## SA Health Rural GP Agreement 2024-28

Quick guide



SA Health

12 January 2024

# Offered under the SA Health Rural GP Agreement 2024-28 (GPA)

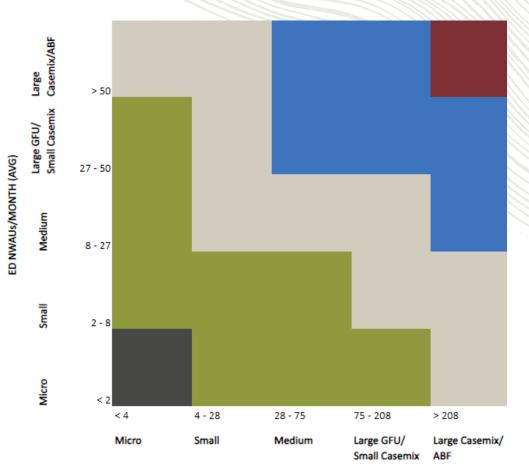
- One-off recognition payment of \$5,000 to each GP upon signing the new GPA, within five months of 1 February 2024.
- Rural attraction payments now include Modified Monash Model (MMM) five sites (these are not in addition to the one-off recognition payment above)
  - to MMM 6 and 7 sites, up to a maximum of \$50,000
  - to MMM 5 sites, up to a maximum of \$10,000
- New Non-Clinical Engagement Plan (NCEP) Contracted doctors appropriately remunerated for a range of important and mutually enriching non-clinical commitments and activities.

### **Use of the Decision Support Matrix**

The **Decision Support Matrix** allocates sites into recommended "**Tiers**" based on weighted activity, using National Weighted Activity Units (NWAUs).

**Engagement Models** have then been developed for each Tier that offer, as a recommendation only, the most cost effective and sustainable combination of the following payment models:

- On-site Sessional
- Off-site Sessional
- Activity Based Service Payments



ACUTE NWAUs/MONTH (AVG)

### **Recommended Micro Site Engagement Model**

- Activity Based (AB) Service payments
- On-call payments

### **Recommended Small Site Engagement Model**

Micro site payments plus:

- On-site Sessional for Ward work
- No Off-site Sessional
- AB if admission occurs outside of routine work
- Overnight On-call if ED runs overnight (pro-rata to minus On-site Sessional hours)

### **Recommended Medium Site Engagement Model**

Micro and small payments plus:

- AB, if admission occurs outside of routine work
- Overnight On-call if ED runs overnight (pro-rata to minus On-site Sessional hours)
- On-site Sessional for Ward work
- Off-site Sessional for obstetrics and anaesthetics
- Off-site Sessional for weekends (optional depending on peak ED times)

<sup>\*</sup>On-call payment for a 24-hour period.

GPs may claim AB for any admissions or inpatient work when called in, but the On-call payment must be prorated against any sessional payment made during the same period, e.g., if GP had been undertaking ward work for two hours and paid an On-site Sessional payment, the On-call payment for the remainder of the day will be for 22 hours. The GP may not bill during any period when in receipt of a Sessional payment.

### Recommended Large GFU / Small Casemix Site Engagement Model

Micro, Small, Medium payments plus:

- On-site Sessional Mon-Fri
- Off-site Sessional for ED Weekends/public holidays (optional)
- Off-site Sessional anaesthetics and obstetrics
- Overnight On-call (pro-rata), including automatic fatigue payments to compensate for reduced consulting in their private practice.

### Recommended Large Casemix / ABF Site Engagement Model

Micro, Small, Medium, and Large payments plus:

- Part salaried
- On-site Sessional up to 24/7
- Off-site Sessional as an alternative model
- AB and overnight On-call (pro-rata), as alternative models, including automatic fatigue payments to compensate for reduced consulting in their private practice.

### **Payment models: Off-site Sessional**

A fixed fee of \$2,386 for providing medical services for public patients during a 24-hour period starting at 8am, where the Medical Practitioner is not required to be on-site at the Hospital at all times but must be ready and available to attend the hospital and provide medical services to public patients as necessary.

#### The fine print:

- This payment model will not be used in relation to periods on a roster of less than six hours.
- The General Practice may provide private medical services to its own private patients at its own private clinic (even if the clinic is located within the same premises as the hospital) during an off-site sessional roster. However, they must prioritise providing services to public patients at all times during an off-site sessional roster:
- The General Practice may also provide private medical services to its own private patients at the hospital who have been admitted
  as inpatients at the hospital during an off-site Sessional roster. However, the Practice must prioritise providing medical services to
  public patients (including those who are Inpatients) at all times during an off-site Sessional roster. This means the Practice must
  not undertake any private billing for any ED patients during an off-site sessional roster.
- The General Practice is not entitled to claim any other payment for providing medical services that are within the speciality/scope of services for which the Medical Practitioner is engaged to provide during the off-site sessional model.
- The General Practice is entitled to claim payment under the AB model, for the relevant AB items, to the extent that the Medical Practitioner is requested by the regional LHN to provide medical services that are outside their speciality/scope of services that they have been rostered to provide during an off-site sessional period.
- Where medical services are provided on an off-site sessional payment model, and where cover is required for more than one speciality or site (including remote cover), the rate payable for the additional speciality or site is 50% of the off-site sessional rate. The additional 50% payment is only paid once during a 24-hour period.

### Payment models: On-site Sessional

An hourly payment for medical services delivered at the Hospital and provided personally by the General Practices' Nominated Medical Practitioners, for actual hours worked at the Hospital site (excluding meal breaks).

#### The fine print:

- Minimum engagement period: two hours per session with hourly rate pro-rated in 15 min intervals after.
- If there's insufficient medical services to undertake during the minimum engagement period, the time may be used to attend regional LHN initiated meetings, do quality assurance activities, or other LHN related admin activities. No further payments will be made for these activities undertaken.
- Where the General Practice is paid an on-site sessional fee, they must not make any further claims for payment or bill any other provider or person, (including but not limited to the patient, Medicare, DVA, the Regional LHN, private health insurance and accident and motor insurance, and workers compensation providers for any services provided during an on-site sessional period). Notwithstanding this, where additional medical services are required, the regional LHN may engage additional Medical Practitioners.
- On-site sessional engagements may be agreed between regional LHN and the General Practice for providing specific medical services for Obstetrics, Anaesthetic, Emergency Services, or Inpatient services.
- The General Practice must ensure that the provision of medical services for an on-site sessional engagement are only for the agreed hours for that engagement. Services provided beyond the agreed hours will not be paid unless prior written approval from the regional LHN's EDMS has been provided.

### Payment models: other fees

| GPA 2022-24  | GPA 2024-28  |
|--|--|
| Rural Attraction payment MMM 6 & 7<br>(up to \$50,000) continues | Expanded to MMM 5 sites of up to \$10,000. All to be paid in instalments, in consultation with regional LHNs and new GPs   |
| "Sign on"  | New recognition payment of \$5,000 to acknowledge GPs' ongoing commitment to their regional community. The recognition payment will also be offered to newly qualified GPs who have provided services to regional LHNs as GP Registrars, PEP, and MDRAP. Will not be available beyond 30 June 2024. Is a once-off payment and not payable in conjunction with the Rural Attraction payment |
| "Meetings" payment   | "Non-Clinical Payment" for activities engaged in as specified in NCEP and includes hospital-<br>initiated meetings, quality improvement activities, audits, development and implementation of<br>model of care, teaching and supervision   |
| Mandatory training   | Reflects State mandatory training requirements, paid at 50% of weekday On-site Sessional rate, with any further training sessions to be negotiated within NCEP   |
| Type E items were 90 minutes                                     | Now minimum of 60 minutes  |
| Forensic Examination – no minimum rate                           | Payment now be for actual hours in attendance calculated to nearest 15 minutes with a 2-<br>hour minimum engagement. Only when GP is receiving Off-site or On-call payments  |



### **Payment Model Rates**

|                     | On-site Sessior<br>Adjusted annually at Adelaide CP   |       | Off-site Sessional<br>Adjusted annually at Adelaide CPI, capped at 3%   | Activity Based (AB) Se<br>Adjusted by the Commonwealth, s  |         |
|---------------------|---|-------|---|--|---------|
| Definition          | Hourly payment for services to the hospital<br>provided personally by the GP for actual hours<br>worked, excluding meal breaks.   |       | Payable for the provision of medical services (by agreement) during a 24-hour period where the GP is not required to be on site at all times but must be ready and available to attend the hospital and provide care to public patients as necessary.                           | AB payments are made for the provision of medical<br>services to public patients delivered, based on the<br>relevant CMBS item(s), see overleaf, or otherwise as<br>described in the GP Agreement. |         |
| Inclusions          | 2-hour minimum engagement period per<br>session. Covers all GP commitments for that<br>period including clinical services, regional LHN<br>initiated meetings, teaching and supervision,<br>quality assurance, and administrative matters.<br>No further payments will be made for such<br>activities undertaken during the minimum<br>engagement period. |       | A GP may engage in private practice, in or out of the<br>Hospital, while in receipt of an Off-site Sessional payment<br>subject to them giving first priority to the delivery of public<br>medical services for public patients   |  |         |
| Exclusions          | Where GPs are paid an On-site Sessional fee,<br>the GP may not make further claims for payment<br>or bill any other provider or person, including but<br>not limited to, the patient, Medicare, DVA, the<br>regional LHN, private health insurance, accident<br>and motor insurance, and workers compensation.<br>Safe Working Hours is not payable.      |       | <ul><li>Where a GP is paid an Off-site Sessional fee, they may not make further claims for payment, or bill any person or any other provider for the services for which they are being paid an Off-site Sessional payment.</li><li>Safe Working Hours is not payable.</li></ul> |  |         |
| Rates<br>(Exc. GST) | Weekday 0801-2300 \$256   |       | Fixed fee of \$2,386 (ex GST) for the 24-hour period  | On-call payments, associated with AB payments:   |         |
|                     | Weeknight 2301-0800   | \$268 |   | Monday to Thursday   | \$512   |
|                     | Weekend Day 0801-2300   | \$279 |   | Weekends and Public Holidays   | \$1,024 |
|                     | Weekend Night 2301-0800<br>and Public Holidays  | \$291 |   | * On-call allowances for a second GP of<br>support will be 50% of the above rates.   |         |

### **SAMSOF** loadings to MBS items

All Medicare Benefit Schedule (MBS) items (plus SA1 (IV therapy); SA50 & SA60 (Life Threatening Consults); and Level E consults (GP consult greater than 90mins), are updated by the Commonwealth on the **1 December and 1 July** of each year to reflect movement (indexation) in the most current MBS.

The current SA Medical Schedule of Fees (SAMSOF) loadings on the MBS items will be adjusted as provided below:

| Loading                                   | GPA 2022-24  | GPA 2024-28<br>on and from<br>1 Feb 2024 | Comment  |
|---|--------------|--|--|
| SAMSOF                                    | 7.1%         | 10%                                      |  |
| Consults and After Hours (item 585)       | 10.1%        | 13%                                      |  |
| Emergency Care (life threatening) 160-164 | 50% + 6%     | 61%                                      | The net effect of 50% + 6% calculation has been 59%.<br>New single percentage.       |
| Anaesthetic and Surgery procedural        | 20%          | 20%                                      | No change. Loading is added to SAMSOF loading.                                       |
| Obstetric Procedural                      | 50%          | 50%                                      | No change. Loading is added to SAMSOF loading.                                       |
| SA50                                      | 6%           | 9%                                       |  |
| CPI                                       | Adelaide CPI | Up to 3%                                 | Now capped at 3% - includes On-site Sessional, Off-site Sessional and On-call rates. |

### **Other Payments**

| Туре                          | Payment  | Comment   |
|-------------------------------|--|---|
| Mandatory Training            | GPs may claim 50 per cent of the Non-Clinical Fee for each<br>completed mandatory training module as required by the<br>regional LHN. Where it is expected that a module will<br>reasonably take longer than half an hour, the regional LHN will<br>advise accordingly and pay for completion of each such<br>module at the weekday on site sessional hourly rate on a pro-<br>rata basis to the nearest 15 minutes. | Training and / or education activities required as part of continuing professional development, or by the Australian Health Practitioner Regulation Agency (AHPRA), or the relevant college are not mandatory training for the purposes of this provision and are not claimable.  |
| Sunrise EMR Training          | GPs may claim a fixed fee of \$1,500 to undertake the relevant mandatory EMR training.   | GPs must become proficient in, and use, the Sunrise EMR system as it becomes available.   |
| Non-Clinical Services Fee     | Equivalent to the weekday On-site Sessional rate calculated to<br>the nearest 15 minutes. No minimum payment applies<br>Cancellation fee is equivalent to one hour of the weekday on-<br>site sessional rate and is payable when a meeting is cancelled<br>by the regional LHN with less than 48 hours' notice.<br>Not payable when GP cancels a meeting.  | As specified in the Non-Clinical Engagement Plan (NCEP), e.g.,<br>attendance and preparation for hospital-initiated meetings, registrar<br>teaching and supervision, as required by the regional LHN. Not payable<br>when GP is in receipt of a Sessional payment.<br>Excludes participation on committees that are not directly part of service<br>improvements, including Health Advisory Council (HAC), or where a GP<br>requests a meeting with regional LHN staff. |
| Forensic Examination Fee      | On-site Sessional rate, to nearest 15 minutes, <b>minimum payment of 2 hours.</b>  | A GP who is credentialed to undertake forensic examinations will be paid an<br>hourly rate when required to provide forensic examination services. Includes the<br>examination and preparation of the report.   |
| Obstetric Emergencies         | Appropriate SAMSOF payment   | GPs attending after hours to patients who are not in labour but are experiencing significant medical emergencies associated with their pregnancy (e.g., antepartum haemorrhage, threatened premature labour, severe abdominal pain, etc.)   |
| Critical Incident Debrief Fee | On-site Sessional rate, to nearest 15 minutes, no minimum.   |   |
| Travel Allowance              | \$/km rate as provided   | Allowance is not claimable in conjunction with the emergency travel time.   |

### Help and support

Contract enquiries: healthgpagreement@sa.gov.au or phone 0481 092 652

Payment queries: <u>Health.RSSClinicalWorkforceFinance@sa.gov.au</u> or phone 0477 345 219

General enquiries about the new GPA: <u>Health.RuralGPAgreement2024-28@sa.gov.au</u>

Medical indemnity payment queries: <u>Health.RSSMedicalIndemnityGrant@sa.gov.au</u>

### SA Health Rural GP Agreement 2024–28 RSS-Rural GP Hub

OFFICIAL

12 January 2024



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