



**AUSTRALIAN MEDICAL ASSOCIATION  
(SOUTH AUSTRALIA) INC.**

ABN 91 028 693 268

## **2021 LHN CONTRACT NEGOTIATIONS RESET**

### **Member Update No. 6 – 5 July 2021**

## **RSS FORMALLY RESPONDS TO RDASA AND AMA(SA) CONTRACT CLAIMS**

Welcome to the sixth edition of this *Member Update*. This Update keeps you informed about efforts to replace the 2017 SARMFA through a much better deal with the Local Health Networks (LHNs) and the Department for Health and Wellbeing's (DHW) Rural Support Services (RSS).

**This Update reports on the RDASA and AMA(SA) three-hour meeting with RSS on Friday, 2 July 2021.**

### **RSS response to our claims**

On 12 March 2021, after broad member consultation, RDASA and AMA(SA) lodged a comprehensive package with RSS that we described as the minimum necessary to:

- properly recognise and reward the service contribution and opportunity cost to private practice when serving LHN public patient presentations and admissions
- dramatically enhance attraction and retention incentives and support for GP Registrars
- improve trust and collaboration
- simplify remuneration methods and LHN payment compliance
- begin a positive cultural change journey.

In its reply to our claims, RSS has provided a written response it says is the result of dozens of meetings with LHNs since we last met. The important 'headlines' for members are as follows:

1. The RSS is not proposing a single, central template, agreement. Instead, three distinct pay models are described (proposed for RDA(SA) and AMA(SA) peak agreement) that could then be 'cherry picked' to create a specific set of arrangements for each LHN. This RSS idea does not directly reflect on, then respond to, our claimed hourly rate model to replace fee for service.
2. There is no new money on the table from the State Government. LHNs are funding the RSS response package from existing budgets. 'Flexibility' for LHNs was emphasised.
3. As a very preliminary view, we are a way apart on what is necessary for agreement. There are some not unreasonable (not therefore agreeable) RSS responses on condition issues though these are very much secondary to the crucial remuneration aspects.

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Postal: PO Box 134 North Adelaide SA 5006  
Phone: (08) 8361 0100

175 Fullarton Road, Dulwich SA 5065  
Email: [admin@amasa.org.au](mailto:admin@amasa.org.au) Web site: [www.amasa.org.au](http://www.amasa.org.au)

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## Next steps

During the three-hour meeting last Friday, we identified a fair number of important clarifications, process guarantees and the need for dollar rate comparators to be produced *before* we can be fully informed about the meaning and implications of what RSS has tabled. RSS has agreed to do this work as fast as it can. On that basis, another meeting is 'pencilled in' for 15 July 2021.

## IMPORTANT FOR UNITY AND MANDATE

Until these RSS additions are received, we cannot form a firm view on how we should react. Also, the RDASA and AMA(SA) executive group need (scheduled for this week) to:

1. work on a process to consult and analyse the RSS position, and
2. determine our, recommendations to members about the best way forward.

**We do not recommend any member activity until these things have occurred.**  
Update 7 will advise on these issues.

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We commit to publishing this *Member Update* regularly, to ensure members have contemporary understanding about what the RSS response represents and what processes we have undertaken to form a view. Look out for edition No.7 of the *Member Update*.

Please feel free to distribute this Update 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.

## We welcome your input and feedback. To provide comments, or for more information about the negotiations, please contact:

- RDASA: Dr Peter Rischbieth (Peter.Rischbieth@bridgeclinic.com.au) or Dr Scott Lewis (drscott@internode.on.net)
- AMA(SA): Immediate Past President Dr Chris Moy (chrismoy@optusnet.com.au) or Dr Samantha Mead (CEO@amasa.org.au or president@amasa.org.au).

We look forward to providing more information soon.

Yours sincerely



**Dr Chris Moy**  
MB BS, FRACGP, FAMA, AMA(M)  
Immediate Past President AMA(SA)



**Dr Peter Rischbieth**  
President  
RDASA