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Government of South Australia

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Without Prejudice

Dr Tim Wood  
President  
Rural Doctors Association of SA  
PO Box 83  
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Dear Dr Wood

RE: Country Health SA Local Health Network 2011 Rural General Practitioner Fee-for-Service Agreement negotiations

Further to the Association's counter offer of 7 October 2011, Country Health SA Local Health Network (CHSALHN) has reconsidered its position and hereby provides a much improved offer that ensures certainty for rural GPs over the next three years. All payments during the term of the agreement will be automatically indexed, either through movement within the Commonwealth Medical Benefits Scheme or at 1 July each year by the Adelaide CPI for the year concluding at the prior March quarter.

CHSALHN again reaffirms its preference for a contractor fee-for-service model of engagement for rural GPs, wherein a standard service agreement applies and it is possible to achieve a cost effective, mutually collaborative and sustainable approach to the ongoing provision of high quality, high value medical services for rural and remote communities.

In summary, the key features of the revised offer now provides for:

1. The introduction of Hospital Initiated Call Outs during business hours to be remunerated at \$200 per hour on a 15 minute pro-rated basis.

This payment is designed to compensate GPs for having to maintain their practice when urgently called by hospital staff and there is no fee for service item if payable. It is not intended to cover routine ward rounds and non-urgent attendances.

2. A Safe Working Hours Payment of \$700 where a GP is required, due to a busy overnight workload, to cancel a scheduled consulting session within their practice on the next day.

This payment is only payable where there has been a cancellation of a consulting list due to the GP having not had adequate sleep due to the treatment of emergency presentations. It is not intended as compensation for workloads generated by GP after hours attendances.

3. Remuneration of \$200 per hour for attendances at service planning, quality and safety and accreditation meetings, and for the participation in clinical audits.

This payment recognises the importance of GP input into decision making at all levels within CHSALHN organization and is intended as compensation for lost time from the GPs private practice work and possible interruptions to work-life balance. This payment is not to be confused with professional commitments normally expected of a GP in private practice not providing services within a CHSALHN hospital.

4. A commitment by CHSALHN to making available and subsequently refining an optional sessional payments model for obstetric and anaesthetic services, with a session payable at \$1600 for 24 hours.
5. Advancing procedural training through CHSALHN's commitment to becoming a training hospital

Items 4 and 5 recognise the continued importance of GPs with procedural skills and are provided as part of an overall strategy to increase future workforce numbers and to make it financially, as well as professionally, attractive to work within a rural setting with procedural skills.

6. Improved data management and interconnectivity of clinicians and clinical records through the announced rollout of the Enterprise Patient Administration System (EPAS) supported by a one off payment of \$1500 per GP in recognition of the need for training and time spent becoming familiar with and initially transferring patients to the new system.

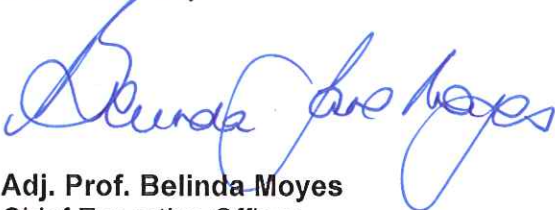
This payment will be authorised by the appointed trainer once the GP has completed the required training components and is not available to GP registrars on placement.

Further, significant enhancements have been made to the South Australian Rural Medical Engagement Responsibilities (SARMER) and South Australian Rural Medical Fee Agreement (SARMFA) throughout the negotiation process, to ensure clarity of purpose in supporting the ongoing relationship between CHSALHN and its staff with rural and remote based GPs and GP registrars. In particular, a revised process for ongoing meaningful engagement and the timely management of questions presented by GPs at the local level is now a dedicated section within SARMER.

For existing Contracting Medical Practitioners and their Nominated Medical Practitioners wishing to transition to the new agreement it will be a relatively straightforward process, with the main focus being on the updating of the current entity structure, nominated medical practitioner details and confirmation of availability status for completion of Schedule 3 to the Agreement. Once a new agreement is signed, entitlements will apply in full retrospectively from 1 December 2011.

I commend this offer to the Association and its members and I look forward in anticipation of your acceptance and what is hopefully a timely rollout of the new agreement. Members of the CHSALHN negotiation team will be happy to receive any questions you may have in the normal manner.

Yours sincerely



**Adj. Prof. Belinda Moyes**  
Chief Executive Officer

30 November 2011