



Government of South Australia
SA Health

South Australian Rural Medical Fee Agreement (SARMFA)

(Without Prejudice)

Version 2.0

November 2011

IMPORTANT INFORMATION

This document is to be read in conjunction with:

- the “Country Health SA Local Health Network 2011 Rural General Practitioner Fee for Service Agreement”
- the “South Australian Rural Medical Engagement Responsibilities” (SARMER) Version 2, and
- the “Credentialing & Defining Scope of Clinical Practice for Country Health SA Health Service for Medical and Dental Practitioners 2009”

It should be noted that:

the use of the acronyms ‘CHSA’ and ‘CHSALHN’ are interchangeable for the purposes of interpretation, given it has been necessary as part of the National Health Reform Agenda for what was formerly Country Health SA Hospital Inc. (CHSA) to become Country Health SA Local Health Network Inc. (CHSALHN). Various references to committee’s, policy directives, procedures and the like within this document are at varying stages of change in terms of their reference to the organisational structure under which they were created.

Over the life of this document, references to CHSA will continue to be changed to that of CHSALHN.

1. **Schedule of Fees**

The Schedule of Fees payable to eligible medical practitioners is known as 'SAMSOF for SARMFA' (South Australian Medical Schedule of Fees for medical practitioners covered by the South Australian Rural Medical Fee Agreement) and forms Schedule 1 to this document.

'SAMSOF for SARMFA' shall be updated on the 1st of December and the 1st of July of each year to reflect movement in the Commonwealth Medical Benefits Scheme ("CMBS") to the 1st of November and the 1st of June prior to each respective update. There will be no reduction in fees during the term of the CHSALHN Rural General Practitioner Fee for Service Agreement (unless otherwise agreed between the parties).

New item numbers may be required for any new services introduced in the CMBS.

Schedule 1 is also available from the Country Health SA (CHSALHN) website at:
<http://www.countryhealthsa.sa.gov.au/>

2. **Eligibility**

- 2.1 To be eligible for the additional loading 7.1%, 20% and 50% of CMBS item rates (as previously detailed under what was the Rural Health Enhancement Package), the GP, GP Proceduralist or GP Registrar must:
- (i) be credentialed and have current scope of practice at a CHSALHN hospital,
 - (ii) provide the majority of time of their clinical practice in the CHSALHN geographical boundaries at either a CHSALHN hospital or their private practice or be a locum engaged to replace a resident medical practitioner, and
 - (iii) participate in the hospital emergency on-call roster on a monthly basis.
- 2.2 Where a medical practitioner is unable to participate in the hospital emergency on-call roster on a monthly basis, CMBS item rates will not attract the loadings identified in clause 2.1
- 2.3 In exceptional circumstances, a medical practitioner may apply to the Chief Medical Advisor for consideration of eligibility for receipt of the loadings identified in clause 2.1 and the criteria in clause 2.2 is unable to met.

3. Payments

3.1 Fee For Service (FFS) and Billing

- 3.1.1 CHSALHN shall remunerate the medical practitioner in accordance with the terms of 'SAMSOFF for SARMFA'.
- 3.1.2 The payment of invoices shall be made via Electronic Funds Transfer (EFT) and within 28 calendar days of receiving the appropriate documentation.
- 3.1.3 The medical practitioner shall submit all Fee for Service (FFS) claims on a monthly basis but certainly within six months of the date of service provision.
- 3.1.4 The medical practitioner shall advise CHSALHN of the medical practitioner's Australian Business Number (ABN) and quote the ABN on all claims for payment.
- 3.1.5 Where the medical practitioner provides medical services as an individual, the medical practitioner's individual ABN must be quoted. Alternatively if the medical services are provided by a partnership, trust or company the ABN of the partnership, trust or company must be quoted.
- 3.1.6 The medical practitioner shall immediately advise CHSALHN of any changes to the ABN details.
- 3.1.7 Based on current advice from the Australian Taxation Office, the supply of medical services, in accordance with this agreement, by the medical practitioner to CHSALHN is a taxable supply. If the medical practitioner is registered for the Goods and Services Tax (GST), and
- if CHSALHN calculates the amount payable for services rendered by the medical practitioner on a standards claim sheet, the medical practitioner shall enter into a Recipient Created Tax Invoice (RCTI) Agreement with CHSALHN on an annual basis, or
 - if the medical practitioner calculates the amount payable by CHSALHN, the medical practitioner shall provide CHSALHN with a valid tax invoice requesting payment. Should the medical practitioner cease to be registered for GST purposes, or become aware of any reason why the GST registration may be cancelled, the medical practitioner shall advise CHSALHN.
- 3.1.8 If the contract of a medical practitioner is terminated, CHSALHN shall thereupon pay all fees to which the medical practitioner is then entitled to within 28 calendar days of

- receipt of a valid tax invoice detailing the medical services rendered, where the medical practitioner calculates the amount payable; or
- CHSALHN generating a Recipient Created Tax Invoice where CHSALHN calculates the amount payable

3.1.9 If the Australian Taxation Office changes its advice on the tax treatment of medical services provided under these arrangements, this document will be amended accordingly.

3.1.10 Where the paying entity is required by virtue of the Superannuation Guarantee Administration Act (SGAA) to provide a minimum level of superannuation support on behalf of the medical practitioner into a complying superannuation fund, then the Fee for Service amounts due under this agreement are deemed to be inclusive of the minimum superannuation support calculated in accordance with Australian Taxation Office advice. The Fee for Service payment paid to the medical practitioner is to be net of the minimum superannuation support. The minimum superannuation support will be paid into the medical practitioner's nominated complying Superannuation Fund in accordance of the requirements of the SGAA.

Superannuation contributions made under an effective salary sacrifice agreement, as defined in the Australian Taxation Office ruling SGD2006/2, are not assessable income to the deemed employee. Thus doctors will not be subject to income tax on their sacrificed payments. Information regarding salary sacrifice agreements is available from CHSALHN.

3.1.11 FFS accounts should be itemised per patient and contain the following information to enable CHSALHN staff to accurately check against the patient/client medical record:

- the patient/client name (not their nickname or abbreviated version)
- patient/client status (i.e. Public, Veteran)
- their Medicare or DVA number
- service item number (from Schedule 1)
- date of service
- time the service started (all consults) and finished (for consult levels C and D in accordance with CMBS requirements)
- the medical practitioner's name and provider number
- the relevant cost for the service and
- the GST amount clearly identified

Accounts can only be paid if the relevant documentation exists in the patient/client medical record.

For 'on-call' charges the amount can be charged as a lump sum or daily rate but must be accompanied by a breakdown of the daily rate, a roster showing the date of attendance and the number of days at the applicable rate. Where on-call for a 24 hour period is shared by two or more medical practitioners, a pro-rated payment is applicable in accordance with clause 3.19 for each medical practitioner.

Because of the inpatient/outpatient interface and the normal/after hours interface the duration of a service is important as the medical practitioner may be entitled to after-hours fees in instances where they are claiming only normal hours.

It is preferable for on-call allowances and Department of Veterans' Affairs (DVA) acquittal reporting purposes that one account for a complete month is submitted within 14 calendar days of the end of that month to be fully remitted in that month.

3.2 Hospital Patients

With respect to any patient who elects to be a public inpatient, the medical practitioner shall not raise an account with the patient.

3.3 Private Patients

With respect to any patient who elects to be a private inpatient, the medical practitioner shall charge at the rate judged by the practitioner to be appropriate to the service, subject to informing the patient of the intended fee.

There is a standard Patient Election form. The Patient Election form allows the patient to be treated as a private or public patient.

CHSALHN will provide a daily list of patients and their status (ie private, DVA, public) relevant to the medical practitioner.

3.4 After hours GP services, emergency services and outpatient/inpatient services interface

3.4.1 After Hours GP services

In the majority of South Australian country hospitals, GP after hours services are available at the hospital normally in the emergency service area. Under the National Health Reform Agreement (2011) this is provided under Clause G21.

It states "In those hospitals that rely on GPs for the provision of medical services (normally small rural hospitals), eligible patients may obtain non-admitted patient services as private patients where they request treatment by their own GP, either as part of continuing care or by prior arrangement with the doctor."

Most medical practices in the region of CHSALHN use the infrastructure and nursing support of CHSALHN health emergency service areas for provision of after hours services to their patients. Thus patients attending the hospital for these services may be charged Medicare Benefits Schedule items and gap payments where appropriate. The "Guidelines for after hours primary care responsibilities until June 2013" have been released for Medicare Locals information by the Australian government. The principles include

All individuals must be provided with access to the after hours services supported or provided by Medicare Locals.

- These services must be accessible regardless of the person's usual residency or general practice arrangements.
- The service must be available to all patients, not just existing patients of the service or patients of GPs subscribing to or providing the after hours service

Those hospitals that have onsite GP after hours services are listed on the CHSALHN website. <http://www.countryhealthsa.sa.gov.au/>

3.4.2 **Emergency services**

When a patient is seen in the CHSALHN hospital emergency area and then decision is made to admit as a public inpatient the hospital will be billed for the full attendance and services. For those services billed to CHSALHN a charge may not occur to the patient or to Medicare for the same service.

3.4.3 **Outpatient.**

Private outpatient services are also provided in hospitals as per the national health Reform Agreement 2011 under clause G21.

3.4.4 **Inpatient.**

An inpatient (including same day admitted patients) is a patient who is receiving care that involves a prolonged procedure or a post-procedural recovery period; whereas the non-admitted patient is receiving simpler and less prolonged treatment. Patients having chemotherapy and scopes are treated as outpatients in all cases unless otherwise approved.

3.4.5 **Outpatient/Inpatient Interface**

In South Australian country hospitals, (with the exception of Mount Gambier, and, "After-Hours" at Port Augusta, Port Pirie, and Whyalla health units) outpatient and GP after hours services are provided under the Medicare system, (ie the patient is charged by the medical practitioner and seeks reimbursement from Medicare).

When a patient is seen in the health unit emergency area and then admitted for treatment as a public inpatient, billing will be as follows:

The critical fact is when the decision to admit is made:

- if the majority of the consultation time is before this decision - the patient should be charged for the consultation
- if the majority of the consultation time is after this decision - the health unit should be charged for the consultation
- where additional (non consultative items) are charged it should be clear whether these services were rendered before or after the decision to admit
- correct documentation of when the medical practitioner sees the patient and when the medical practitioner decides on admission is required and
- failure to provide correct documentation as above will lead to non payment by the health unit for services rendered, with the medical practitioner required to bill the patient as a private patient for all services associated with the admission process
- Medical practitioners should also be advised, when requested, they have an obligation to attend the hospital/health service for serious emergency presentations. This obligation also exists whether or not the presentation is in their area of expertise. This would include attendance at triage 1, 2, and many triage 3 patients who present to the hospital/health service, and includes patients who present with surgical, medical or obstetric concerns.'

3.4.6 **Rural Emergency Responder Network**

A Rural Emergency Responder Network (RERN) has been established across CHSALHN to provide appropriate cover to medical practitioners who are prepared to attend out of hospital emergencies close to their geographic base.

Membership of the RERN is voluntary for medical practitioners and requires that once accepted and registered for the RERN they make themselves available to attend emergency situations when called by the South Australian Ambulance Service Emergency Operations Centre (EOC).

The RERN offers a clearly defined structure which ensures appropriate remuneration and professional support for these out of hospital situations. The medical practitioner can invoice CHSALHN as detailed in procedures for members of the RERN. For such attendances, from the period of time from when they were called until the time when they return to the local CHSALHN hospital, 'SAMSOF for SARMFA' item numbers 160-164 will be used. Where CHSALHN has remunerated the RERN GP there is to be no charge to the patient but CHSALHN may charge appropriately to external funders such as insurance companies for overseas patients.

Medical practitioners not part of the network will also be paid for the time spent assisting the patient in an out of hospital situation from the

time they were called until the time that they return to the local health unit or alternative site at the rate of the rate of \$224.20 per hour prorated in 15 minute intervals. Payment will only be made to the practitioner if they are called by the local hospital or ambulance service to attend the emergency.

3.4.7 **Multi-Purpose Services**

Across CHSALHN there are a number of health services that have become or will become a Multi-Purpose Services (MPS). The impact of this change for medical practitioners is that Aged Care residents newly admitted to a Commonwealth funded MPS bed after a certain date (which varies between MPSs), will in effect be private patients in terms of payment for medical services. Therefore payment through Fee for Service will not be available for the routine medical care of these individuals as is the case in other Commonwealth residential aged care facilities.

Existing 'Nursing Home residents' as at the time of conversion of the hospital to MPS status, and where on-going medical care was previously provided through Fee for Service payments, will continue to receive access to Fee for Service payments for medical care following the change of status of the hospital to an MPS.

It is essential that medical practitioners clarify the applicable situation for individual patients at the time of change of status of the local hospital to an MPS. Each MPS will maintain a list of grandfathered patients present at the time of the MPS becoming operational.

As at September 2011, health service sites situated at the following locations may have grandfathered residents:

- Burra
- Coober Pedy
- Crystal Brook
- Cummins
- Hawker
- Kingston
- Laura
- Meningie
- Penola
- Quorn
- Snowtown
- Taillem Bend
- Tumby Bay
- Waikerie

3.5 **Hospital to Hospital Transfer**

All acute patients requiring observation and/or stabilisation to be transferred from one hospital to another from within CHSALHN by ambulance should be admitted to their hospital of presentation. An inpatient fee for service billing applies on this occasion. Medical practitioners accompanying patients in the ambulance on inter-hospital transfers are to be remunerated at the rate of \$224.20 per hour prorated at 15 min intervals for the trip to the receiving hospital and the return trip in the ambulance.

3.6 **Intravenous and Intraosseous Therapy**

Intravenous or intraosseous therapy (other than that associated with an anaesthetic, chemotherapy or other services that require an intravenous insertion) shall have an item number (*SAMSOF IVT*) and will attract a payment. This item only applies where the IV insertion is performed by the medical practitioner and noted as such in the medical records. Payment for IV insertion done prior to admission can be claimed. This payment does not attract any Special Fee for Service Payments.

3.6.1 **Chemotherapy**

Inpatient public chemotherapy should be charged in accordance with the following formula:

Initial Treatment:

Level B Consult + Chemotherapy Fee (eg item number 13915 or 13918)

Subsequent Treatments:

Chemotherapy Fee only (eg item number 13915 or 13918 unless formal consultation or change of management instigated).

For the purpose of payment for outpatient public chemotherapy, as approved by CHSALHN, the GP will be able to access item number 13915 or 13918 when the service is provided as an outpatient service.

Payment of a SAMSOF IVT fee will not apply.

3.7 **Emergency Care**

3.7.1 Where a medical practitioner is required to return to a hospital in a situation where the patient is in imminent danger of death, requiring the medical practitioner's undivided attention for continuous life-saving emergency treatment, the following criteria and fee structure has been determined:

- Emergency item numbers 160-164 (Prolonged Professional Attendance) may only apply to a service on a patient in Triage Category 1 and 2, where the medical practitioner is required for more than one hour.
 - A patient requiring treatment for whom the emergency number being paid would need to have a triage Category 1 or 2 as well as meeting the requirement of the constant presence of a medical practitioner to be maintained.
 - Less than one hours attendance where a doctor is required to attend urgently for specific patient care indicative of Category 1 and Category 2 less than one hour SAMSOF 50 would apply.
 - Where two or more doctors are required to attend urgently to treat a patient in an emergency situation both are eligible to claim. Both doctors must document their role in management and attendance times
 - GPs will also be paid a rate of \$224.20 per hour (prorated at 15 min intervals) for time spent travelling when called to the hospital during scheduled consulting times for Triage Category 1 and 2 situations.
-

THIS SPACE IN INTENTIONALLY BLANK

| ATS Category | Response | Description of Category | Clinical Descriptors (indicative only) |
|--------------|--|---|---|
| Category 1 | Immediate simultaneous assessment and treatment | Immediately Life-Threatening Conditions that are threats to life (or imminent risk of deterioration) and require immediate aggressive intervention. | Cardiac arrest Respiratory arrest Immediate risk to airway - impending arrest Respiratory rate <10/min Extreme respiratory distress BP < 80 (adult) or severely shocked child/infant Unresponsive or responds to pain only (GCS < 9) Ongoing/prolonged seizure IV overdose and unresponsive or hypoventilation Severe behavioural disorder with immediate threat of dangerous violence |
| Category 2 | Assessment and treatment within 10 minutes (assessment and treatment often simultaneous) | Imminently life-threatening The patient's condition is serious enough or deteriorating so rapidly that there is the potential of threat to life, or organ system failure, if not treated within ten minutes of arrival Or Important time-critical treatment The potential for time-critical treatment (e.g. thrombolysis, antidote) to make a significant effect on clinical outcome depends on treatment commencing within a few minutes of the patient's arrival in the ED Or Very severe pain Humane practice mandates the relief of very severe pain or distress within 10 minutes | Airway risk - severe stridor or drooling with distress Severe respiratory distress Circulatory compromise <ul style="list-style-type: none"> • Clammy or mottled skin, poor perfusion • HR < 50 or > 150 (adult) • Hypotension with haemodynamic effects • Severe blood loss Chest pain of likely cardiac nature Very severe pain - any cause BSL < 2 mmol/l Drowsy, decreased responsiveness any cause (GCS < 13) Acute hemiparesis/dysphasia Fever with signs of lethargy (any age) Acid or alkali splash to eye - requiring irrigation Major multi trauma (requiring rapid organised team response) Severe localised trauma - major fracture, amputation High-risk history: <ul style="list-style-type: none"> • Significant sedative or other toxic ingestion • Significant/dangerous envenomation • Severe pain suggesting PE, AAA or ectopic pregnancy Behavioural/Psychiatric: <ul style="list-style-type: none"> • violent or aggressive • immediate threat to self or others • requires or has required restraint • severe agitation or aggression |

3.7.2 Obstetric Emergency Antenatal Consultation

3.7.2.1 Important time-critical treatment

Assessment and treatment of a woman in threatened premature labour requiring immediate care, which may require consultation with a tertiary neonatal and maternity hospital. Treatment may involve tocolysis and transfer to tertiary centre. Where the time in attendance is less than one hour, then SAMSOF 50 applies.

3.7.2.2 Imminently life-threatening

Assessment of a pregnant woman with significant signs of pre-eclampsia requiring urgent assessment and investigation of hypertension and treatment with hypotensive medication and consultation with tertiary centre regarding further management, transfer, retrieval, and where there is no local specialist support.

Where a consultant or local specialist can manage the case locally but the same clinical situation applies ie the time attending is less than one hour, then SAMSOF 50 applies.

3.7.2.3 Antenatal woman presenting for management of moderate or severe blood loss in pregnancy requiring urgent CTG assessment, intravenous resuscitation, and in consultation with tertiary neonatal centre, transfer, retrieval etc:

- less than one hour – item SAMSOF 50;
- greater than one hour – refer to description in CMBS (Jan 20118), Section A.15 for item numbers 160-164 inclusive. The payment rates will be items 160-164 (which equates to CMBS items 160-164 plus a 50% loading);
- if the emergency care is initiated after hours - the 'After Hour Payment Rules' will apply (see clause 3.11);
- any other relevant procedural fees - are payable until the emergency care ceases and/or the patient is transferred to another centre.
- where a definitive procedures occur – (eg in Theatre) this would be considered to be the end of the resuscitation phase and the commencement of the definitive procedure phase which would be covered by the relative procedural payment.

The following table represents the structure for payments:

(Items 160-164 represents the CMBS payments which includes a 50% loading)

| | Mon – Fri 0800 – 1800 | Mon – Fri 1800 to 2300 | Mon – Fri 2300 to 0800 |
|-----------------|------------------------------|----------------------------------|------------------------------------|
| | Sat 0800 – 1200 | Sat 1200 to 2300 | Sat 2300 to 0800 |
| | | Sun & PH 0800 to 2300 | Sun & PH 2300 to 0800 |
| Less than 1 hr | Item SAMSOF 50 | Item SAMSOF 50 + Item 597 | Item SAMSOF 50 + (Item 597 x 1.5) |
| Less than 2 hrs | Item SAMSOF 160 | Item SAMSOF 160 + Item 597 | Item SAMSOF 160 + (Item 597 x 1.5) |
| Less than 3 hrs | Item SAMSOF 161 | Item SAMSOF 161 + Item 597 | Item SAMSOF 161 + (Item 597 x 1.5) |
| Less than 4 hrs | Item SAMSOF 162 | Item SAMSOF 162 + Item 597 | Item SAMSOF 162 + (Item 597 x 1.5) |
| Less than 5 hrs | Item SAMSOF 163 | Item SAMSOF 163 + Item 597 | Item SAMSOF 163 + (Item 597 x 1.5) |
| 5 or more hrs | Item SAMSOF 164 | Item SAMSOF 164 + Item 597 | Item SAMSOF 164 + (Item 597 x 1.5) |

- 3.7.3 Where a medical practitioner is required to attend a hospital to provide emergency care to more than one patient, and the patients require continual monitoring and treatment prior to transfer, or specialist intervention, and the treatment prevents the medical practitioner from leaving the hospital, the following payments will apply for each patient:
- the payment shall be item SAMSOF 50 for the initial one hour,
 - if the emergency care is initiated after hours, the 'After Hour Payment Rules' will apply (see clause 3.11)
 - any other relevant procedural fees are payable until the emergency care ceases and/or the patient is transferred to another centre
 - A medical practitioner may be able to deliver care to another patient whilst awaiting retrieval assistance to another patient

3.8 **Other Medical Practitioners**

"Other Medical Practitioners" (as defined in the CMBS) shall be paid at the Vocational Registered rate for public inpatient care.

3.9 **Surgical Procedural Rates**

Surgical procedural rates that have differential payments for specialist and non specialist medical practitioner shall all be paid at the specialist rate (the fees shown in 'SAMSOF for SARMFA' reflect this point).

3.10 **Scope Procedural Rates**

For the purposes of payments for colonoscopy, endoscopy and oesophagoscopy services as approved by CHSALHN, the scope Proceduralist and Anaesthetist will be able to access the current 'inpatient' MBS item numbers whether the procedure is performed as a public inpatient or public outpatient.

3.11 **After Hours Attendances and Payments**

3.11.1 **Definitions**

After hours shall be defined as being:

- 3.11.1.1 Monday to Friday from 1800 to 0800 the following morning;
Saturday from 1200 to 0800 the following morning,
and
Sunday/Public Holidays from 0800 to 0800 the following morning.
- 3.11.1.2 Eligibility for claiming after hour payments (item 597) – refer to the most recent version of CMBS on line having been used for the purpose of updating SAMSOF as at 1st of December and 1st of July as may be applicable.

3.11.1.3 Descriptions of Level A, B, C, D – refer to the most recent version of CMBS on line having been used for the purpose of updating SAMSOF as at 1st of December and 1st of July as may be applicable.

3.11.1.4 Where Christmas Day or New Years Day falls on a weekend, both the public holiday and the Monday that the public holiday is observed are deemed as Public Holidays for the purposes of After Hours.

3.11.2 **After Hours Inpatient Consultations**

Payment for all after hours inpatient consultations (inclusive of obstetric patients unrelated to confinement and postnatal care) that is not considered part of 'normal after care' will be either:

3.11.2.1 **Level A and B:**

18:00 hrs to 23:00 hrs as per item 597 fee;

23:00 hrs to 08:00 hrs as per item 597 fee + 50%.

3.11.2.2 **Level C and D:**

18:00 hrs to 23:00 hrs as per item 597 fee + the fee for Level C or D (whichever is applicable);

23:00 hrs to 08:00 hrs as per (item 597 fee + 50%) + the fee for Level C or D (whichever is applicable)

Where an urgent consultation is requested which is not considered part of 'normal after care', the medical practitioner can claim a 'not normal after care' item on the proviso that there is appropriate documentation within the medical records which supports the claim. Routine ward rounds performed after hours (ie not at the specific request of the hospital or nursing staff) on any day are considered part of normal after care and do not attract the after hours item.

If during or subsequent to the occasion of an item 597 service, further services are provided to that patient or further patients, during an unbroken period of attendance at the hospital, the item 597 fee is not chargeable. Remuneration for these services will be provided according to the 'SAMSOF for SARMFA' Schedule.

3.11.3 **Procedural (inclusive of Surgery and Anaesthesia) Payments**

Payment for after hours procedural items (excluding Obstetric items 16515–16636) shall be:

3.11.3.1 **Anaesthesia:**

18:00 hrs to 23:00 hrs as per item 25025 fee + the 'SAMSOF for SARMFA' fee for the procedural item;

23:00 hrs to 08:00 hrs as per (item 25025 + 50%) fee + the 'SAMSOF for SARMFA' fee for the procedural item.

Additional cases added to an elective list prior to 0800 do not qualify for after hours payment

For the purposes of payments for item 25025, the definition of after hours shall be in line with clause 3.11.1.1 of this document.

3.11.3.2 **Surgical:**

18:00 hrs to 23:00 hrs as per item 597 fee + the 'SAMSOF for SARMFA' fee for the procedural item;

23:00 hrs to 08:00 hrs as per (item 597 + 50%) fee + the 'SAMSOF for SARMFA' fee for the procedural item.

For the purposes of payments for item 597, the definition of after hours shall be in line with 3.11.1.1 of this document.

3.11.3.3 **Epidural:**

For the purposes of payments for Epidural items 18226 and 18227, the definition of after hours shall be in line with clause 3.11.

3.12 **Obstetric/Neonatal Care**

Where a medical practitioner is called to attend a baby of a public inpatient mother, and the baby requires resuscitation and/or other significant unusual medical care outside that customarily provided (refer to CMBS (Jan 2011), Section T4.7.2) there can be a separate charge raised. This charge shall apply to the mother as the baby is not normally a separately admitted person during the period following birth. The medical practitioner called to resuscitate the baby at delivery will be paid from the requested arrival time to await delivery until the baby passes back into normal care unless there are other paid activities that they can undertake during this waiting time.

3.13 **Caesarean Sections**

The payment of non-referred Caesarean sections shall be paid as per item 16520.

3.14 **Electrocardiography (ECG)**

Under the CMBS there are three item numbers that relate to Electrocardiography (ECG).

- 3.14.1 Item 11700 (Twelve-lead Electrocardiography, tracing and report) should only be used if a full 12-lead ECG is performed.

This item should only be paid if the medical practitioner places all 12 leads. Examinations involving less than twelve leads are regarded as part of the accompanying consultation (refer to CMBS (Jan 2011), Section D1.18).

- 3.14.2 Item 11701 (Twelve-lead Electrocardiography, report only), should be used where the ECG tracings are referred to a medical practitioner for a report without an attendance on the patient by that medical practitioner. In cases where the leads are placed by a nurse and the results are interpreted by a medical practitioner then this item should be used.

- 3.14.3 Item 11702 (Twelve-lead Electrocardiography, tracing only), should be used where the ECG tracings are performed by a medical practitioner.

3.15 **Availability/On-call Allowance**

- 3.15.1 'On-call' is defined as being a service which has been determined to be essential by Country Health SA to meet the public need at a CHSALHN hospital 24 hours a day, 7 days a week. GP's who are rostered on-call to a CHSALHN hospital must be able to reach the hospital within 40 minutes of being contacted.

- 3.15.2 An On-call Allowance is paid per 24 hour period for provision of after hours services at a CHSALHN hospital:

- 3.15.3 An on-call period commencing on Monday to Thursday inclusive is paid at \$234 per 24 hour period commencing at 08:00 hours

- 3.15.4 An on-call period commencing on Friday/Saturday/Sunday or Public Holiday is paid at \$585 per 24 hour period commencing at 08:00 hours.

The On-call Allowance will be indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

3.16 **On-call Allowance Eligibility**

The On-call Allowance is to be paid according to the following criteria:

- all medical practitioners are required by the hospital to be on-call and are specified in Schedule 3 of the Rural General Practitioner Fee for Service Agreement, unless special local arrangements are made;
- who participate in on-call rosters; and
- who do not have any existing contractual arrangements outside The Country Health SA Local Health Network Rural General Practitioner Fee for Service Agreement.

3.17 **On-call services provided to a remote site from the base site**

3.17.1 There will be one payment only per provider in recognition of their availability. The exception to this ruling is where a practitioner is required to cover two or more hospitals during any one 24 hour period. The locations should be no more than 30 minutes apart if travelling by road. Payment will be calculated as per clause 3.17.2, 3.17.3 and 3.17.4

3.17.2 If the medical practitioner is providing on-call to two or more locations and routinely attend the remote hospitals to treat patients after hours, they will be eligible for an additional payment of 50% of the applicable on-call payment for each of the additional locations covered.

3.17.3 If the medical practitioner routinely provides on-call to two or more locations and routinely provides patient care instructions to nursing staff over the telephone, with urgent cases transferred by ambulance to the base site for assessment and treatment, an item 'TC' is payable through the fee-for-service system for the telephone advice provided.

3.17.4 An item is not payable when a patient is transferred to another CHSALHN hospital, with normal fee-for-service items being applicable when the patient is admitted as an eligible inpatient.

3.18 **Multiple on-call payments at one location**

3.18.1 Where there is approval from CHSALHN for a range of services to be available 24 hours a day, 7 days a week, there will be an on-call availability payable to each resident practitioner with appropriate scope of practice who is on the roster for an identified 24 hour period

3.18.2 If the medical practitioner has the recognised Credentials to justify a dual role (e.g. GP Medicine and GP Obstetrics) they will be paid only one on-call payment for a given 24 hour period.

3.18.3 Appendix 1 identifies all on-call services per location and those services approved. Any changes to Appendix 1 must be supported by CHSALHN within the agreed service delineation framework for each cluster.

3.19 **Shared on-call payment within a 24 hour period at one location**

Where an on-call roster is shared between multiple practitioners and there is a 24 hour availability provided, a pro-rated hourly rate will be paid to each practitioner based on the applicable daily rate.

In the example where two doctors provide 8 and 16 hours respectively over a 24 hour period, payments would be made at $8/24^{\text{ths}}$ and $16/24^{\text{ths}}$ of the applicable daily rate.

3.20 **Special Fee-For- Service Payments**

3.20.1 Anaesthetic and Surgical Procedural item numbers shall have a loading of 20% on the CMBS fee.

3.20.2 Obstetric item numbers (16500–16636) shall have a loading of 50% on the CMBS fee.

3.20.3 Obstetric item numbers (16500–16636) are not subject to after hours loadings (refer to clause 3.11).

3.21 **Sessional Payments**

A sessional obstetric and anaesthetic payment model as outlined in clause 3.22.1 - 3 is under development by CHSALHN for implementation during the term of the CHSALHN Rural GP Fee-for-Service Agreement, 1 December 2011 until 30 November 2014.

3.21.1 **Sessional Payments**

Sessional obstetric and anaesthetic payments will be available as an option for medical practitioners at larger country sites providing obstetric and anaesthetic services.

The sessional payments model is an alternate to the traditional fee-for-service and on-call payments model and if chosen, requires a commitment of all eligible medical practitioners within the respective location.

A combination of sessional and fee-for-service payments within the same clinical domain is not possible; however, different payment models can apply for obstetric and anaesthetic services in the same location where supported locally.

The sessional payment model is not an option at those sites using the salaried model of engagement for obstetric or anaesthetic services.

3.21.2 **Obstetric Sessional Payments**

Sessional payments for obstetric services is an option at sites performing more than 250 public and private births per year, with the total of 250 being attainable through the inclusion of nearby sites where a local commitment is given to a collaborative approach to the provision of obstetric services.

The sessional payment requires the medical practitioner to provide all the medical obstetric services covered by CMBS items 16500 to 16636, including planned and emergency caesarean sections and on call services for a 24 hour period. The main services would be provided at the larger hospital site and, depending on local arrangements and or local grouping, the low risk midwifery and private births could occur at the smaller hospitals.

In those hospital groupings where emergency caesarean sections can safely be provided at more than one site, it is possible to rotate the location for emergency caesarean sections based on a roster that mirrors the on-call availability of medical practitioners.

A 24 hour sessional payment commences at 08:00 and is paid at \$1600 per 24 hour period.

The sessional payment will be indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

Initial sites considered suitable for sessional payments for obstetric service include:

- Berri
- Mount Barker
- Murray Bridge
- Port Pirie
- Port Augusta
- Port Lincoln

3.21.3 **Anaesthetic Sessional Payments**

Sessional payments will apply for emergency anaesthetic services, with an additional payment per theatre list undertaken.

A sessional payment commences at 08:00 and is paid at \$1600 per 24 hour period.

Definition of what constitutes a theatre list and the level of remuneration per list will be the subject of further development.

The sessional payment and theatre list payment will be indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

Sessional anaesthetic payments are considered potentially suitable for Port Lincoln, Wallaroo, Murray Bridge, Mount Barker, Berri, South Coast, Gawler and Clare hospitals.

3.22 **Hospital Initiated Clinic Call Out Within The Medical Practice Business Hours**

This item does not apply where a patient presents from within the community to the hospital emergency services during business hours and who are assessed as not requiring urgent medical attention. In this situation, the patient is either referred to the medical practice for treatment by their medical practitioner, or is attended at the hospital at a later time by their medical practitioner.

The Hospital Initiated Clinic Call Out Item 'HICCO' is to be used where the medical practitioner is called back to their hospital within the medical practice business hours for events not covered under the SAMSOF for SARMES emergency item numbers, and no other item numbers will be paid for the callout.

Examples of such relevant instances include:

- calls to initiate the urgent transfer of a patient to another hospital
- assistance at category one emergency caesarean sections,
- nurse calls requesting the medical practitioner attend within 30 minutes between 08:00 and 18:00 hours when normally consulting, or that after discussion with the medical practitioner it becomes apparent that the patient needs urgent review.

Payment is only applicable where the interruption is significant and requires the medical practitioner to be at the hospital for at least 60 minutes, there is clear documentary evidence indicating the arrival and departure time of the medical practitioner and the medical services provided.

This payment is paid at \$200/hr on a 15 minute pro-rated basis and is indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

3.23 **Safe working hours special purpose payment**

In circumstances when a medical practitioner is on-call and experiences very little sleep due to public emergency patient care commitments at the hospital, they are adversely affected and are

unable to safely complete a scheduled session within their practice during the next day, Item 'SWH' may be claimed.

This item is only payable where a claim form is completed and there is supporting evidence in the form of:

- a significant disruption to the medical practitioner's potential to sleep between the hours of 23:00 and 08:00 the next day.
- the medical practitioner loses time from their practice during the next day that results in a rescheduling of patient consultations to another day
- appropriate documentary evidence exists that demonstrate that admitted public patients were seen by the medical practitioner in the hospital emergency department, or were admitted between the hours of 23:00 and 08:00 the next day, or

Where GP after hours patients are seen and require a significant amount of time, this activity and the time taken is excluded for the purpose of determining eligibility for payment of a Safe Working Hours Special payment.

The Safe Working Hours Special Payment is paid at \$700 for a cancelled session and is indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

4. Other Allowances and Payments

4.1 Managerial Allowance

Medical practitioners appointed to the role of Principal Medical Officer will remain as contractors in this capacity and will be remunerated by way of a small or large unit management allowance that is applicable to consultants employed under the Department of Health Salaried Medical Officers Enterprise Agreement 2008, clause 9, or appropriate clause in any subsequent agreement.

Principal Medical Officers will be appointed at the discretion of the Chief Operating Officer, Country Health SA Local Health Network.

4.2 Clinical Audits, Clinical Safety and Quality Activities and Service Planning Meetings

Medical practitioners will be remunerated at rate of \$200/hr (prorated at 15 min intervals) when participating directly in approved meetings and activities on behalf of CHSALHN. The expectation is a medical practitioner would be involved in two meetings per year for these activities with an extra meeting per year for a proceduralist for appropriate meetings. These meetings will be authorised in advance by the CHSALHN director assigned responsibility for the relevant

area (“**Cluster Director**”) and a list of attendees will be notified by CHSALHN to finance for authorisation of payment. These meetings do not include payment for preparation time.

Additional meetings may be held which do not require the attendance of the Medical Practitioner for which there will be no payment. These meetings must not be critical audit or medical service delivery meetings at the hospital.

This payment should not be confused with remuneration or reimbursement for the undertaking of professional development activities of a personal nature (Clause 5.3).

Where the hospital requires attendance of a medical practitioner at a pre-arranged meeting regarding accreditation of a hospital or as a member of a formal committee (e.g. CHSALHN Credentialling and Scope of Clinical Practice Advisory Committee), the medical practitioner shall be paid an allowance calculated at the rate of \$200/hr, prorated at 15 min intervals, and is indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

Reading time applies for up to two hours at half the agreed hourly meeting rate.

This fee does not apply in the following situations:

- medical practitioners appointed to a Health Advisory Council (HAC)
- a medical practitioner, who being a member of Health Advisory Council, is then nominated by the Health Advisory Council to be a member of a sub committee of the Health Advisory Council or as a Health Advisory Council representative on another SA Health committee
- medical practitioners on Advisory Committees (unless formal approval has been obtained from SA Health) or Ministerial Advisory Committees of SA Health and
- where the medical practitioner is appointed to be a Principal Medical Officer by CHSALHN, this fee will not be payable for activities that are within the duties expected of a Principal Medical Officer (unless formal approval is given from the Chief Operating Officer, CHSALHN).

4.3 **Enterprise Patient Administration System (EPAS)**

SA Health is planning the implementation of an Enterprise Patient Administration System across all of South Australia’s public health care facilities to improve clinical work practices. In particular, an EPAS will support the provision of better integrated care by allowing timely multiple electronic access to clinical information across multiple sites.

The EPAS solution for SA Health will be one that has been designed by clinicians for use by clinicians. That is, the active participation of those who work in the clinical environment throughout the course of the EPAS program, will be integral to the success of EPAS in improving clinical work practices and supporting the delivery of high quality care to those who use the public health care system in South Australia.

It is a requirement for all medical practitioners to become competent in the use of EPAS in a timely manner and to implement it in full once their local hospital goes live with the new product.

Further, it is recognised that there will be critical data that needs to be entered for each patient and this will have a time impact on the workload for each medical practitioner during the learning and early implementation stages of the product.

An initial one off payment will be authorised by the training provider once the GP has completed the required training components and the GP commences use of the product for their patients.

The one off payment will be \$1500 per GP and is not transferable to someone else to undertake the required training on their behalf.

This payment is not available for GP Registrars who are in effect only on placement within a rural setting.

4.4 Locum Arrangements

4.4.1 RDWA Locum Support

GPs may receive subsidised locum support funding/allowances in accordance with guidelines of the Rural Doctors Workforce Agency (RDWA). Medical practitioners should contact the RDWA or visit www.ruraldoc.com.au/locums for further details regarding support arrangements and eligibility criteria.

4.4.2 Other Locum Arrangements

Where a locum performs the service for the medical practitioner AND there is PART subsidy, either directly by CHSALHN or indirectly (eg Rural Doctors Workforce Agency) for the locum support, then fee-for-service can be paid at the eligible rate of the doctor for whom the locum is acting for.

Fee for service payments and on-call allowances are not payable where the locum support is being subsidised in FULL.

Determination of eligibility in exceptional circumstances will be referred to the Chief Medical Advisor, CHSALHN, for consideration

4.5 Travel Allowances

4.5.1 In circumstances where a general medical practitioner has to travel a direct route distance to a recognised hospital of more than 20km from the place of his or her nearest established practice (which must be outside of the Adelaide Statistical Division) to provide medical services for which a Fee for Service is payable by CHSALHN, a travel allowance shall be payable. The allowance shall be applicable for the proportion of round trips in excess of 40 kilometres.

4.5.2 The allowance shall be based on the per kilometre rate prescribed in the 'SA Health (SAHC Act and IMVS Act) Human Resources Manual' (Part 8 – Travelling and Expenses Reimbursement), applicable to a vehicle with an engine of more than four cylinders.

4.5.3 This allowance is to be paid once per visit, not per patient, regardless of the number of patients seen.

5. Grants and Incentives

5.1 Medical Indemnity Support Grant

To be eligible for the Medical Indemnity Support Grant the practitioner must be:

(i) be credentialed and have a current and ongoing scope of clinical practice at a CHSALHN hospital. For the additional procedural Medical Indemnity Support Grant the practitioner must be appropriately Credentialed.

(ii) provide the majority of their clinical practice in the CHSALHN region at either a CHSALHN hospital or their private practice, and

(iii) participate in a CHSALHN hospital Emergency Service on-call roster on a monthly basis

To access a copy of the Medical Indemnity Support Grant application form, visit the Country Health SA website at <http://www.countryhealthsa.sa.gov.au>.

Payments of Medical Indemnity Grants will promptly be made to medical practitioners from the date of receipt of all the required information by CHSALHN.

5.1.1 **Where the selected Medical Indemnity Insurance Providers is other than The Medical insurance Group (MIGA)**

Responsibility of the Medical Practitioner:

Medical practitioners need to provide all to the following to CHSALHN to process the grant application:

1. the Insurance Tax Invoice which lists the Base Premium, the Premium Support Scheme amount (PSS) and the amount of cover taken (e.g. \$150,000 - <\$200,000)
2. an official receipt – to show the invoice has been paid by the medical practitioner, and
3. a completed Medical Indemnity Support Grant Application form

Responsibility of Country Health SA Local Health Network:

CHSALHN will send the information provided by the Medical Practitioner to the CHSALHN Business Centre for approval, calculation of payment due and forwarding to Shared Services SA for prompt payment.

CHSALHN Staff must break the payment down to clearly identify what the Medical Practitioner is being paid for. For example, the remittance advice must show

1. What payment is for (eg GP Medicine and or Anaesthetist)
2. GST component
3. Any additional Premium Support Scheme (PSF) payment

Delays may occur when the wrong or incomplete information is provided and in these situations a 30 day timeframe can only begin once CHSALHN receives all the required information for processing.

5.1.2 **Where the selected Medical Indemnity Insurance Provider is The Medical insurance Group (MIGA)**

Medical practitioners who elect to purchase appropriate Medical Indemnity cover through MIGA will only be invoiced by MIGA for the net of their Grant entitlement and MIGA will obtain reimbursement of the Grant entitlement direct from CHSALHN. This arrangement will minimise administration for eligible medical practitioners associated with claiming the Grant and will mean there is no out of pocket period waiting for reimbursement.

Responsibility of the Medical Practitioner:

The medical practitioners need to ensure that MIGA are advised that they are eligible for the Medical Indemnity Support Grant when purchasing Medical Indemnity cover.

Responsibility of CHSALHN:

CHSALHN will validate medical practitioner eligibility directly with MIGA.

5.2 **Rural Doctors Workforce Agency (RDWA) – Initiatives/Grants**

The RDWA also offers a number of other initiatives/grants for rural medical practitioners.

For more information visit the Rural Doctors Workforce Agency website at www.ruraldoc.com.au or telephone (08) 8357 7444.

5.3 **Professional Development Grant**

There may be an annual grant (indexed annually) available for medical practitioners as outlined on the RDWA website www.ruraldoc.com.au. Medical practitioners can also claim on Continuing Professional Development events where Commonwealth subsidies may apply.

6. **Disputes over payment of fees**

From time to time there will be uncertainties or disputes as to what the appropriate fee should be for a particular service. On most occasions this is as a result of technical interpretation of the agreement that should be able to be resolved between the medical practitioner and CHSALHN.

When a payment has been rejected by CHSALHN and the medical practitioner believes the decision to be incorrect, a meeting between the medical practitioner and the Principal Medical Officer or Director of Medical Services of the CHSALHN hospital must occur within 10 business days of the medical practitioner being informed of the rejection of a payment. If the dispute cannot be resolved in this manner, the following process is to be applied.

The dispute will be referred to the CHSALHN Chief Medical Advisor who will consider the medical practitioner's claim in consultation with an experienced GP (selected by the Chief Medical Advisor) with a clinical background in the relevant field.

If the medical practitioner disputing the rejection does not accept the decision of the Chief Medical Advisor, the issue may be referred to a panel of three (3) experts. The panel will consist of three medical practitioners that CHSALHN, the Rural Doctors Association of South Australia, and Australian Medical Association (South Australia) collectively agree are experts in the interpretation of the fee schedule as at the introduction of this agreement. Wherever possible the people selected should have special expertise in the area of conflict.

The Panel will hear both points of view individually and then discuss the matter jointly to ensure that each party has had a chance to hear the other party's point of view. Following the hearing of this information the panel must provide a decision within 2 business days.

If the panel is unable to reach a unanimous decision either party may elect to take legal action to resolve the dispute.

Each party will bear its own costs in respect of the dispute resolution process and where the parties jointly incur costs, those costs will be borne by both parties equally unless determined by the extended panel that the dispute was unreasonable and costs should be borne by one party only.

It should be noted that no payments other than the disputed amount can be withheld while a matter is being resolved.

SCHEDULE 1

SOUTH AUSTRALIAN MEDICAL SCHEDULE OF FEES RELATING TO THE SOUTH AUSTRALIAN RURAL MEDICAL FEE AGREEMENT

'SAMSOF for SARMFA'

In accordance with 'Item 1', this document is updated on the 1st of December and the 1st of July of each year by CHSALHN to reflect movement in the Commonwealth Medical Benefits Scheme ("CMBS") as at the 1st of November and the 1st of June prior to each respective update. A copy of the latest version is available from:

<http://www.countryhealthsa.sa.gov.au/>

APPENDIX ONE

ON-CALL AVAILABILITY

The following describes the on-call services, listed by health service location, that are agreed as being potentially available on a 24/7 basis.

Note: There are some rosters which may include providers who, when on-call, may not be entitled to the On-call Allowance⁽²⁾ for that day, depending upon their agreement (e.g. separate contracts, sessional payments, salaried medical officers and pre-existing agreements).

Where there is a public funded on-call roster for emergency, it would be expected that doctors will be part of the emergency roster unless arrangements with the remaining local doctors allows for them to be covered for this commitment.

| PUBLIC FUNDED ON-CALL SERVICES | | | | | GP After Hours provided on site ⁽¹⁾ (2) |
|--------------------------------|--------------------------|--------------|------------|---------|---|
| Health Service | Emergency ⁽²⁾ | Anaesthetics | Obstetrics | Surgery | |
| Angaston | 1 | | | | 1 |
| Tanunda | 1 | 1 | 1 | | 1 |
| Balaklava | 1 | | | | 1 |
| Berri | | 1 | 1 | | 1 |
| Booleroo Centre | 1 | | | | 1 |
| Bordertown | 1 | | | | 1 |
| Ceduna | 1 | 1 | 1 | | 1 |
| Clare | 1 | 1 | 1 | | 1 |
| Burra | 1 | | | | 1 |
| Snowtown | 1 | | | | 1 |
| Cleve | 1 | | | | 1 |
| Cooper Pedy | 1 | | | | 1 |
| Cowell | 1 | | | | 1 |
| Crystal Brook | 1 | | 1 | | 1 |
| Cummins | 1 | | | | 1 |
| Elliston | 1 | | | | 1 |
| Eudunda/ Kapunda | 1 1 | | 1 | | 1 1 |
| Gawler | | 1 | | | |
| Gumeracha | 1 | | | | 1 |
| Hawker | 1 | | | | 1 |
| Jamestown | 1 | | 1 | | 1 |
| Kangaroo Island | 1 | 1 | 1 | | 1 |
| Karoonda | 1 | | | | 1 |
| Kimba | 1 | | | | 1 |
| Kingston | 1 | | | | 1 |
| Lameroo | 1 | | | | 1 |
| Laura | 1 | | | | 1 |
| Leigh Creek | 1 | | | | 1 |
| Loxton | 1 | 1 | 1 | | 1 |
| Maitland | 1 | | | | 1 |

| PUBLIC FUNDED ON-CALL SERVICES | | | | | GP After Hours provided on site ⁽¹⁾ (2) |
|--------------------------------|--------------------------|--------------|------------|---------|---|
| Health Service | Emergency ⁽²⁾ | Anaesthetics | Obstetrics | Surgery | |
| Mannum | 1 | | | | 1 |
| Meningie | 1 | | | | 1 |
| Millicent | 1 | 1 | 1 | | 1 |
| Mount Barker | | 1 | 1 | | |
| Mount Pleasant | 1 | | | | 1 |
| Murray Bridge | 1 | 1 | 1 | 1 | 1 |
| Orroroo | 1 | | | | 1 |
| Penola | 1 | | | | 1 |
| Peterborough | 1 | | | | 1 |
| Pinnaroo | 1 | | | | 1 |
| Port Augusta | | 1 | 1 | | |
| Port Broughton | 1 | | | | 1 |
| Port Lincoln | 1 (2 Sat & Sun) | 1 | 1 | | 1 |
| Port Pirie | | 1 | 1 | | |
| Quorn | 1 | | | | 1 |
| Riverton | 1 | | | | 1 |
| Roxby Downs | 1 | | | | 1 |
| South Coast | | | 1 | | |
| Strathalbyn | 1 | | | | 1 |
| Streaky Bay | 1 | | | | 1 |
| Tailem Bend | 1 | | | | 1 |
| Tumby Bay | 1 | | | | 1 |
| Waikerie | 1 | 1 | 1 | | 1 |
| Walleroo | 1 | 1 | 1 | | 1 |
| Wudinna | 1 | | | | 1 |
| Yorketown | 1 | | | | 1 |

(1) Item 3.4.1 relates.

(2) GP After Hours and Emergency Services on-call are generally provided by the same individual