



2021 LHN CONTRACT NEGOTIATIONS

MEMBER UPDATE No.16

WE ARE SHOWING FLEXIBILITY TO ENCOURAGE OPTIMUM RSS and LHN RESPONSE

23 November 2021

We suggest that GPs do not sign up to any LHN contract offers until RDASA and AMASA recommend doing so.

LOCAL ADVOCACY TOOL KIT [CLICK HERE.](#)

Our local campaign was launched in July. Despite the elapsed time, we still need GPs continued effort to maintain momentum (all the way to the March 2022 election if necessary). See article attached to this email about the mounting expense of Locums. The expense is financial and is also detrimental to sustainable, high quality, public health medicine. Campaigning is intended to help reverse this!

Using the TOOL KIT will help maintain our campaign momentum and will encourage ongoing and favourable media reporting of your, and your community's, cause.

Since our last *Update* (No.15, 4 November), we have met a further three times with RSS (Chaired by Minister for Health appointed and party agreed, facilitator). We are booked for a fortnight in advance to continue further weekly talks.

We are bound by a confidentiality agreement to not release details about our talks (as recommended by the facilitator to assist frank exchange between the parties). We can say that we have finally pressured RSS to provide us with dollar costings (and calculation method) for two representative LHNs of our choosing. The costings compare RSS's most recent contract position (25 August 2021) against current locum expense and our *March Reform Offer*. The numbers land where we anticipated.

RSS is keen to reach in principle agreement before Christmas. An election is looming (third week of March 2022) and there are only two Cabinet Meetings programed before Government enters "Caretaker Mode" (Cabinet requires its approval of any deal reached). In reply, we have said the timing of things are not our priority, only optimum agreement is! However, we have also been deliberate to slowly introduce small concessions to prove our good faith and to encourage RSS and LHN to 'come to us'.

In light of the above, we have delivered RSS a Communique and followed up with revised positions and clarifiers. The key points we expressed are:

1. **Locums are a false economy and is a high-risk policy** (see [attached](#) article). Guaranteed workforce supply can evaporate at any time. Locum clinical activity means: i) inefficient work practice; ii) less

than optimum care management; iii) loss of vocational (i.e. free) contribution; all of which significantly increase costs compared to a local GP workforce. ALSO, modelling of locum expense in 2021 is not predictive of cost escalating in the near term or ongoing. This is because local GPs individually 'voting with their feet' is a real potential outcome if contract talks fail.

2. We must be confident that RSS has sought out, and exhausted, funding opportunities beyond any alleged constraints of 2021/2022 LHN budgets. We must know that a hypothetical fourth RSS suggested arrangement could not be improved. Notwithstanding, even if RSS satisfactorily proves the latter, an RSS proposed total package may still not be enough to elicit our positive recommendation to Members. **We have said to RSS, "we do want RSS to enable us to make a positive recommendation (to Members), before Christmas, by showing there is a way out of the current crisis."**

Our small concessions (compared to the absolutes in our *March Reform Offer*) are about in-hospital IT support and GP Registrar support. Also, we have:

- carefully refined the meaning of our *March Reform Offer* payment structure; separately for big and small hospitals;
- emphasised contract inclusion of short stay admission payments; and
- produced evidence of two precedents for rural GPs receiving back-pay ("sign of fee") because of delay between expired and newly operative contracts.

Based on member mandate, we remain committed to the *Reform Offer* we tabled in March 2021 because an inadequate agreement is just not enough. We are firm we need an urgent fix to a crisis that is reflected by our reform offer.

We commit to continue to publish this Member *Update* regularly to ensure Members remain informed, maintain momentum, and maintain public interest towards contract agreement. Look out for Edition No.17 of this *Member Update*.

Please feel free to distribute this *Member Update* and TOOL KIT (link) to interested colleagues and throughout your networks. The more everyone is informed, the stronger our mandate to achieve success.

If you are not a member, please consider joining, by visiting the [RDASA](#) and [AMA\(SA\)](#) websites.

To provide comment or feedback, or for more information, please contact:

- RDASA: President: Dr Peter Rischbieth (Peter.Rischbieth@bridgeclinic.com.au) or Treasurer: Dr Scott Lewis (scott@wudinnamedical.com.au)
- AMA(SA): Vice President: Dr John Williams (icwilliams1967@mac.com or president@amasa.org.au) or Chief Executive Officer: Dr Samantha Mead (CEO@amasa.org.au).



We look forward to providing further information and hearing your voices.

Yours sincerely

A handwritten signature in black ink, appearing to be 'John Williams', written over a dotted horizontal line.

Dr John Williams
Vice President AMA(SA)

A handwritten signature in black ink, appearing to be 'Peter Rischbieth', written in a cursive style.

Dr Peter Rischbieth
President RDASA