

16 April 2026

Australian Energy Market Commission
Level 15
60 Castlereagh Street
Sydney NSW 2000

Dear Australian Energy Market Commission,

Re: National Energy Retail Amendment (Improving life support processes) Rule 2025 Draft determination

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Australian Energy Market Commission (AEMC) National Energy Retail Amendment (Improving life support processes) Rule 2025 Draft determination (draft rule).

The RACGP broadly supports measures outlined in the draft rule.

RACGP feedback on earlier consultations on this matter primarily focused on ensuring:

- a distinction is made between **Critical** versus **Assistive** life support users;
- any Medical Confirmation Form is fit for purpose, can be completed by a life support users' general practitioner (GP) and does not place new obligations on Registered Medical Practitioners completing it, and;
- alignment across jurisdictions, noting the concurrent consultation by the Victorian Essential Services Commission (ESC) pertaining to the same matters.

Critical versus Assistive life support user classifications

The RACGP supported the #BetterTogether/Energy Charter proposed distinction between **Critical** versus **Assistive** life support user classifications as a clinically appropriate and practicable approach for triaging risk during planned and prolonged unplanned power outages, and to support targeted emergency responses and proportionate allocation of limited operational resources.

We recognise that whilst the draft rule has not adopted the terms Critical and Assistive to distinguish which life support users require continuous power to sustain life or prevent irreparable harm (Critical) versus those who use energy-powered equipment to support health or wellbeing but who are not immediately life-threatened by short interruptions (Assistive), the proposed adoption of a 'Life threatening condition' system flag provides a mechanism to distinguish between these customers.

We note that the life support equipment list proposed in the rule change has not been adopted, with the existing list remaining unchanged. Given this list ultimately allows a Registered Medical Practitioner discretion to define equipment required for life support – along with the above discretion of the Registered Medical Practitioner to flag a user as having a life threatening condition – we accept that the intended outcome remains achieved.



Medical Confirmation Form

The RACGP strongly recommended a life-support users' GP or other medical specialists involved in their care be able to complete the Medical Confirmation Form and not be limited to the Registered Medical Practitioner who prescribed the life support equipment.

We are pleased to see the draft rule supports this.

The RACGP also advocated that in completing the Medical Confirmation Form, no new obligations be placed on the Registered Medical Practitioner to assess technical, financial or system-level arrangements – such as confirming the patient has a power outage back up plan in place, may be eligible for concessions or be entitled to certain protections. These additional obligations were included in the original rule change proposal. We believe that whilst Registered Medical Practitioners can and may wish to have these discussions, the obligation for conveying this information is on the energy provider.

We are pleased to see the explicit acknowledgement that “[t]he draft rule does not introduce additional roles or requirement for medical practitioners beyond those outlined in the current rules” and that “[t]he Commission considers that while medical practitioners may elect to undertake these roles, it is not good regulatory practice to require them to do so in the NERR [National Energy Retail Rules].” This will not prevent medical practitioners from electing to have these conversations if they are informed and comfortable to do so.

Alignment with other jurisdictions

The RACGP has previously called for national alignment of definitions and medical registration processes where feasible to ensure clinical consistency and minimise confusion for practitioners and patients across jurisdictions – particularly noting the concurrent consultation by the Victorian ESC pertaining to the same matters.

We are pleased the AEMC and ESC have worked closely to develop policies that will minimise differences between jurisdictions and the AEMC's acknowledgement that the medical confirmation form would be standardised.

The RACGP welcomes further consultation and collaboration with the AEMC, the Australian Energy Regulator and the ESC on these changes, any clinician guidance to be developed, and the co-development of a standardised Medical Confirmation Form, to ensure clinical clarity and practicability.

Please contact Joanne Hereward, Program Manager – Practice Technology and Management, via joanne.hereward@racgp.org.au if you have any questions or comments regarding the RACGP response or wish to meet and discuss.

Yours sincerely

Dr Michael Wright
RACGP President