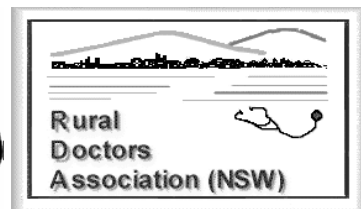


The Bush 'Scope

Rural Doctors Association (NSW) "Caring for the Country"



Presidents Report : Dr. Les Woollard

Welcome to the winter newsletter of the RDA NSW. Apologies for it being late but I spent the first week of June lapping up luxury living at the Radisson resort Denaru island Fiji.....

Lazing around in Fiji with friendly laid back Fijians and a group of friends who have exited Moree meant the machinations of medical politics and NSW state health were far from my mind.

With the advent of ALP governments across Australia it seems that there is even less interest in fixing the problems in rural health.

This may of course also be a recognition that after 2.5 years in the role this president is suffering burn out from what appears to have been a period of bashing our heads against a brick wall with minimal benefit overall.

I would love to write that some important issues had been resolved but no such thing seems to have occurred in the last 3 months.

SPECIAL COMMISSION OF ENQUIRY NSW HEALTH "GARLING COMMISSION"

Some of you may be aware that following the tragic death of a young girl from a golf ball accident in Sydney this commission was set up to review Emergency services.

It has toured the state including rural NSW.

The exec had tried to organise members to attend but as the meetings were invariably held in-hours very few could attend. Initially we relied on the RDN submission to represent us, as a lack of time and resources precluded us from doing our own.

It was due to conclude at the end of June but has now been extended to late November.

Two weeks ago we were pleasantly surprised to be offered a personal invite to attend the commission in Sydney so last Friday 27th June I flew down to Sydney to meet the commission.

Mr P Garling SC impressed me with his knowledge and insightful questions.

I was given nearly 2 hours to discuss issues around rural health and provided the commission with a copy of our rural health plan which we put together for the last state election.

At the end of the session at least the commission appeared

to understand that small town rural health had different problems to Sydney and provincial centres.

RDA also emphasised that the major issue for our areas was a continuing workforce with appropriate skills.

Having attended numerous commissions over the years RDA NSW wished the commission all the best in its task and hoped that their report at least sees the light of day in November 2008.

Personally the cynic in me thinks that the government of the day had a problem with the incident and by putting on yet another inquiry has deflected criticism.

By the time it reports in November most will have forgotten what started the inquiry so it will gather dust along with numerous other such inquests.

Finally it intrigues me why a commission of inquiry into health services should have 3 members, 2 of whom are lawyers and 1 who is a nurse.

Not one doctor, no health administrator. Can anyone imagine an inquiry into legal services being conducted by an experienced rural GP?

As I said at the start I have no doubt about the sincerity of Mr Garling's commission and we hope the report provides solutions and is acted on by the government of the day.

RURAL HEALTH PLAN UPDATE

In July 2007 as mentioned above we met with the current health minister Reba Meagher.

We had provided our plan to the previous health minister Mr Hatzistergos who failed to even acknowledge its contents. Jillian Skinner of the opposition developed health policies to address our concerns.

As many of you may recall our meeting with Reba Meagher resulted in her informing us that the NSW Govt. supported "the provision of health care closer to home" but that overall there were **no current problems in rural NSW.**

The opposition spokesperson Mrs Jillian Skinner came up with a health plan that recognised the current problems and offered to try to address those identified.

The health minister eventually wrote back that our health

Winter 2008



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RDA NSW Secretariat

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(Continued from page 1)

plan would inform the second rural health plan to be developed by the end of December 2007 by a reconstituted rural health task force.

The task force has not even been organised at this time much less providing a report.

As this was a letter from a politician this is not surprising but is indicative of the interest in rural health by this minister.

BOURKE A farce of "Yes Minister" proportions

In my time as RDA NSW president I have dealt with all the rural health services and whilst it is sometimes difficult most are usually reasonably cooperative. However I can honestly say that Greater Western Area Health Service has invariably been unhelpful and mostly downright obstructive.

If there was an award for the most destructive health service around, they would definitely win gold.

In the latest farce the NSW government built a new hospital at Bourke complete with operating theatre.

They have a GP anaesthetist but no surgeon.

In June of last year Neil Meulman (RDA NSW member,) a surgeon at Bathurst offered to fly in to do surgery.

He does this at 2 other GWAHS hospitals, Mudgee and Cowra. GWAHS refused to appoint him but eventually advertised for someone to provide an outpatient endoscopy service only, so that they could avoid the RDA NSW fee for service package, and pay hourly staff specialist rates.

The applications closed 3 months ago and we believe Neil was the only applicant. They have yet to appoint anyone as they say they are unable to constitute an appointments panel for Christ's sake.

They insist they will have to interview Neil regardless of the fact that he is appointed to 3 of their hospitals, Bathurst, Cowra and Mudgee, already.

If it was not so tragic and so indicative of the current situation in rural health it would be incredibly funny.

SOUTH AUSTRALIA

SA appears now to be leading the way in destroying rural health services. Instead of conducting a war of attrition against small rural hospitals and allowing them to fall over one by one, the SA govt has come up with a rural health plan that downgrades/closes 43 small hospitals and centralises services to a few lucky towns.

RDASA is conducting a media campaign at this time against these changes.

Perhaps it's better NOT to have a rural health plan when it is conducted by an ALP government!

AGM BONDI LAST WEEKEND IN NOVEMBER

Please consider coming down to our annual meeting this year as it is an excellent weekend organised by RDN.

It is good to see the numbers that have turned up the last 2 years and we hope it is even bigger this year.

It is the last weekend in November starting Friday 28th November; the website link is <http://www.nswrdn.com.au/site/index.cfm?display=68966> or just www.nswrdn.com.au and follow CPD links.

MEMBERSHIP

We believe there are close to 1000 VMOs in rural NSW and many registrars, it is difficult for us to know who is new in each town. As we are entirely reliant on membership funds we need NEW members.

Please if you have new doctors coming to town give us a wrap and refer them to our website www.rdansw.com.au for membership form. Any new member joining between now and October 1 (RDA NSW New Year) gets **15 months membership for only 12 months subscriptions.**

If you employ registrars why not pay the fee for them as part of their employment package it is only \$250+gst, tax deductible.

We have an increasing membership but we have a long way to go to get to the 1000 VMOs in rural NSW.

GOOD NEWS STORY FOR RURAL HEALTH SERVICES

Sadly I could not think of one for this issue but perhaps we could ask for contributions, if anyone has an example of an Area Health Service improving a service in an RDA NSW hospital could they let us know via email to admin@rdansw.com.au

We will have a prize for the best entry, provided by me so it will not be flash. I will include the story in our September newsletter.

About 2 years ago Moree had cataract surgery introduced so that is a start for others to come up with something more recent.

That is all for the winter edition of RDA NSW newsletter presidents report I am off to USA in September so it will be October when you next hear from us.

Dr. Les Woollard



Please encourage other doctors and your registrars to become members of RDA NSW.

Membership forms are available at rdansw.com.au

Liaison Meeting Report

June 12TH Sydney - Dr. Ian Kamerman, Vice President RDA (NSW)

Geoff White and I attended the meeting representing RDA (NSW). Items that arose from the Minutes of the March meeting were:

The Guidelines for Investigating a Complaint Against a Practitioner was the subject of a number of concerns from RDA following an issue that arose in HNEAHS. Quality and Safety Branch were yet to respond to our concerns.

With regard to the obstetric mandatory training requirements the K2 component. It is an online program and is not able to be delivered as part of an RDN training weekend.

NSW Health was unable to report if a surgeon had commenced work at Bourke.

There has been no progress on the issue of a Standardised VMO appointment process to date. NSW Health advised that we should hear from them concerning this issue in August.

The new items raised were:

There was significant discussion concerning obstetric services, with rural obstetric practice being hit with the double whammy of the mandated transfer of patients for a variety of obstetric conditions and the introduction of public antenatal clinics. Following the release of the RANZCOG Guidelines for Intrapartum Foetal Surveillance NSW Health Quality and Safety Branch brought out a number of Safety Warnings. This was followed by a number of Area Health Services then removing CTGs from hospitals without Caesarean capability or mandating transfer of women in labour with obstetric problems that had previously been managed in these small units. NSW Health actually questioned this result as well. The Area Health Services concerned are now being asked how the release of a Clinical Guideline has resulted in Mandatory Protocols. No doubt there will be more to follow on this, as it is only one example of many. Rural clinicians are forced to follow protocols laid down by a group of metropolitan specialists

with access to tertiary level facilities. The statewide manager of the public antenatal clinic program was present and heard our tales of a number of incidents around NSW where there was little consultation with the local doctors. This is another example of the knee jerk response to any crisis that hits the headlines, with programs being rolled out without any evidence of need or benefit. The concept is that local midwives should work with local doctors to look after pregnant women locally so that local needs are met. NSW Health and RDA will continue to monitor the antenatal care program.

There was discussion about a number of incidents of Area Health Services removing out of area patients from elective surgical waiting lists, or refusing to accept out of area emergencies. This is all despite long standing clinical referral patterns. NSW Health agreed that this was not their policy and that whilst public patients do not have a right of choice of doctor they can choose their facility. Patients need to be treated near to their home. NSW Health will investigate the issue.

RDA queried the lack of availability of simplified billing in most locations. This surprised NSW Health who prepared a lengthy response as to why rural doctors should participate in simplified billing. Consequently they will now ask the Area Health Services where this is up to.

RDA pointed out that many of our members do not appear to be represented at an Area level by a Medical Staff Executive Council. All Area Health By Laws allow for every hospital to have a Medical Staff Council and for each Medical Staff Council to be represented at a Medical Staff Executive Council. NSW Health will report back as to how Area Health Services ensure that our members can be adequately represented at an Area level.

Cheers.

Ian Kamerman

Rural Doctors Association (NSW) Benefits All Doctors - VMO and Non VMO

RDA NSW established in 1987, is one of seven state and Territory members of the Rural Doctors Association of Australia. Membership of RDA (NSW) is open to all NSW rural doctors, VMO and Non VMO, not just those who work at the smaller rural hospitals.

With the co-operation of other stakeholders, RDA(NSW) is at the forefront in seeking solutions to the current rural workforce shortage.

Activities range from those targeted towards high school students, through to GP retention grants including Anaesthetic and Obstetric Incentive Grants.

These are in addition to CME/locum subsidies, Practice Incentive Payment rural loadings, up-skilling grants of several thousand dollars, and remote area recruitment grants for removal and set-up expenses.

Medicare pays Item 10990 [\$5.40] for bulkbilling certain services to Commonwealth Concession card holders or persons under the age of 16 if the service is provided in most urban areas. Medicare instead pays Item 10991 [\$8.20] for the same service in rural areas, all of Tasmania, and certain under doctored urban areas, thanks to representation by RDAA.

RDAA played a major role in bringing the attention of the public to the 2001 Indemnity crisis and the subsequent support then provided by the Commonwealth Government. The RDAA President at the time, Dr Sue Page, was specifically appointed to the Ministerial Advisory Group to resolve the problem, along with two AMA Council members.

.....Settlement Package Item Number Queries.....

Please pass this on to the person who handles your accounts

The Item Number email queries are provided as an informative FREE SERVICE to members and is a useful way we can help. You can assist dramatically by **checking your Clarifications Document** in conjunction with your **Fee Schedule**.

The printed fee schedule does not contain EVERY item number but the Hospital Accounting CD provided to each new member does.

Q. 5305 (frontal sinus catheterisation).

I recently submitted a claim to our area health for an item **5305 (frontal sinus catheterisation)**. I obtained this item via the RDANSW CD Program, although it does not appear in the fees schedule booklet. My area health service has advised that this item (5305) does not appear in their computer program and as such are unable to pay item.

A.

The RDA Fees sample Schedule is exactly that - a sample of the most commonly used or needed fees [700 roughly of the 2000 which apply].. The CD contains the full list and complete descriptions and is correct.

Many AHSs use a program called Vmoney to enter accounts. The program is neanderthal and was designed for other purposes. !! The account clerk simply has to add the item number 5305 and the current fee once and it should remember it until the next fee update when they will have to update it again.

If you have any problems, write to the CEO of the AHS. Once he has responded unsatisfactorily in writing or ignored you, RDA NSW can take the issue to Liaison where it will be sorted.

Q. Case Conference Fee

A doctor attended a **Case Conference** at the Hospital recently. This was with staff of the hospital, mental health worker, social worker, and a representative from the Pain Clinic to discuss an inpatient. The duration of this conference was one hour. Could you please advise the relevant item number and cost.

A.

Case Conferencing is a Medicare Item so unrelated to the RDASP. Enquiries should be directed to Medicare if the patient was Private or if the patient was Public and the claiming doctor was NOT the Inpatient Treating VMO. As I understand the arrangements if the patient was Public and the claiming doctor was the Inpatient Treating VMO there is no separate Item as this is regarded as part of the Public Inpatient's treatment covered by normal consultations.

Q.

What are the RDA item numbers for :

Auto conjunctival transplant - Medicare 47641

Removal of pterygium - Medicare 42686

A.

As per the readily available Clarifications document, the Practice needs to look in the Index of the 1987 Medicare

Schedule which all new members are sent via disc or CD on joining. If there is an equivalent RDASP Item from 1987 then that should be claimed. If not then the current CMBS Item and fee times the RDASP multiplier should be claimed.

Q. Emergency Call Out Rate

When the doctor was second VMO on call to the hospital he was called out at 11:30pm to assist with a caesarean. When our accounts person contacted the VMO obstetrician accounts person, she was told that not only do you bill for the caesarean but also an **emergency call out rate**. In the past we have not billed this only the caesarean rate. She advised our account person that we use the after hours emergency call rate depending on time .

A.

See under heading Non Booked anaesthetic surgeon call back on 3rd page of RDA Schedule posted to aa RDA members annually. It is in bold uppercase with the current fees. Also in the Clarifications booklet under unbooked procedures for the full definition of what is unbooked.

Q. Emergency Call Out Rate continued

Can I confirm that this fee will still apply to the doctor who is a GP VMO not a surgeon or anaesthetist and he was called to assist with the caesarean?

A.

Yes, definitely applies to clinically necessary Assistants as well as clearly is the case with a Caesar.

Q. 3046-3101 Sutures

Good morning. I am wanting some clarification on what constitutes an **item 3046-3101** which in the RDA condensed fee schedule reads "**Sutures**" but in the full descriptions reads "repair of wounds" – do actual sutures need to be used to repair the wound to claim these items numbers?

A.

Actual sutures do NOT need to be used. The full Item description is correct. Note that Deep wounds have been further clarified by Liaison as well. Generally they require suturing in layers in muscle or fascia - see page 6 of latest RDA Schedule. The abbreviations in the sample schedule served as reminders to me and other users of my program when the RDASP was first implemented and before wound glue was generally available. The full description is always the correct interpretation unless modified later by Liaison [as with Deep Wounds mentioned above which then are especially noted in the annual RDA sample Schedule of Fees]

(Continued from page 4)

Q.

Hi. We would like to know the fee amount for **0110 - New consultation for consultant physician.**

A.

Item 110 current rate is \$194.90 as per CD you have. It is not in sample Schedule hence the query.

Q. Unlisted Item Number Fee Formula

An item no 42461 comes across as not converted on the RDA NSW disc.

I seem to recall that where an item no is not covered by RDA SP there is a formula referred to in "Clarifications"

A.

The disc/CD program only ever converted the most common items we used privately. Increasingly it gets harder to convert as CMBS changes to delete an item eg fractured finger or add 3 or 4 items, which cover our 1 RDASP item - a common example is removal of skin lesion. CMBS has divided our simple Item 3219 to multiple items depending on subsequent histology. I don't do this by hand with occasional exceptions - the computer just looks for unchanged or similar item descriptors listed in previous years.

If a CMBS Item is introduced covering a common procedure that was not available in 1987 eg laparoscopic cholecystectomy the RDA takes it to Liaison, we allocate an Item number and an RDASP fee for that year, and it becomes part of the annually indexed RDASP.

If a doctor does a procedure allocated an Item number in CMBS then he/she looks up the RDASP Computer Index which includes the entire 1987 MBS Index - which is in the Manuals section of the CD program. If it identifies the procedure then the doctor can see the relevant RDASP Item number as it too is listed just as CMBS currently does and the problem is solved.

If there is no equivalent or encompassing Item description in the RDASP Computer Index then the doctor takes the current CMBS Item number and Fee and multiplies that fee by the RDASP Multiplier which is listed in the current Schedule at the end of the Item numbers - bottom right hand corner. Listed as Clause 4.1 in Clarifications and currently 1.4259 ie RDASP is currently remunerating at 1.4259 times CMBS for services. You need to use the current Schedule or the current CD to look up the multiplier as it changes each year of course depending on movements in pricing of RDASP and CMBS annually.

Q. Workcover

I have some Workcover patients who stayed in the hospital, but I don't have the items numbers and fee, so I would appreciate your help.

A.

Here we charge AMA rates for all Workcover patients. You

bill the patient, not the Hospital for these. The patient then gives the account to his/her employer who then forwards it to the Workcover Insurer. You have to be in the AMA to get their book of fees. I don't know what they are off hand as my staff just do it for me routinely.

As far as the program goes you must press P for Private for all Private patients, Workcover and Motor Vehicle Accident Inpatients, otherwise they will be charged to the Hospital who will not pay you for these.

Q. Digit block, Plaster of Paris and Backslabs

Your information on where to find descriptions of item nos. has been very helpful, though I am having some troubles in finding item nos. for a couple of procedures. I am unsure whether there is actually an item for them though if you could give me some assistance with this i would greatly appreciate it! Digit block, Plaster of Paris and Backslabs are giving the most grief.

A.

There is no item for digital blocks-they take seconds. There is an item for Regional blocks ie specific regions rather than a digit or two. Which Regional blocks apply are explained in the original 1987 schedule which is on the Disk/CD new members have received for many years now.

PoP and backslabs are simply splints for immobilising joints etc. There is no item for these just as there is no item for a bandage. There are many items however for the treatment of fractures, which may well include use of any of the above. Which Item depends on the fracture site and whether the fracture extends to a joint surface.

Q. MPS Private Practice

At our MPS we have a doctor that has a private practice within our hospital building. When he sends patients from his surgery to the hospital for an acute care admission he charges the hospital item number 1012 "Non-Emergency but not routine" to complete the admission record and medication chart/pathology forms. My understanding is that since they have come from his surgery not through the emergency department then he should be billing the patient in his surgery.

A.

On the facts as presented the MPS is quite correct. We send patients to the Hospital for admission complete with admission records, medication sheet and pathology requests if we have not done them ourselves already. That time and complexity is billed privately by the Surgery.

Of course that does NOT preclude a clinically necessary review later in the day of someone ill enough to require admission or if a non-routine review is requested by Nursing Staff which, In Hours, would be an Item 1012 as the patient would now be an Inpatient.

Whither Rural Obstetrics?

One of the joys of rural practice is the relationship we can have with our patients and perhaps nowhere is this relationship more satisfying or demanding than with obstetrics. Unfortunately this relationship has been affected in the past by a variety of issues including litigation, downgrading of facilities, loss of doctors and difficulty acquiring skills.

Now it would appear that bureaucratic ineptitude and political expediency are again having their impact. Those of you still practising obstetrics will know about the Tier 4 PIP grants paid to doctors with 20 or more confinements a year. I have opposed these grants strenuously because of the ridiculous and unproven benchmark. RDA(NSW) strenuously resisted the implementation of benchmarks for the NSW RDA Package obstetrics and anaesthetics grants. The reason is simple. Benchmarks such as these threaten to become a clinical or medico legal standard by which competency is assessed and privileges allocated. There is no evidence that a doctor performing 10 or 19 deliveries a year is any worse, less safe or has a diminished standard of care than one who has 20 or more confinements.

From available figures in NSW I have estimated (conservatively) that around 30% of non specialist rural obstetricians do not meet the published criteria for Tier 4 Grants. Yet they provide a valuable service. These grants expose units where doctors, perhaps not meeting the guidelines currently deliver their patients or provide cover for other doctors.

I also know that a number of these doctors have claimed these grants without meeting the criteria.

I and others have made numerous representations in regard to these grants yet have been met with bureaucratic stonewalling that transcends the political divide and replies to my letters are filled with specious comments that "the profession was consulted". When I asked who, what, when and why I was provided with the confidentiality excuse.

In other areas there are dark clouds on the obstetrics horizon. We have received recent reports that independent midwife run antenatal clinics are being established in many towns with little or no communication to doctors. It would seem that decisions about management and care of pregnancy and labour are being made in the expectation that doctors will simply agree to come and do the delivery, not having seen the patient antenatally; or bail out the system when problems occur. Not only do these arrangements cause fragmentation of care but they also adversely impact on quality of care and doctor patient relationships.

This is typical of the bureaucratic action that is also occurring where units without caesarian section support are being stopped from performing inductions on multiparous patients. Non specialist rural obstetrics is a threaten species. This may suit the independent midwife movement but I doubt it will be best for rural communities.

Dr. Paul Mara, Gundagai

An update from the Rural Doctors Association of Australia

RDAA continues push for Rural Rescue Package

RDAA continues to urge the Federal Government to introduce a crucial rescue package of rural-specific support incentives to get and keep more doctors in country Australia.

The package (which is also supported by the AMA) would comprise two tiers:

- a Rural Isolation Payment to be paid to all rural doctors (including GPs, specialists and registrars) to reflect the isolation associated with rural practice; and
- a Rural Procedural and Emergency/On Call Loading to better support rural procedural doctors (including procedural specialists) who provide obstetric, surgical, anaesthetic or primary emergency on-call service in rural communities.

See more details at www.rdaa.com.au (see Rural incentives -- 2008 RDAA and AMA joint position under Policies).

Federal budget disappointment

RDAA gained extensive national media coverage in responding to the Rudd Government's first budget in May. RDAA's key message was one of extreme disappointment that the budget offered so little for rural health. Of great

concern to RDAA is the continued lack of funding for a Rural Rescue Package to get and keep more doctors in the bush. See a budget-night media statement from RDAA at www.rdaa.com.au (go to Newsroom and Media Releases). The full budget papers for the federal Health and Ageing portfolio can be found at www.health.gov.au (follow the link from the front page).

Additional funding for SOLS

RDAA, RANZCOG and the NSW Rural Doctors Network have welcomed Federal Government funding of \$5.9 million for the Specialist Obstetricians Locum Scheme (SOLS) over the next three years. A brainchild of RDAA's Rural Specialists Group, SOLS has been providing affordable, quality locum relief to rural specialist obstetricians for a number of years and is to be expanded to also assist rural GP obstetricians. "Whilst this ongoing funding for SOLS will be welcomed by rural obstetricians it was less than originally proposed" RDAA immediate past-President, Dr Ross Maxwell, said in a media release. "The next step is to ensure that the funding provided in the federal budget will in fact be sufficient for the SOLS program to achieve a level of locum coverage the Government is hoping to achieve." See a related media

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release at www.rdaa.com.au (go to Newsroom and Media Releases).

Collective bargaining approved for RDAA

The ACCC has granted RDAA authority to collectively negotiate contracts for rural generalists and rural GPs providing services in public hospitals and health facilities. The decision allows RDAA and the state RDAs to enter into agreements with the state and territory health departments on behalf of rural doctors working as VMOs providing obstetrics, anaesthetics, emergency and other services in rural hospitals. It follows an RDAA application to the ACCC last December seeking authorisation to collectively negotiate. The authorisation does not apply to other medical specialists or involve individual hospitals or groups of hospitals. Visit www.rdaa.com.au (go to Newsroom and Media Releases) to read a related RDAA media release and www.accc.gov.au/content/index.phtml/itemId/827765 to read an ACCC media release.

Great discounts for RDA NSW members!

As a valued member of RDA NSW, you are automatically entitled to enjoy a great range of discounts on a variety of goods and services through RDAA's Members Premium Package. Members can enjoy discounts on:

- Westpac's standard EFTPOS rate when they bill patients through the EFTPOS system
- a selected range of Driza-Bone outdoor wear
- Ord Minnett brokerage fees for the sale and purchase of shares, as well as access to Ord's research products
- accommodation at a wide range of Quest Serviced Apartments across Australia
- selected MEDIPROTECT insurance products
- legal services, staff training on legal issues and standard form agreements provided by Health Legal lawyers
- premium wines provided by Mount Eyre Vineyards in the Hunter Valley region of NSW, as well as accommodation at Mount Eyre Vineyards' Holman Estate in the Hunter Valley
- books sold through the University of NSW Bookshop
- Blue Water Escape eco-retreats and sailing charters on the beautiful Sapphire Coast of NSW.

See more details on these exciting discounts at www.rdaa.com.au (go to Members and Member Discounts) and in the most recent edition of RDAA's member only magazine, Rural Pulse, which was distributed to RDA members in May.

Hospital Accounts Software

What does it do?

This program includes the **full details of every item in the Rural Doctors Association (RDA) NSW Schedule**, including full item descriptions of the nearly 2000 items. These are viewable in the Manuals section. The 1987 Index is also there as are details about RDA NSW and RDAA(Australia). Also a copy of the RDA NSW Settlement Package Clarifications Document. Also in the Manuals section is a converter which gives an indication of the current CMBS number for some RDA Items and vice versa. You need to verify these are correct yourself before relying on them for your accounts.

The current edition [Version22.01] incorporates 2008 dates and Public Holidays and the 1st August 2007 Indexation of 3.26% as NSW Health have now approved and distributed the new fees. They apply from August 1st 2007 and Hospitals should automatically pay you retrospectively. November 2007 CMBS fees are included for those choosing to compare.

Last year's changes to the RDA Settlement package, allowing the new Items 165 and 1001 described in recent RDA newsletters are of course included.

The program also utilises the new fees for Emergency Department and Public Holiday consultations. The WRCOUNT module has also been updated to reflect the August 1st and Nov 1st 2007 rates.

Subscriptions:

A free copy of the software is provided to New Members

After that a personalised version for your Practice with regular updates as the fees change is available by paying a subscription of \$100 plus \$10 GST per annum per Practice for all updates (fee unchanged since 1988).

To subscribe, send cheque for \$110 payable to Dr G. White, PO Box 2012 Tamworth 2340, complete with letterhead listing all doctors NR status/ Provider Numbers and the name of ONE Hospital which you wish to bill.

As RDA NSW paid for some of the data to keep the individual cost down, **all doctors listed are expected to be members of RDA.**

Committee of Management 2008	
President Dr. Les Woollard	Moree
Vice President, Dr. Ian Kamerman	Calala
Secretary Dr Paul Mara	Gundagai
Treasurer Rod Martin	Armidale
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Dr Ken Mackey	Lockhart
Dr Nick O'Ryan	Canowindra
Dr. Fred Vethanayagam	Muswellbrook
Dr. Doug Warne	Murwillumbah
Dr Geoff White	Manilla

The 4th & 5th Medicine with Altitude Conferences

Wanaka, New Zealand August 2008 and Whistler, Canada January 2009

All details concerning the conferences, registration and travel processes can be found on the website at:
www.medicinewithaltitude.com.au or email / call Sue Abbott on: info@medicinewithaltitude.com.au / +61 418 237 021

These meetings will provide Continuing Medical Education (CME) via presentations, covering procedural revision, medical updates, specialist contact and a chance to network with professional peers. The conference speakers are leaders in their fields from the disciplines of Neurology & Emergency Medicine, Paediatric & General Anaesthetics, and Skin Cancer Surgery. All this will be combined with the thrill of the ski slopes.

Wanaka August 2008

Wanaka is the gateway to the world heritage listed Mt Aspiring National Park and is set against a backdrop of scenery unrivalled by anything you've seen before. Nestled in on the shores of Lake Wanaka, (New Zealand's 4th largest lake), it boasts two of the world's most renowned ski areas, Cardrona and Treble Cone, plus plenty of après ski options for those who want to kick on to the wee small hours of the morning. Apart from down-hill skiing and snowboarding, there are many other activities to choose from such as heli-skiing (which picks up from the Resort), cross country, mountain biking, fishing, mountaineering – the list goes on!

The conference venue for the Wanaka Medicine with Altitude conference is the Edgewater Resort, nestled in the spectacular Southern Alps, on the shores of Lake Wanaka, in the Southern Lakes Region of the South Island. The Edgewater is renowned for its relaxed atmosphere, and will give delegates a chance to soak up the alpine and lake vistas, and to re-energise. It is a 5 minute drive to Wanaka (15 minutes on foot) and a 30 minute drive to either Treble Cone or Cardrona. The hotel rooms (max 3 persons), one bedroom apartments (max 4 persons), and two bedroom apartments (max 6 persons) are all beautifully appointed and open onto balconies or patios with uninterrupted lake and or mountain views.

Whistler January 2009

Whistler, British Columbia is home to one of the most unique mountain resort communities in the world and is the most-western resort in Canada, carrying with it an international flavour that's worth celebrating and embracing, year-round. It's also home to rugged peaks, glistening lakes, lush coastal forests and a charming village that offer up a playground full of activities. The terrain comes in every shape and size so there is literally something there for everyone - perfectly groomed cruisers, wide meandering trails for learning, powder-filled bowls for high alpine riding and terrain parks for thrill seeders. All at an altitude that won't take your breath away - the scenery will do that! Flights from across Australia fly into Vancouver, and from Vancouver it is just a two-hour bus trip to Whistler Village.

The beautiful Sundial Boutique Hotel has been chosen as the venue, and is the only owner operated hotel in Whistler. Nestled in the heart of Whistler village, at the base of the Whistler and Blackcomb gondolas, the Sundial Boutique Hotel is a snowball's throw away from the best skiing in North America and only steps away from restaurants, shopping and nightlife. Unique west coast luxury abounds in this intimate hotel with 49 individually designed spacious suites. With an eye to offering a unique experience, each of the suites has distinctive character and decor. The minimalist lines, quality fittings & spacious light-filled suites combine with a personalised service that isn't just a philosophy but a way of life, ensuring the ultimate Whistler experience. For further luxury and 'spoiling', patrons can enjoy the Vital Spirit Rejuvenating Spa, and a refreshing rooftop outdoor hot tub.

The conferences will be rewarding CME, and we look forward to seeing you there.

RDA NSW Settlement Package Clarifications Document

Why is it so important and where do I find it?

- It clarifies Fee for Service Payments at specified NSW Country Hospitals.
- It is required in the interpretation of the annual Fee Schedule listing Fees by Item Number
- It is required by anyone that is handling your hospital accounts.

Preface of the Clarifications Document:

The RDA Remuneration Package is acknowledged as a major factor in reducing the migration of experienced country Doctors from smaller Hospitals requiring constant On Call with minimal if any local Specialist backup to the cities or major towns where work is less demanding. To remain successful, and prevent some of the disputes which we know are now erupting as Hospitals try to save money, this document covers the original Agreements, together with

all alterations to the Package since 1/1/1989.

Every Item on every page has been agreed by the Liaison Committee and is binding on both Hospitals and Doctors.

- Contents:
- Section A Original Agreement
- Section B Indicative List of Emergencies
- Section C Clarifications 89
- Section D Clarifications 95 (including an Index)

If you require a new copy it is available in a saveable (200k) or printable (29 pages) PDF format on the RDA NSW website:

Go to www.rdansw.com.au Select "Fee Schedule" then "The Rural Doctors Settlement Package - Clarifications for Fee For Service Payments at Specified NSW Country Hospitals". Alternately email your request for a PDF file from the office (admin@rdansw.com.au).