful in scaling a business model built

on increasing the efficiency of general practices by maximising the number of patient consultations (also known as throughput), reducing costs and recruiting experienced GPs by acquiring smaller practices. This model is called the corporatisation of GP medicine¹⁴.

The focus on patient throughput is often referred to as 'six minute medicine' for bulk-billed medical practices, which is in part driven by the Medicare fee structure. It favours high patient throughput at the expense of personalised continuity of care^{15,16}. This consolidation of GPs from surrounding areas into large scale centres also leaves patients with fewer options and results in reduced affordability, accessibility and choice¹¹.

This gap in service provision is also predicted to increase over time, with an estimated shortfall of 2,700 qualified GPs in Australia by 2025¹³. There are also concerns of a shortage in internships and prevocational and vocational training places, potentially leaving many graduates stranded without the training needed to complete their studies and become a doctor¹³.

To address the increasing corporatisation of medicine in Australia and better meet the needs of patients, a different approach is needed.