

OFFICIAL



SA Health Rural GP Agreement 2024-28 (GPA)

The Agreement Explained

A companion document to the SA Health Rural GP Agreement 2024-28



OFFICIAL

Introduction

GPs are the core of the rural medical workforce in South Australia and remain vital to delivery of future rural medical care. We know the GP's workloads in rural communities are substantial, and it's important to continuously improve quality and safety of services, clinical engagement, and sustainability of our critical rural doctor workforce.

Negotiations between the Rural Support Service (RSS), on behalf of the six regional Local Health Networks, and the Australian Medical Association (AMA) and Rural Doctors Association of SA ("the Associations"), on behalf of their members, were held throughout 2023 and the parties reached a mutually positive agreement in early December.

This negotiation has been a collaborative and respectful negotiation from day one and we're delighted to now have a new agreement in place, reflecting our GPs being an integral part of our regional and rural communities and which will help provide more certainty to people in regional areas when they require healthcare.

Background

The Rural GP Agreement (GPA) 2022-24 changed the way GPs were contracted in SA country hospitals, by removing the distinction between small and large hospitals, extending the use of sessional payments, and simplifying the contracts. This GPA was also the first to provide incentives to attract and retain GPs in rural South Australia.

The SA Health Rural GP Agreement 2024-28 now builds on those changes. Sessional payments have been increased to provide parity with salaried consultants, rural attraction payments are extended to Modified Monash Model (MMM) 5 sites, SA Medical Schedule of Fees (SAMSOF) loadings have been increased for the first time in many years, and there is greater recognition of GPs non-clinical commitments, including teaching and supervision of junior medical practitioners.

About this document

This document is a guide to the attachments, schedules, and appendices of the new GPA (SA Health Rural GP Agreement 2024-2028). It explains the effect of the terms and identifies differences between the new Agreement and the GPA 2022-24. It is not a legal document in itself.

The Agreement Explained

The SA Health Rural GP Agreement 2024-28 replaces the GPA 2022-24, which expires on 31 January 2024.

- The provisions of the new GPA will commence on 1 February 2024. This means that from that date the new rates and loadings will apply. It is not necessary to sign a new contract to receive the increases. Where the GP continues with the same services provided under the GPA 2022-24, the new rates will be paid automatically.
- If the engagement model changes under the new GPA, the applicable rates for that model will be paid on signing of the contract (and commencement of services under the new model). This means that there will be no need for retrospective payments.
- The new GPA no longer refers to Fee for Service (FFS). Services provided based on Commonwealth Medicare Benefits Schedule (CMBS) items are now referred to as Activity Based (AB) services/payments. The term 'Fee for Service' more generally describes the contractual nature of the arrangement between the GP and the regional LHN, which includes all the engagement models, rather than the specific CMBS payment.
- The new GPA also looks quite different from the GPA 2022-24 and has been rearranged to reflect the standard order of clauses in current SA Government Agreements and non-government services contracts generally.

The Agreement

Execution of Agreement

The 'Signature' or 'Execution Pages' are now at the head of the document. As with previous GPAs, the contract may be signed as either a sole trader, company, partnership, or trustee.

Key change/s from the GPA 2022-24: The term "Contracting Entity" has been replaced with the term "General Practice" which is defined at the end of the new GPA ("Definitions and Interpretation")

Attachment 1: Agreement Details

The new GPA details provide for the relevant information regarding the contracting parties and their representatives, the contract term, and the health care facilities to be covered under the contract, and insurance and indemnity matters.

Item 11 Recipient Created Tax Invoice (RCTI) is new to the GPA 2024-28. Under previous Agreements the GP/General Practice was required to submit a separate form to authorise the LHN to produce a RCTI on its behalf. By indicating "Yes" in this section a separate form is not required.

Key change/s from the GPA 2022-24: Agreement Details was previously Schedule 1 and includes Recipient Created Tax Invoice option.

Attachment 2: Nominated Medical Practitioners

A new template has been designed for information about the nominated medical practitioner, their approved credentials for medical services provided, work sites and payment models. This information, albeit in a slightly different format, requires essentially the same information. The change to presentation and format will assist the Clinical Workforce Finance Team (CWFT) with processing claims and payments more efficiently.

Key Change/s from the GPA 2022-24: This provision was previously in Schedule 8.

Attachment 3: Non-Clinical Engagement Plan

The Non-Clinical Engagement Plan (NCEP) is new and has been agreed by the parties as a useful tool to specify essential non-clinical activities, which are to be paid.

The NCEP may be negotiated between the Executive Director, Medical Services (EDMS) and a representative of the General Practice, on behalf of the Nominated Medical Practitioners. It is not necessary to negotiate a NCEP with individual GPs of a Practice. The EDMS and the GP representative will agree on what non-clinical services are to be provided by the Practice and may include the name of the GP responsible for each, depending on the services listed. Typical commitments covered by the NCEP include meetings, hospital committee work, accreditation, teaching and supervision, etc.

The NCEP will not list the **clinical services** each GP will provide as they are already specified at Attachment 2 of the new GPA. Changes can be made to the NCEP without requiring variations to the contract.

Key change/s from the GPA 2022-24: This form is new but replaces the previous Individual Clinical Services Plan (ICSP)

Attachment 4: Scope of Services

This section specifies the scope of services to be provided and the payment models attached to those services. The parties will also determine who is responsible for rostering.

The scope of services also clarifies that Medicare eligible patients should be treated as public patients for emergency treatment services, up until the decision is made to admit the patient. Public inpatient services may only be billed to the regional LHN and not Medicare, a private health insurer, or any other third party.

Non-admitted presentations to an emergency department may be provided by the GP, and the GP may provide those services in a private capacity as an extension of their private practice, unless the GP is engaged under a either a sessional or off-site sessional payment model to provide that service.

Key change/s from the GPA 2022-24: This provision was previously in Schedule 2. Apart from changes to the various clause and attachment numbers there, is no substantive difference.

Attachment 5: Schedule of Fees

The Schedule of Fees has been updated with the new payment model rates and adjustments. A notable change is the replacement of the term Fee for Service (FFS), with reference to CMBS based payments, to Activity Based Service (AB). As explained in the Introduction, the term FFS is generally used to describe any service provided by a contractor, irrespective of the payment/engagement model applied. The term Activity Based better differentiates between the sessional models and the model based on the Commonwealth Medicare Schedule.

Key change/s from the GPA 2022-24: This provision was in Attachment 4.

1.1 Schedule of Fees and Payment Models

As with the GPA 2022-2024, there are three engagement models that may be offered:

- On-site Sessional
- Off-site Sessional
- Activity Based Service (AB)

These engagement/payment models are explained in more detail on pages 6 and 7, and only apply for the treatment of public patients. These provisions are the same as the GPA 2022-24, except for some new elements:

- Clarification that while in receipt of an off-site sessional payment, a GP may attend their private patients in their own clinics, or, in the hospital setting on the basis that they always give priority to public patients while on roster.
- GPs in co-located clinics are also eligible for off-site sessional payments (where that model applies) while attending to their private patients in their own clinics – i.e., on the same basis as GPs who are not co-located.

Key change/s from the GPA 2022-24: Fee for Service is now called Activity Based Services, and co-located GP services have now been added to include off-site session payment eligibility.

1.2 Payment Model Considerations

The GPA 2022-24 uses a four-factor model for consideration by a regional LHN to determine the engagement model(s). The new GPA introduces a Decision Support Matrix (see Appendix A), a model based on [National Weighted Activity Units](#) (NWAU) for ED and acute admissions. More details on NWAU can be found in the link provided, but in general terms, it is the national unit for counting hospital service activity, based on the complexity of patients and legitimate variations in costs including remoteness, postcode etc. NWAUs are used to determine the national efficient price for hospital services, i.e., how hospitals are funded for the services they provide.

The NWAU model provides an objective and transparent engagement determination methodology. The regional LHN will determine the engagement model(s) to be offered to the General Practice and will provide the General Practice, in writing, reasons for its determination. There is a dispute resolution process identified should it be necessary.

Key change/s from the GPA 2022-24: Introduction of the Decision Support Matrix.

1.3 Fees and Payments Adjustments

The new rates and payments, which are summarised below will come into effect on 1 February 2024. This means that the new rates will replace the old rates for the services provided as of that date. For instance, if a GP is currently providing services through an on-site engagement model, the new on-site rates will be applicable from 1 February 2024, irrespective of whether a new contract (for the same service) has been signed. If the service model changes, the rate for that service model will only be applicable once the new contract has been executed (signed). This means that there will not be any retrospective payments, as GPs are paid the new rates for the services they provide.

As with the GPA 2022-24, fees and payments are either CMBS related (for Activity Based services) or non CMBS, the latter including sessional based payments and other fees including on call, hospital-initiated clinic call-out (HICCO), Fatigue Management, etc.

The Medicare Schedule is adjusted by the Commonwealth twice yearly – 1 July and 1 November – and AB service payments are amended accordingly.

The Non-CMBS payments, including on-site and off-site sessional, will be adjusted every year in July, based on March CPI - to a maximum of 3%.

On-site Sessional Payments from 1 Feb 2024 are: (see Table 1 of GPA for full details)

ON-SITE SESSIONAL PAYMENTS	
Weekday	\$256 per hour
Weeknight	\$268 per hour
Weekend day	\$279 per hour
Weekend night and Public Holiday	\$291 per hour

Key change/s from the GPA 2022-24: Increase in sessional rates and SAMSOF loading increases and CPI capped at 3%

1.4 On-site Sessional Payments

Hourly payments for medical services delivered at the Hospital and provided personally by the General Practice's Nominated Medical Practitioners (NMPs), for hours worked at the Hospital site (excluding meal breaks). No other payments can be made when receiving these payments.

This is largely the same as the GPA 2022-24 and includes:

- a two-hour minimum engagement followed by pro-rata to nearest 15 minutes for any time after the minimum period.
- non-clinical activities including teaching and supervision, meetings, quality assurance and other administrative commitments may also be undertaken while rostered on-site during the minimum period where there are insufficient medical services to be delivered.

a GP may not engage in private practice while rostered to provide on-site sessional services. Nor may they bill third parties.

Key change/s from the GPA 2022-24: Nil changes

1.5 Off-site Sessional Payments

An off-site sessional payment is a fixed fee of \$2,386, paid for providing medical services for public patients during a 24-hour period nominally starting at 8am. 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.

This is largely the same as the GPA 2022-24, but with the following changes:

- the fee for the 24-hour period has been increased and there is now a provision to pro-rata the amount for periods of less than 24 hours (but not less than six hours); and
- a new additional payment for providing off-site sessional cover (where applicable) for more than one site or speciality. The off-site sessional payment may be increased by up to 50% for providing the additional cover (including remote attendance)

Table 2 of the new GPA provides further details relating to off-site sessional payments.

Key change/s from the GPA 2022-24: Increase in payments with pro-rata capability; payments for additional cover.

1.6 Activity Based Services

Activity Based (AB) Services were previously referred to as Fee for Service payments. They are activity-based payments made to the General Practice for medical services delivered, based on the relevant CMBS item(s).

- No on-site sessional or off-site sessional payments will be payable in conjunction with any AB payments in relation to the same medical services.
- If the medical practitioner is rostered on-call, they must be able to reach the Hospital within 40 minutes of being contacted by the regional LHN, unless other prior arrangements have been agreed in writing – such as remote on-call.

- The General Practice may only charge for the provision of a medical service under the new GPA once, under one model (e.g., the General Practice may not charge an AB fee in addition to an off-site sessional fee for the provision of the same medical service).
- Several loadings on the CMBS items have been increased as shown in the following table.

ITEM	GPA 2022-24 LOADING	LOADING ON AND FROM 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%. 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%

Apart from changes to the loadings above, and increases to the non-CMBS items – e.g., on-call, hospital to hospital transfers, HICCO etc – there are few differences between the GPA 2022-24 and new GPA. One minor change is the transfer of Level E items to the CMBS, now included with levels A to D. This means that Level E consults will be for consults greater than 60 minutes rather than greater than 90 minutes. Another relates to obstetric emergencies where GPs may now claim the ED SAMSOF payment for medical emergencies for patients who are not in labour, where relevant.

Table 3 of the new GPA details the payments that are applicable and the terms on which payments are made.

Key change/s from the GPA 2022-24: Increased loadings, Level E items are in line with CMBS, and Obstetric Emergencies can be claimed as negotiated. Terminology to Activity Based Services from Fee for Service.

1.7 Other Services Payments

Changes and enhancements include:

- **A recognition payment (One-off payment) of \$5,000**, previously referred to as a sign-on payment, recognises and rewards GPs' ongoing commitment to the health and wellbeing South Australia's rural and remote communities. This payment is available to current GPs who provide services to hospitals and accept, sign, and return a new contract to the RSS by 30 June 2024. The payment may also be made to newly qualified GPs who have provided services to LHNs as GP Registrars, as well as some other medical officers - details in Table 3 of the new GPA. The payment may only be made once to a GP and is not paid in conjunction with a Rural Attraction payment.
- **The Rural Attraction payment has been extended.** A payment of up to \$10,000 is available, at the discretion of the regional LHN, to attract GPs to provide hospital services in Modified Monash Model (MMM) 5 sites. The payment of up to \$50,000 for MMM 6 and 7 sites remains. Regional LHNs will consult in good faith with the General Practice when considering submissions for rural attraction payments. Rural attraction payments are to be made in instalments.

- **Mandatory Training modules are now as required by SA Health.** There are eight modules that must be completed and kept current per the SA Health mandatory training schedule. The payment for each module is at the weekday on-site sessional rate, at a maximum of half an hour for each module and paid on the completion of all eight (or as negotiated with the regional LHN). Further regional LHN modules may be added by the LHN and listed in the NCEP.
- **Forensic Examinations now have a two-hour minimum payment.** A GP who is credentialed to undertake forensic examinations will be paid an hourly rate equivalent to the relevant on-site sessional hourly rate and prorated to the nearest 15 minutes. It is applicable when the GP is in receipt of an off-site sessional or Activity Based payment. This can't be paid in addition to an on-site sessional rate.
- **On-site Critical Incident Debrief Sessions are offered** by the regional LHN to a GP for any critical incident in which they were involved. Payment will be for actual hours in attendance, equivalent to the relevant on-site sessional hourly rate in Table 1 of the new GPA and prorated to the nearest 15 minutes.
- **Other services** are for approved services where no applicable item is available. These remain unchanged from the GPA 2022-24; however, some repetition has been removed.
- **Cancelled theatre payments** apply when the regional LHN cancels theatre. Unchanged from the GPA 2022-24, however, has been removed from 1.7 to eliminate repetition.
- **Non-Clinical fee** largely replaces the "Meetings" payment in the GPA 2022-24. It covers a range of non-clinical activities including meeting attendance, committee participation, and teaching and supervision of junior doctors. The Non-clinical Engagement Plan (NCEP) will specify the agreed paid activities each GP of the Practice will undertake.
- **Locum support** is funded for the treatment of public patients only and the regional LHN does not fund for the period the locum is providing medical services to the General Practice's private patients. Further clarification is in Table 4 of the new GPA.
- **Compensable patients.** Where the relevant Medical Services are being provided under the AB Service model, medical practitioners are entitled to payment for medical services provided to Public Compensable Patients. Minor changes have been made in the new GPA to provide more clarity on how payments may be claimed for the treatment of compensable patients. The changes specify that where medical services are being provided using on-site sessional model, no further claims may be made for payment. Where services are being provided under the off-site sessional model, no further payment may be made where the service provided to the compensable patient is consistent with the scope of service for which the nominated medical practitioner has been engaged. In these cases, the medical practitioner may claim the relevant AB fee.
- **Theatre cancellation removed** from Eligibility Criteria because it is already listed in Table 4 (removal of repetition only).

Key change/s from the GPA 2022-24: This provision was previously in 4.7. Removal of repetition, mandatory training, forensic examinations, and non-clinical fee.

1.8 Invoice Details

Outlines the details required for an invoice to be processed.

Key change/s from the GPA 2022-24: This provision was in 4.8.

1.9 Medical Records

The GP must maintain accurate, contemporaneous, and legible patient medical records, in accordance with the requirements outlined in the new GPA (unchanged from the GPA 2022-24).

Key change/s from the GPA 2022-24: This provision was in 4.9.

1.10 Debt Recovery Services

Debt Recovery Services may be offered where GPs provide private medical services to non-Medicare patients, as part of their regional LHN engagement under the AB payment model.

Key change/s from the GPA 2022-24: This provision was in 4.10.

1.11 Compensable Patients

GPs will be paid depending on the payment models offered for the provision of medical services to public compensable patients. Compensable patients must be given the choice to be treated as either public or private patients in regional LHNs.

Key change/s from the GPA 2022-24: This provision was in 4.11.

1.12 Medical Services provided to DVA Patients

GPs are recommended to seek payment directly from the DVA, however, may elect to be remunerated under the new GPA for DVA patients (i.e., Activity Based services).

Key change/s from the GPA 2022-24: This provision was in 4.12.

Attachment 6: Key Performance Indicators

There are nine current key performance indicators (KPIs) listed in the new GPA, with one in development.

Key change/s from the GPA 2022-274: This provision was in Schedule 5, and the ICSP has been replaced with the Non-Clinical Engagement Plan.

Attachment 7: Policies

All relevant and applicable legislation, or any conditions of licences, permits or other lawful requirements that relate to providing medical services in a public hospital, are listed here.

Key change/s from the GPA 2022-24: This provision was in Schedule 7, and now has a simplified title.

Attachment 8: Terms and Conditions

The fine print. Changes from the GPA 2022-24 include:

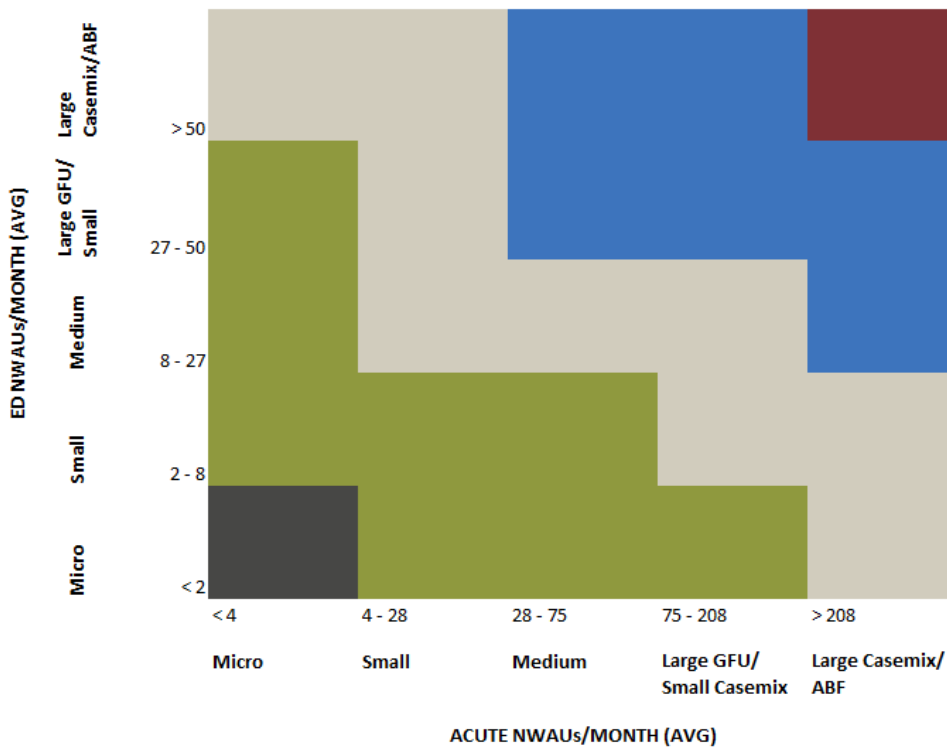
- 3.8 **Acknowledgments.** A new clause that is consistent with current SA Government Agreements, where suppliers are asked to confirm that they are aware of what services are required to performed under the Agreement and to confirm that they are capable of performing those services.
- 4. **Medical Services.** Various obligations relating to the performance of the medical services contained in different parts of the 2022 Agreement have been consolidated into one area of the Agreement (i.e., clause 4). Additional standard obligations for suppliers contained in current SA Government Agreements have also been included in this clause as well as specific obligations requiring compliance with matters relating to Medicare billing.
- 4.12 **Rosters.** Obligations relating to rostering that were contained in the rates schedule (i.e. being available within 40 minutes) have been consolidated in this clause for easier reference.
- 4.18 **No Locum Tenens Services.** Additional clauses included to clarify that locum services provided through RDWA or to another LHN are not prohibited.
- 4.18.3 **Locum Tenens.** Clarification that GPs may provide locum tenens procedural support services to the regional LHN or another regional LHN through RDWA.
- 6. **Warranties.** New Clause. Consistent with current SA Government Agreements, suppliers are asked to confirm that they are legally capable of entering into the Agreement and that they do not have any issues that could prevent them from performing their obligations under the Agreement.
- 7. **SA Health Employees:** New Clause. Consistent with current SA Government Agreements, suppliers must not hire SA Health employees during their SA Health paid employment time to provide services back to SA Health.
- 9. **Clinical Governance.** The obligations relating to clinical governance in the 2022 Agreement schedules have been moved into this clause
- 9.9 **Mandatory Training** modules updated.
- 9.10 **Short Stay Admissions.** Clarification that while type C admissions are not supported by SA Health, with agreement between the parties, patients may be admitted where clinically indicated.
- 10. **Sub-Contracting.** New Clause. Consistent with current SA Government Agreements, a sub-contracting clause has been included which requires suppliers to not engage sub-contractors to perform the services without the Government Party's consent.
- 12.2 **IT Resources.** Moved clauses from Schedule of the 2022 Agreement into main body of Agreement to specify the IT resources to be provided by the Hospital.
- 12.4.2 **Theatre Lists** to be provided to GPs 48 hours in advance specifying patients' election status as private or public.
- 16. **Documents.** Consistent with current SA Government Agreements, the documents clause has been updated to reflect the latest requirements regarding the handling of Government documents.
- 20. **ICT Use and Malicious software.** New Clause. Consistent with current SA Government Agreements, suppliers must only use SA Government computers for authorised purposes.

- 21. **Cyber Security.** New Clause. Consistent with current SA Government Agreements, and in response to recent major cyber attacks, suppliers must comply with SA Government cyber security requirements to minimise the risk of cyber attacks.
- 22. **Information Relating to the Services.** Consistent with current SA Government Agreements, the Information clause has been expanded to specify the types of information that may be requested under this clause.
- 39.9 **Recipient Created Tax Invoices.** New Clause. The option for a GP to have Recipient Created Tax Invoices has been included in the Agreement instead of them having to enter into another separate agreement with the LHN, if they wish to utilise this option.
- 42. **Removal of Nominated Medical Practitioner.** New Clause. This outlines when a Nominated Medical Practitioner is not fit to provide medical services and must consequently cease to provide medical services.
- 54.1.41 **NCEP** providing definition of Non-Clinical Engagement Plan
- 54.1.42 **Nominated Medical Practitioner** definition updated to include a GP Registrar
- 54.1.49 Definition of **Outpatient**.

Key change/s from the GPA 2022-24: This was in Schedule 6.

Clinical Governance, ICSP, Committee Meetings has been removed. This is now in Attachment 8 Terms and Conditions.

APPENDIX A - DECISION SUPPORT MATRIX



The Decision Support Matrix:

- Allocates sites into recommended “tiers”
- Provides a discussion tool for regional LHNs and GPs/General Practices
- Activity is weighted by the National Weighted Activity Units (NWAUs)
- The National Funding Model for health services has used NWAUs since July 2021
Engagement models are aligned to the Decision Support Matrix

For more information

Rural Support Service

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

Payments/claims enquiries: Health.RSSclinicalworkforcefinance@sa.gov.au or 0477 345 219

HAD ID / SA Health Network access enquiries: Health.RSSWebAdministrator@sa.gov.au

More information: go to the [Rural GP Hub](#) on the SA Health Regional Health Hub

© Rural Support Service, SA Health, Government of South Australia. All rights reserved.