



## 2021 LHN CONTRACT NEGOTIATIONS

### MEMBER UPDATE No.18 [24 December 2021]

## “FINAL” GOVERNMENT OFFER DUE FIRST WEEK JANUARY 2022

Another 1.5 hours of talks with RSS on 23 December 2021 achieved further minor movement towards agreement. Very serious differences remain. However, we have managed to force their reconsideration of Adelaide CPI indexation globally applying (uncoupling from MBS) and to lock in a state wide operative date not tied to the actual date of local contract sign.

Consistent with the terms of our recent letter to the Minister for Health (and meeting), the SA Government and SA Health is now directly accountable (not RSS or LHNs) for the success of our agreement. It is Cabinet that approved the funding parameters for what will be put to us in writing during the first week of January 2022 as a, so called, “final” position.

Very substantial sticking points remain. The importance of these issues has been specifically gauged through broad member consultation over the past week (since our last discussions with RSS about Government’s 10 December 2021 updated position). Remaining issues are:

- **Equitable minimum remuneration guarantees** - at present LHNs would be able to ‘pick and choose’ what they offer at local level meaning there would be no centrally agreed guarantees. For GPs serving smaller hospitals and smaller communities, at present, they appear ineligible for our March reform offer proposed sessional rates. Both these matters, if left unresolved, expose Members to a high risk of exploitation and unfairness compared to larger settings.
- **Registrar support;**
- **CPI indexing;**
- **Short Stay Admission payment.**

**To summarise**, our 23 December talks, with further minor shifts towards us, reflect a fifth version of Governments position (improvements each time). We are still not close enough for in principle agreement. Our desire is to reach agreement on ‘headline’ concepts based on what comes to us in the first week of January 2022, work quickly to draft and sign a comprehensive Heads of Agreement (HoA) (a set start date included) and then operationalise the HoA by converting it into local contract terms (for local decision; variation (not below the guarantees set by the HoA); and party execution). **However**, we have only limited optimism that our prerequisites (“die in ditch”) issues will be appropriately addressed.

**We are now close to a binary outcome (i.e. agreement or not).** We will ensure Members are fully apprised of what the, so called, final Government position contains. Please keep in mind the unchanged mandate that we are acting on (arising from the largest ever meeting on rural GPs held 21 July 2021). We have been testing whether this mandate remains in place through our ongoing member engagement and we are confident the following still holds true:



***“Motion passed to direct AMA(SA) and RDASA to:***

***Hold position on its March 2021 offer to RSS, SA Health that explains the urgent reforms needed for rural GP VMOs (including transition to an hourly rate of pay replacing the fee for service model for those who wish to).***

***Continue to work for rural communities by impressing on RSS, SA Health that our offered reforms will help stop their GPs leaving maintain GP supervisor numbers and attract a new generation of GP Registrars to train and stay.”***

The next Update 19 will report on the, so called, “final” Government offer content, and our associated recommendations.

We still need GPs continued effort to maintain momentum (all the way to the March 2022 election if necessary).

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

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.

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.19 (first 2022 edition) 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](mailto:Peter.Rischbieth@bridgeclinic.com.au)) or Treasurer: Dr Scott Lewis ([scott@wudinamedical.com.au](mailto:scott@wudinamedical.com.au))
- AMA(SA): Vice President: Dr John Williams ([jcwilliams1967@mac.com](mailto:jcwilliams1967@mac.com) or [president@amasa.org.au](mailto:president@amasa.org.au)) or Chief Executive Officer: Dr Samantha Mead ([CEO@amasa.org.au](mailto: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 read 'John Williams', written over a dotted horizontal line.

**Dr John Williams**  
Vice President AMA(SA)

A handwritten signature in black ink, appearing to read 'Peter Rischbieth'.

**Dr Peter Rischbieth**  
President RDASA