

2023 LHN CONTRACT NEGOTIATIONS

MEMBER UPDATE No.1, 5 April 2023

2023 CONTRACT TALKS START WITH RSS& LHNs

Welcome to the first edition of *2023 Member Update*.

On 30 March, on your behalf, we began discussions with the RSS about a replacement LHN GP Services Agreement (for a start date in February 2024 when the current contract expires).

Until a new agreement is reached, this *Update* will keep you informed about the 'goings on' and give you the opportunity to influence the direction we take.

Thank you to the large numbers of Members who completed our *2023 Contract Negotiation Roll Out Survey* earlier this year. The survey highlighted a range of current contract compliance & implementation issues and provided many innovative ideas to improve local arrangements. This information will be used to draft our 2023 Contract Discussion Agenda (expected to be lodged with RSS in a month's time).

At our two (2) hours, 30 March, **first meeting with the RSS**, we worked through 15 complex questions we had put to RSS in advance. Our questions were designed to generate discussion about the problems of LHN decentralised independence and the RSS complexities that we observed last time around and to put in place a productive process to manage the contract discussions.

Our questions included:

- What had RSS learned from the last negotiation process? What structure did they have in place to ensure RSS, LHNs and Government are fully engaged and have a unified voice? Do RSS agree to work with us to develop trust, identify the issues, and problem solve?

We were **pleased that RSS has been thoughtful** about where the negotiations broke down last time. At the contract discussion table, RSS will have a senior GP who is an Executive Director of Medical Services as their RSS representative and LHN link person to the CEOs. The RSS have already set a schedule of CEO LHN report back meetings which is a good sign. Also, RSS agreed to our two first meeting objectives as follows:

- **1. Collaborative Discussions.** Instead of 'industrial combat' where the RSS / Department of Health may seek to minimise its cost and agree only by small increment, RSS has instead agreed to our desire for them deal with us from a good faith, problem solving perspective. This because everyone wants the best for the medical workforce, for you, for your patients, and for rural communities.

As a first step, we will seek to agree on what the problematic themes regarding, teaching, clinical quality, workforce, indexation and remuneration sustainability are.

With that list, we will then work together (as a knowledgeable group of professionals) to convert the problems into useful outcomes. We said that a new contract may not be the device to deliver all outcomes and RSS agreed that the scope and means to solve problems is unconstrained.

- **2. Two Track Process.** Instead of getting 'bogged down' in details, RSS has agreed with our desire to consider the substantive, future, issues (track 1) via separate process to contract compliance / implementation issues (track 2). These tracks will eventually merge.

We will do our best, and are committed, to **maintain a collaborative ethos** but we have informed RSS that we will revert to using your industrial mandate if necessary.

We have said that the avoidance of an industrial campaign against them is incentive for them to create a high value agreement with us.

You are encouraged to **remain engaged** as this process evolves so that we can:

- harness the collective strength of rural GPs if we need to press hard for important outcomes;
- AND
- to ensure you, your patients' and your communities' interests are well served by the eventual outcome.

Distributing this *Update* to your non-member colleagues is useful, as is your suggestion that they join RDASA and/or AMA(SA).

Your Member Associations are, once again, doing the work and resourcing the process. Remember, without their leadership you would not have the average 21 percent salary increase cumulative over two years delivered by the current contract.

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@wudinmedical.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'.

Dr Peter Rischbieth
President RDASA