

Friday 7th October 2011

Adjunct Professor Belinda Mayes
PO Box 287 Rundle Mall
ADELAIDE SA 5000

Dear Belinda

Thank you for your response to the Rural Doctors' Association of South Australia (RDASA) GP fee for service agreement position paper.

I am responding on behalf of the Rural Doctors' Association of South Australia (RDASA) to your offer of the 26th September. RDASA would like to thank the Country Health SA (CHSALHN) Industrial Team for providing us with the new SARMER and SARMFA documents and also for providing an offer with regards to a number of remuneration issues.

As you would be aware RDASA had a number of requests to improve the capabilities of rural doctors to provide services for rural patients, both in the inpatient arena and in the emergency departments of rural hospitals.

Teaching payment

RDASA is very disappointed that CHSALHN has not recognised the value to CHSALHN of the teaching component that many doctors (over 80% of practices) provide in the rural hospitals. This teaching has usually been done by doctors on a pro bono basis, which has often resulted in a significant impact on their professional and private life. RDASA believes there should be a proper recognition by CHSALHN of this teaching role. CHSALHN stands to gain significantly in the future by assisting in training these students and should recognise that it has a vested interest in ensuring that the training is done well and that the doctors doing the training are appropriately remunerated.

Procedural training

RDASA however welcomes the proposal in regards to the procedural training opportunities for registrars in an effort to increase the number of obstetric and anaesthetic trainees in rural South Australia.

President:

Dr Tim Wood
Ph: 08 8821 3133
Fax: 08 8821 3223
Mobile: 0427 213044
Email: twood@kadmed.com.au

Immediate Past President:

Dr Graham Morris
Ph: 08 8821 3133
Fax: 08 8821 3223
Mobile: 0417 823342
Email: gmorris@kadmed.com.au

Vice President - Industrial:

Dr Peter Rischbieth
Ph: 08 8532 2322
Ah: 08 8339 5373
Fax: 08 8531 0732
Mobile: 0408 813143
Email: peter.rischbieth@bridgeclinic.com.au

Vice President:

Dr David Rosenthal
Ph: 08 8586 4111
Ah: 08 8586 6048
Fax: 08 8586 4067
Mobile: 0418 858069
Email: david.rosenthal@flinders.edu.au

Treasurer:

Dr Joanna Rutzen
Ph: 08 8584 7321
Fax: 08 8584 5005
Email: jrutzen@hotmail.net.au

Secretariat:

Ms Suzanne Mann
PO Box 83 ANGASTON SA 5353
Ph: 08 8564 8366
Fax: 08 8564 8397
Mobile: 0438 069947
Email: info@rdasa.com.au

Balancing hospital demands with private practice needs

RDASA has proposed that there be recognition of the situations where, on many occasions, rural doctors are called from their private practices to attend to hospital patients. On these occasions, doctors have to cancel their private patients in their clinic and clinic staff are required to contact and rebook patients.

This results in a significant interruption to the doctor's consulting session for that day. The doctors' private patients are often severely inconvenienced and the practice suffers losses that may be both direct monetary losses, due to staff spending time contacting patients, and also indirect losses in terms of damaged reputation and damaged practice-patient relationships.

These are not insignificant losses and RDASA believes that CHSALHN is failing to recognise the seriousness of this problem.

SARMER has noted the direct tension between doctors and their private practice responsibilities and the requirements of CHSALHN in the contract. The contract is designed to ensure that the doctor will drop all responsibilities and go directly to the hospital to take up and deal with CHSALHN's responsibilities on its behalf. Increasingly junior doctors, amongst many other rural doctors, are questioning why they should engage in a contractual manner with CHSALHN to do this.

Whilst RDASA recognises the offer by CHSALHN of a payment of \$149 per hour for a call out of this type, we believe this is a gross under recognition of the costs and problems involved and the interruption to both the doctors and the clinic work flow with significant interruption to private patients and the practice.

RDASA believes that there should be an initial disruption fee of \$250 and that then the remuneration should be at least \$250 per hour for such a response. This is based on the AMA recommended fee and on the experience of the remuneration rate of GPs working in rural practices and their hourly remuneration rate.

Safe working hours payment

RDASA welcomes the recognition by CHSALHN with regard to paying doctors who have experienced a very interrupted night on call for country hospital emergency patients and is at risk the following day of working in an unsafe manner.

RDASA asserts that the remuneration offered by CHSALHN should be at the rate of \$250/hour, so that a three and half hour session would be remunerated at \$875.

Paid meetings

RDASA also asserts that the rate for remuneration of paid meetings should also be at the hourly rate of \$250/hour. To enable greater opportunities to have clinical audits and service planning meetings and proper and meaningful negotiations with rural GPs it is important that the time taken away from GP practices be adequately recognised and remunerated.

Governance model

RDASA is pleased that CHSALHN values rural GPs contribution to planning rural health services. However for the relationship to be a strong and meaningful one, RDASA also asserts that rural GPs who provide input in the management and planning of services in their hospitals should be remunerated at \$250/hour.

Commitment to a shared approach with regard to GP services and hospital emergency services

RDASA recognises the difference that CHSALHN has identified between an after-hours GP service and the definition of an emergency service and the possible involvement of the Medicare Locals in the process over the contract period time.

It has been made clear by CHSALHN during negotiations that they are responsible for providing emergency services at CHSALHN sites but not after-hours GP services which remain the responsibility of GP's. CHSALHN offer that GP's can use CHSALHN facilities to fulfil this after-hours GP commitment in conjunction with provision of emergency service. As this leaves a potential grey area as to what is an emergency service and what is an after-hours GP service and subsequent billing issues (including informed financial consent for patients), RDASA proposes the following definition:

- If a patient is triaged as CAT 1-3 then it is deemed an emergency service and CHSALHN is charged by the GP
- If a patient is triaged as CAT 4-5 then it is deemed an after-hours general practice service and the GP bills the patient (including bulk billing or charge a gap if that is their policy)
- The billing status is irrespective of final disposition of patient. For example a CAT 2 patient could be discharged and CAT 5 patient admitted. This is consistent with what happens in emergency departments in Adelaide where CAT 1-3 are seen and 4-5 are offered referral to GP services if practical. After assessment of a CAT 1-3 patient they may be discharged and not admitted and CAT 4 or 5 patient seen at a GP service may need admission
- RDASA requests that CHSALHN staff inform patients as part of triage process that if they are triaged CAT 4-5 they will be treated as a GP practice patient and may be charged a gap

Future planning

RDASA would like to ensure that there is adequate consultation between RDASA, Medicare Locals and CHSALHN during contract negotiations to ensure that rural health services are maintained with an appropriate workforce and appropriate supports.

IT/IM Supports

RDASA has been severely disappointed that CHSALHN has failed to deliver the IT/IM services that were part of the last contract. These services are still not being delivered at most country hospitals and RDASA believes that this has had an effect on patient care and needs to be addressed immediately.

SAMSOF on-call payment

In the last round of contract negotiations, RDASA accepted the current on-call payment as an interim figure, until the next round of negotiations, to facilitate timely resolution of the contract discussions and completion of the first ever GP / CHSA contract. The fact that RDASA accepted the less than desired on call figure was one of the main drivers for a shorter agreement period.

An adequate on-call payment is crucial to maintaining doctors' willingness to remain on rosters and to reflect the other CHSALHN remuneration rates on offer around the state.

A number of members have expressed concern that the interruption of night time phone calls from the hospital places a significant impost on doctors and have requested the reintroduction of a telephone payment which ceased after the last agreement negotiations.

To accommodate these concerns, RDASA proposes that the on-call payment be increased to \$350 for weekday nights and \$750 for weekends with \$1000 for public holiday, indexed for CPI.

SAMSOF

RDASA agrees with proposal that the SAMSOF rate is updated on a twice annual basis in a way that guarantees that the rate for individual items will not be reduced for the life of the new agreement, but will be maintained in line with CMB schedules.

Other initiatives

RDASA welcomes the continued support of the Rural Doctors Workforce Agency to allow the provision of locums and the continuation of the RESP program.

RDASA also asserts that there is an urgent requirement for the provision of procedural locums for practices with procedural GPs who provide procedural services for CHSALHN.

RDASA looks forward to the formal CHSALHN response to our proposed changes to the Industrial agreement.

Yours sincerely



Dr Tim Wood
President
Rural Doctor's Association of South Australia
PO Box 83
ANGASTON SA 5353