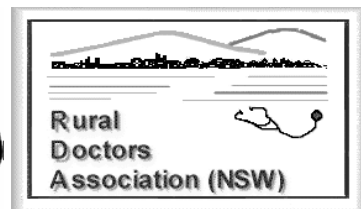


The Bush 'Scope

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



Presidents Report : Dr. Les Woollard

Welcome to the Spring and definitely my last newsletter as president of the RDA NSW. In 18 hours time I will be boarding a QANTAS business class (Thank God for frequent flyer points and expensive families) flight to New York.

You will be pleased to hear that I will have a week in New York, a week in the New England area (for the fall colours I hope) and then an eventful week cruising the Caribbean on one of the world's newest and biggest luxury liners.

This is of course what all presidents do at the end of their terms i.e. go on an overseas junket (sadly the cheapskate members of RDA NSW are not paying my way).

I believe a Mr Kevin Rudd may be on the same plane to New York so possibly he will have time for another Presidential chat and offer to solve rural NSW health problems before he has completed Nuclear disarmament and international financial meltdown talks and other less pressing issues with that other retiring president George Bush.

AGM BONDI and Coogee Swim

The AGM is scheduled for the Saturday afternoon of the RDA NSW /Rural Doctors Network (RDN) weekend November 28th – 30th. It will be at the Swiss Grande Bondi Sydney again this year.

This is the only venue in the Eastern suburbs with the capacity to hold this event and has been popular with most over the last 2 years. There have been some misgivings which we recognise and I am sure RDN will be amenable to any constructive suggestions about future AGMs.

It is I believe the 20th anniversary of RDN this year (ours last year) so we hope to see as many members and their families as possible.

For those of you who are keen swimmers the Coogee swim around wedding cake island is on the Sunday morning of the conference and last year I think we had 3 competitors and one or two who said they would think about it this year. There is a website for entries but at the time of writing I could not do an online entry. Go to <http://www.oceanswims.com> and click on the "calendar" icon and follow prompts.

Practice Managers and the Clarifications Document

Many enquiries to RDA NSW could be resolved if every practice manager in NSW had a copy of the RDA NSW Fee Schedule (sent to all financial members) and a copy of the Clarifications document.

The latter can be downloaded from the website under the icon "Fee Schedules", "The Rural Doctors Settlement Package-

Clarifications". This can then be printed out and is an invaluable document for all practice managers and/or doctors using the RDA NSW Settlement Package.

Membership

There are 2 important points to raise here so read on:

We will be sending out **membership renewals** very soon as current membership year ends on 30/09/2008.

To try and alleviate confusion we have moved our membership year to July 1 from 2009 so you will only get 9 months membership for this year's contribution as a one off event.

To offset that we are keeping our membership at the same rate (\$450 plus GST) which means it has not been increased for 3 years. Even without a set of steak knives with every renewal I personally think this is the best investment all of our members will make this year.

Sometimes I think our members do not realise what work goes on behind the scenes.

Last weekend I attended the RDN obstetrics conference when there was discussion about TMF indemnity private patient cover for doctors in RDA NSW Settlement Package (RDA SP) hospitals.

It was assumed that NSW Health had just spontaneously given this to our members. In fact it was several years of effort by RDA Executive that finally convinced NSW Health to provide this cover.

If there is an improvement in any rural doctor employment conditions you can rest assured RDA NSW or Rural Doctors Association Australia (RDAA) were involved somewhere.

Our membership could be a lot healthier if we attracted all rural NSW doctors. Whilst RDA NSW spends most of its time supporting VMOs at RDA SP hospitals we have assisted non-RDA hospitals as well and non hospital doctors also. \$200 of your subs goes to RDAA in Canberra and as our national organisation they focus on Medicare and other improvements for ALL rural doctors.

Any national incentive with "rural" in it has probably emanated from RDAA at some stage

We continue to attract a very small proportion of rural registrars and it would be helpful if any doctor employing them considered paying their subs (only \$250 +gst per year) so they get to hear of us.

Spring 2008



(Continued on page 2)

RDA NSW Secretariat

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Bourke

Just thought I would update members on this continuing soap opera. You may recall from the previous newsletter that NSW Health built a new operating theatre at Bourke and has GP Anaesthetists able to work.

Neil Meuleman a surgeon from Bathurst and others have volunteered to fly in and start surgical services

Greater Western Area Health Service continues to stonewall any attempt to provide general surgical services at Bourke and continues to lead in the award for the most absurd Area Health Service

Area Health Service attempted downgrades, investigations etc etc

.In the last newsletter I said I will keep a spot in the next newsletter for NSW rural health service improvements,.

Guess what no improvements!

Instead we have yet another maternity unit or two under threat with Pambula leading the way.

The AHS has 2 hospitals, Bega and Pambula ,close to each other and there is a plan to amalgamate these into a single hospital. However there is no Architects plan and no money but a controversial site has been picked.

RDA NSW is not entering into any inter-town dispute about siting of any single hospital .

However the Greater Southern Area Health Service is rushing to shutdown Pambula before they are anywhere close to turning the first sod and at a time when most of the Obstetric workforce is in Pambula..

Of course the workforce in Pambula is GP driven whilst they provide a weekly fly in "locum specialist" to assist the 2 remaining GP Obstetricians in Bega.

Our members in Pambula are fed up and 3 of four have resigned their VMO status, exacerbating the workforce problems that exist in that area.

In the "Daily Telegraph" today it stated that NSW health was paying tens of millions of dollars to fly in locums whilst GSAHS and other AHS discourage GPs from continuing in obstetrics. Go figure.

Needless to say RDA NSW is trying hard to support the continuation of both Bega and Pambula services until a rational solution occurs.

Just to reinforce this situation at the RDN Obstetrics conference this weekend there were 30 or so practising GP obstetricians and 8 had or were considering leaving due to problems with rostering or downgrading at local hospitals.

RDA SP Annual Increase And Grants

At the last liaison a figure of 4.22% was agreed on. Again thanks to Geoff White for his efforts this year and for the last 20 plus in working this out.

This will automatically be applied as back pay to August 1st sometime in the next 4 months.

If you use Geoff's software you will get an update, if you rely on the hardcopy "Fee Schedule" this will go out to members at the appropriate time.

There have been continuing enquiries in regard to eligibility for anaesthetic and obstetric grants under the RDA SP (elsewhere in newsletter). If you are not sure check the back inside page of your Fee Schedule and if you qualify and have not received payment let us know ASAP.

For those of you who do obstetrics and anaesthetics you get 100% of the obstetric grant and only 50 % of anaesthetic grant so we can divide the fixed fund in a fairer fashion for those who only do GP anaesthetics.

Font Training

Members involved in intrapartum obstetrics were concerned that NSW Health had recently decreed that all NSW obstetrics health personnel had to complete extra training in foetal wellbeing.

At liaison on Thursday it was agreed that the state of play is as follows:

All GP obstetricians will be expected to complete K2 web based training in each contract period. RDA NSW has negotiated for completion of this to attract the \$2000 procedural grant, you can get a password from your Area Health service usually the NUM of the maternity ward at your hospital and the website logon is <https://training.k2ms.com/Secure/Logon.aspx?ReturnUrl=/default.aspx>

For the other components. Attending one RDN obstetric weekend will fulfil this requirement.

In Conclusion

It is getting closer to my flight to New York with? Kevin 07 in case any of you have forgotten I am off on holidays so signing off now.

I have really enjoyed representing the members these last 3 years and can thoroughly recommend the position to any of you.

Please remember RDA NSW is an active organisation which is wholly dependant on our membership base for it's viability.

If you are in a practice where some doctors are not members please encourage them to join and also any registrars in your employ.

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

September 18TH Sydney - Dr. Ian Kamerman, Vice President RDA (NSW)

Les Woollard, Geoff White and Ian Kamerman attended.

Issues Arising:

Simplified Billing

Problems including the slow uptake by VMOs and the slow roll out by AHSs together with the arrival of the payments in small aliquots over the ensuing 6 months. This makes it very difficult for practice staff to track. NSW Health needs individual cases to help identify and fix the issues. RDA has difficulty supporting such a slow and overly bureaucratic system.

Mandatory Foetal Medicine/Obstetrics Training

This refers to the mandatory FONT. Two components can be provided by RDN. The K2 (CTG training) can only be provided online. Procedural Training funds apply for these. There was some doubt as to whether a 4th component exists.

Mandatory Guidelines

The RDA has had long standing concerns with Area Health Services turning National Consensus Guidelines into Obligatory Clinical Protocols. These are sometimes used as an excuse to reduce clinical services and frequently are of little relevance to rural practice. According to NSW Health our recent concerns about intrapartum CTG monitoring guidelines should be taken up with the Maternal and Perinatal Health Priority Taskforce. Similarly the Greater Metropolitan Health Priority Taskforce has now become the arbiter of a wide variety of clinical practices. Yet the Rural Health Priority Taskforce languishes without rural GP input aside from one current rural GP. RDA was advised to take this up with the Director General.

Patient Flow – Bowral Hospital

The refusal by Area Health Services to refuse services to out of Area patients has been stopped.

Standardised VMO Appointment Processes

The NSW Health plans to develop a statewide streamlined process has been stymied by the Garling enquiry report into Graham Reeves. Consequently we can expect increased bureaucracy for locum and VMO appointments. RDA is ever ready to assist NSW Health prepare a simple form that would be relevant to rural GP VMOs. It was proposed that the Areas could actually provide a preprinted form with the VMOs existing details and simply request a signature in the event of there being no change to details or privileges requested.

New Business

RDA participation on the Antenatal Committee

A committee has been set up by NSW Health to provide advice on the provision of antenatal care services in NSW. There is a significant impetus to allow only GPs who have undergone accreditation by Area Health Services to undertake shared care antenatal care to their patients. RDA has significant concerns about these policies that effectively compartmentalise care of our patients and our training. RDA's view is that Fellowship and maintenance of professional development is one mechanism of demonstrating the ability to undertake shared antenatal care. In the writer's experience most antenatal care problems arise from inconsistent management within public antenatal clinics.

Implementation of an Accreditation System for Locum Agencies NSW Health has, following the Garling enquiry implemented a number of policy changes for accrediting locums. All locums must now undergo identical scrutiny to a doctor applying for a permanent position. To help streamline the process part of the accreditation checking will be done by locum agencies. This threatened to have major effects on both RDN and SOLS.

Apparently these issues have been resolved.

Indexation of RDA Settlement Package

An offer of 4.22% was made and accepted. This is consistent with our calculations. It was also agreed that all items will always be rounded up to the nearest ten cents.

Procedures for Dealing with Disputed Claims

This arose after a recurrent issue in Lithgow was taken through the Disputes procedure by the AHS. Our member was successful in his claim after representations by RDA President Les Woollard. According to the package this should have been able to have been resolved locally using a peer review process. The Settlement Package does not include a time limit for such a review process to take place. Therefore it was agreed that we would seek to review the wording of clause 15.3.2 at the next meeting.

Items for Next Meeting 11 December

- Billing X Rays (for urgent reports)
- Paying interest on delayed payments
- IPTAAS

Cheers.

Ian Kamerman

Rural Doctors Association 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. I/O of Picc & I/O intranasal catheter

Hi, I am hoping that you might be able to help me to locate the correct item number to use for the following, - I/O of Picc & I/O intranasal catheter

A.

I don't recall Item numbers covering either in the 1987 MBS on which the RDASP is based. If the Practice can find a suitable Procedural Item number in the current CMBS they can claim that amount multiplied by the RDASP multiplier as per Clarifications document which is currently 1.4259. Bear in mind that many procedures are regarded by CMBS as part of the consultation even an IV infusion which is why we must retain our long standing association with 1987 MBS.

Q. Therapeutic Venesection

Haemachromatosis. Is there any item in RDA schedule for therapeutic venesection (polycythemia)? I looked hard in the book but I couldn't find it.

A.

I agree there is no equivalent Item Number in the 1987 MBS on which the RDASP is based. The current CMBS however does have an Item [13757] which is \$65.90. Under the RDASP you charge this Item number, with the Fee being \$65.90 times the RDA/CMBS Multiplier which at the moment is 1.4259 [Clause 4.1 in the Clarifications document.

Q. Item 1058 (Ambulance Escort)

Just wondering if you could provide some clarification re item 1058 (ambulance escort).

My query is in regard to if this item is to be billed in whole hours or should it be broken down to part hours ie one of my doctors recently did an escort from 02.30am to 07.15am - should this be billed as 4.75hrs or 5hrs or even 4 hrs(as last hour not completed)????

A.

Item 1058[Ambulance Escort] is to the nearest 15 minutes ie 0230 to 0730 is 5hrs=300 minutes. 0230 to 0725 = 295 minutes but is still billed as 300 minutes as that is the nearest 15 minute interval. 0230 to 0735 although 305 minutes is also billed as 300 minutes as that remains the nearest 15 minute interval.

A classic case of Swings and Roundabouts on which the RDASP relies. A simple system where docs are better off in some situations, in other situations the AHS is better off. Overall averaging both it works out fairly but simply.

Q. Delivery when not the Post Natal Doctor

The doctor performed a delivery at our hospital on the 13th July 2008, with no complications. The mother and baby were both transferred to the base hospital. The patient presented at our hospital because they knew they would not have made the trip to the base hospital.

We are querying what Item Number to use, as the doctor was not her Post Natal Doctor.

A.

A standard confinement is Item 1062 at a NSW RDASP Hospital/ MPS whether the Hospital/MPS has a delineated Obstetric Unit or not.

Post-natal care is included in this fee if done locally. The fact that post-natal care took place at a regional hospital in this case does not affect the entitlement to Item 1062.

Q. Font Training

As you are may be aware we have FONT training coming up for Obstetrics. This is compulsory training day. Is this claimable as a RDA meeting. ? or is it claimable through ACRRM grant.

A.

NSW Health say that it is claimable from ACRRM under the Commonwealth Procedural Scheme. I don't know anyone who has tried claiming it yet for the K2 component alone. Les Woollard, President RDANSW and Examiner for Dip Obs knows more about this.

NSW Health have accepted that the RDN Obstetric Weekend workshop satisfies most of the FONT criteria for delivery and resuscitation and will take attendance at this weekend into account. The RDN workshop definitely DOES attract the \$2000/day Cwth via ACRRM Procedural subsidy.

Q. Neonatal Resuscitation Training Day

Recently we had a Neonatal resuscitation training day which was compulsory for all doing obstetrics. Is this claimable as a RDA meeting ? or is it claimable through ACRRM grant.

A.

I don't understand how attendance at an AHS Neonatal Course could be "compulsory" without being a Directive from NSW Health. Minions employed by AHSs saying something is compulsory invariably have a habit of becoming voluntary or recommended when asked for details in writing insisting on payment for attendance. FONT is quite different being Statewide.

Q. Ward Rounds and After Hours Visits

If some one completes a ward round during the day and then a new admission comes in during the day we can be asked to come back to complete the admission. eg. transfer from another hospital. If we come back and see the patient after general practice has finished do we claim the after hours consult not during ward round if we see them after 6pm. which is usually the case after surgery. (Some area health suggest that we should only claim the in hours consultation)

A.

If you saw the patient for clinically indicated reasons After Hours and it was not when you were doing a normal Ward-round then of course it is an After Hours visit.

Clarifications makes this absolutely clear and I understand a recent teleconference involving the offending AHS and RDA President reiterated what is black and white in the Clarifications Agreement signed by NSW Health and RDA in 1996.

(Continued on page 5)

Q. Emergency Consult

During obstetrics deliveries are we able to claim emergency obstetric consultation if we are called back, either because a CTG is going off, or for epidural due to obstructed labour etc. This is not a common event. However at our hospital if we put an epidural in we have to keep coming back to the hospital to top it up every 1-3 hours, which totally destroys your surgery days. It's every worse when its after midnight. Is it fair to claim one emergency call back for this ??

A.

An Emergency Consult, not a Callback as you describe, is payable if a routine mid suddenly becomes an Emergency. Otherwise the standard delivery fee - 1062, 1064, 1066, is all inclusive if you are the treating GP-Obstetrician.

Epidurals are NOT regarded by NSW Health as Anaesthetics so do not attract the Anaesthetic Callback nor do they contribute to the Anaesthetic Grant which is ridiculous when one member was doing over 100 per year, for all the doctors in town, but was refused the Anaesthetic Grant.

The initial Epidural is claimed using Item 748 and topping up by Item 751. I think RDA NSW would defend a claim for an Emergency Attendance as well if the person performing the Epidural was NOT the treating GP-Obstetrician. Obviously Nursing Staff should be doing the topping up and their refusal to do so is the Area Health Service's problem not yours.

The treating GP-Obstetrician could only claim Items 748 and 751 with No Consult as the 1062, 1064, 1066 are global covering all non-emergency modes of delivery. Incidentally I am yet to hear of a GP Obstetrician offering to charge the Hospital less than Item 1062 because it was a quick routine daytime multiple delivery where you are back at work 20 minutes later ie Swings and Roundabouts remain the underlying premise and simplicity of the RDASP. Gain on some, lose on others, averages out.

Q. Under-billing by the Doctor

The doctor has been billing the RDA item 6848A (\$1119.65 in Oct 2007 for example) to two hospitals for the last few years. Unfortunately, it appears that the hospitals have been under-billed by us because incorrect item numbers and amounts were claimed. Do we have the right to make a retrospective claim on the

additional amounts that were under-billed?

A.

Your enquiry is answered on the second back page of the Fee Schedule where I am sure the doctor will be pleased to see that claims for underpayment can be made back to 1993.

Q. RDA NSW Settlement Package and Membership

Presumably, RDA amounts can be billed for the times during which he has been an RDA member. Is it also possible that he could send amended bills for times prior to being an RDA member?

A.

It is irrelevant whether the doctor is a member for claiming from the AHS. The doctor can claim back to date as previously advised as long as he was working under an RDA contract at the time.

Q. Determining Fees for Prior Years Items 6848 + 6852

How can I determine the fee for items 6848 and 6852 in the years 2005, 2006 and 2007 ?

A.

The Multiple item 50% rule applies to the second item. You end up with:

2005 \$899.80 + \$249.90 for Items 6848 + 6852
 2006 \$934.90 + \$259.70
 2007 \$976.30 + \$271.20
 2008 \$1008.10 + \$280.00

Q. Brand Names on Drug Charts

I am a VMO at a small rural hospital (an MPS building incorporating hospital, hostel and nursing home patients. I have been using BRAND NAMES on the drug chart for the short stay and nursing home patients. Recently the administrator told me to use the drug names (generic names) rather than brand names.

A.

We refuse to comply with hospital pharmacist requests here and mostly stick to brand names which in my view are far safer.

This question does not relate to the RDA NSW Settlement Package so is best answered with maybe AMA NSW advice.

"Thank you VERY much for your assistance with this matter - it is greatly appreciated". I am really impressed by your prompt and thorough replies."

A happy member

Combined Anaesthetic / Obstetric Grants— Can I get both?

Anyone who qualifies (ie. is credentialled) and takes more than a token part in the Public On Call Roster at an RDASP Hospital etc. over the previous quarter is eligible for a retrospective Grant in that field (for the previous quarter) . Many rural doctors participate in both the Obstetrics and Anaesthetics On Call rosters so are eligible for both.

These grants were designed to help with CME and to assist with time off for a holiday with the family to compensate for the often onerous and unpaid Public On Call - many Hospitals only pay On Call to the ED rostered VMO.

To keep the Grants at a useful level RDANSW and NSW Health jointly agreed several years ago that a VMO already receiving an Obstetric Grant (usually the larger of the two grants and averaging around \$16,500 pa) should also receive an Anaesthetic Grant equivalent to half the rate of a GP-Anaesthetist not also receiving the Obstetric Grant if that VMO also qualified for the Anaesthetic Grant. This enabled the GP-Anaesthetist not also receiving the Obstetric Grant to receive an estimated \$12,500 and those

qualifying for both to receive an estimated \$6,250 for their anaesthetic contribution.

The reason this \$12500/\$6250 is an estimate is often misunderstood. The number of VMOs eligible for Grants in either/both fields is calculated for EACH and EVERY RDASP Hospital each year based on 1st July numbers for that Hospital. That calculation determines the Hospital allocation for the next four quarters ie until 1st July the following year. The retrospective allocation by the Hospital for each quarter based on the number of VMOs eligible is largely static but may change as VMOs leave or come onto the Obstetric and/or Anaesthetic Roster ie if one leaves the remainder receive extra until the next 1st July calculation - they deserve it as they will be doing more Public On Call.

On the other hand if a new VMO participates in the On Call Roster each will get a lesser share until the next July 1st on the presumption that each will now be doing less Public On Call in that field.

Bellinger River Obstetric Care Model

The North Coast Area Health Service has caved into public pressure and announced a guarantee that maternity services will be continued at Bellinger River District Hospital. This was on the eve of a public meeting.

This is a team based model supported by the local doctors and midwives. Thanks were received for the RDA NSW support. This model of care, funded by both state and federal sources has the advantages of :

- 1 enabling smaller hospitals to continue to provide maternity services to their community providing mothers with continuity of care between midwives and G.P.'s from early pregnancy through to the end of the post-partum period.
- 2 Maintaining a midwifery service in the face of dwindling numbers of midwives in smaller towns
- 3 continuing to provide an obstetric service which has been shown to be the safest service for low-risk pregnancies
- 4 promoting solidarity between all health care providers in the field of maternity services.

We look with much interest on the implementation and subsequent evaluation of this model.

There is some background info at

<http://bellinger.yourguide.com.au/news/local/news/general/birthing-unit-future-brighter/806041.aspx>

For the first time in many years, obstetric providers Trevor Cheney & Deirdre Little are working together with the North Coast Area Health Service to maintain obstetric care within the valley and beyond to the areas serviced by the local hospital. While the battle to maintain our CTG machine may be ongoing, nevertheless there has been unity over the proposed new model of obstetric care. Prompted by a shortage of midwives, a model has been worked out with midwives working as a team in tandem, visiting the GP obstetricians' surgeries for antenatal and postnatal care, doing home visits, and being available on a one-in-three roster to provide intrapartum care. The GP obstetricians will lead the team and work together with the midwives in the provision of care.

As this is breaking new ground both industrially, obstetrically and politically (with midwives funded both from State and Federal sources) the details are still being ironed smooth. As these last finishing touches are applied, midwife positions will be advertised.

This is a very exciting and promising plan. It serves to lessen our loads a little, while providing a unique model of collaborative care.

Dr Deirdre Little

An Update from the Rural Doctors Association of Australia

ACRRM/RDAA 5th Scientific Forum and Rural Doctors Conference 2008

It now just a few weeks away from what is expected to be the biggest ACRRM/RDAA convention to date. This year's event is being held from 23-26 October at the Novotel Sydney Brighton Beach. A draft program of events is now available for downloading at www.acrrm.com.au. Two of the country's foremost women in rural medicine, Dr Anne Kleinitz and Dr Janie Dade Smith, have been confirmed as keynote speakers and will introduce two of the forum topics, 'Remote Medicine – Diversity' and 'Training for Rural and Remote Practice'.

Review a critical opportunity to rebuild rural maternity care

RDAA used the release of the federal government's discussion paper on maternity services to call on all governments to maintain and reinstate maternity units in rural Australia. RDAA also called on governments to actively support the provision of services through team-based maternity care, incorporating doctors and midwives working together. RDAA's position on maternity services received considerable media interest.

RDAA continues to campaign strongly to maintain rural maternity care, particularly given the closure of 50% of all rural maternity units across Australia over the past 12 years. RDAA President, Dr Peter Rischbieth, said the Federal Government must adopt the principle of 'first do no harm' when reviewing the current approach to maternity services.

RDAA also welcomed acknowledgement in the *Improving Maternity Services in Australia* discussion paper of the work undertaken in the *National Consensus Framework on Rural Maternity Services*, a project managed by RDAA. In particular, RDAA welcomed the explicit recognition in the discussion paper of the Framework's second principle that 'women should have access to maternity care consistent with their level of risk as close as possible to where they live'.

The discussion paper can be viewed at: <http://www.health.gov.au/maternityservicesreview>.

Key role for rural practices in helping relieve medical training pressures

RDAA has called on the Federal Government to urgently resource rural and remote general practices across Australia as a way to help meet the increased demand for medical training. Demand for training places is being driven up by the larger number of medical graduates coming from Australia's universities.

It is estimated the number of medical graduates in Australia will increase from 1,200 in 2002 to 3,000 in 4 years. To combat the enormous demand for training capacity, RDAA argues rural and remote general practice must be given substantially greater funding support from the Federal Government to meet the increasing demand. RDAA has also reiterated calls to double the number of post-graduate GP training places.

The costs for a practice to accommodate and train a medical student, intern or registrar are considerable. RDAA President, Dr Peter Rischbieth, said rural practices should not have to take on this financial burden without assistance.

New Office of Rural Health welcomed

RDAA has welcomed the Federal Health Minister's establishment of a new Office of Rural Health within the Australian Department of Health and Ageing.

RDAA has been invited to provide input into the work of the Office. However, RDAA has urged the Minister to ensure the Office has the clout, authority and sense of urgency needed to tackle the huge issues it faces. RDAA CEO Steve Sant has held meetings with representatives of the Office and conveyed RDAA's concerns that the scope and reference of the Office are too narrow.

RDA NSW / RDN AGM Weekend 28-30 November 2008

This year is the 20th Anniversary of the NSW Rural Doctors Network.

The NSW RDN/RDA (NSW) AGM Conference 2008 registration form is now available to download from
www.nswrdn.com.au

When: 28-30 November 2008
Where: Swiss Grand Resort & Spa, Bondi Beach, Sydney
Cost: GPs \$300 / Partners \$80

Lectures and workshop topics include Aboriginal Health, Personality Disorders, Emergency Medicine, Transient Ischaemic Attacks & Strokes, Contraception, Joint Injection Techniques, Interpretation of Chest X Rays, NSW HCCC, Epilepsy in Children, Leukaemia & Lymphoma – Update in Diagnosis Management, Sudden Unexplained Deaths in Infants and Acute and Chronic Pancreatitis.

Some of the partner activities include a Barista coffee demonstration, Sydney Harbour Cruise Lunch and shopping at Bondi Markets. Some of the kid's activities include Taronga Park Zoo, the Koala Sanctuary and a trip to the IMAX theatre.

New GP Anaesthetist Locum Project

This is to inform you about an ASA initiative to develop a General Practitioner Anaesthetist Locum Service (GPALS) for rural GPs.

There is funding from the Dept of Health and Ageing for this project and it is to be run along the lines of SOLS.

The ASA has a link to the GPALS site on www.asa.org.au/Page.aspx?A+7712.

The ASA needs to have as many rural GPAs filled out and submit the *GPALS Project Participation Form, *the link for which is in the third paragraph in the text on this site, so they can gather information on how GPALS is to be managed.

GPALS will be able to be utilised by all GPAs whether or not they are members of the ASA.

Fee Schedules—When and How and Who ?? Why hasn't mine arrived?

The RDA Settlement Package Fee Schedule is updated each year on 1st August using a specialised formula, controlled by RDA.

Every year we receive many queries after 1st August about when the new fee schedule will arrive.

Negotiations with the NSW Department of Health about the index rate and consequent printing of the schedule unfortunately takes

some months so the schedule is usually published in January of the following year.

You will however be automatically back paid by the Dept. from August 1st of the previous year.

Fee Schedules are only sent to current financial members so make sure you have send in your 2009 fees when your renewal notice arrives.

RDA NSW Settlement Package Clarifications Document

- 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).

POSITION STATEMENT

Anaesthesia Providers in Rural Areas

Preamble

In Australia anaesthesia should only be provided by specially trained medical doctors that usually will have completed a recognised speciality training program in anaesthesia.

For demographic reasons, rural hospitals in Australia will often not generate a sufficient caseload to support a wholly specialist anaesthesia service.

In rural areas, anaesthesia is provided by specialists (medical doctors who have completed a recognised speciality training program in anaesthesia) and/or resident General Practitioner (GP) anaesthetists, as determined by local needs.

Where a specialist is unavailable to administer anaesthesia, anaesthesia can be provided by a medical doctor who has undertaken specific training and whose maintenance of knowledge and skills complies with the requirements of the Joint Consultative Committee on Anaesthesia (JCCA) or its equivalent.

In some rural areas, some anaesthesia for "in hours" surgery is provided by visiting specialist anaesthetists, with the remainder of the anaesthesia and "after hours" cover provided by resident GP anaesthetists.

It is recognised that deskilling of resident GP anaesthetists can occur when elective "in hours" lists are allocated to a visiting specialist anaesthetist, resulting in resident GP anaesthetists having inadequate "in hours" caseload to maintain expertise.

ASA Position

The ASA advocates:

- That GP anaesthetists maintain an anaesthesia workload consistent with the maintenance of clinical skills and casemix required for their practice.
- That there be cooperation between visiting specialist and resident GP anaesthetists where rural anaesthetic services are supplied by a combination of visiting specialists and resident GP anaesthetists.
- The elective "in hours" lists allocated to a visiting specialist anaesthetist should include all lists which have been deemed unsuitable for the resident GP anaesthetists after discussion between the surgeons/procedural specialists and specialist and GP anaesthetists concerned.
- That visiting specialist anaesthetists contribute to the affairs of the rural Anaesthetic Department—for example, through involvement with the hospital's Anaesthetic Committee, through the ongoing education of resident GP anaesthetists, and through the assistance in the provision of "after hours" cover being provided by resident GP anaesthetists.
- Where "after hours" cover is provided by resident GP anaesthetists, these resident GP anaesthetists be provided with an appropriate "in hours" caseload to maintain required skills and expertise.

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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.**

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May 12-15, 2009, Victoria Conference Centre, Victoria, British Columbia, Canada

The World Association of Disaster and Emergency Medicine (WADEM) invites you to register for

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