

SERVICE SCHEDULE FOR RURAL GENERAL PRACTICE SERVICE

CONTRACT NO: RGP###

A. QUICK REFERENCE INFORMATION

1. TERM FOR PROVIDING RURAL GENERAL PRACTICE SERVICES

The Term of this Service Schedule in respect of Rural General Practice Services (“RGP Services”) is the period from the date of signing by both parties (“Start Date”) until the close of 30 April 2019 (“End Date”).

2. SERVICE LOCATION

It is expected that the majority of Consultations and procedures will be performed in the practice setting, however there may be rare occasions when a consultation and procedure might be performed outside of the practice setting. Level D and Catastrophic (refer Part B clauses 5.1.2 and 5.1.3) Consultations are only to be provided in a practice setting except if approved by ACC.

3. SERVICE PROVIDER PROVIDING THE CARE

The Services will only be provided by a registered General Practitioner and/or Registered Nurse.

The General Practice will ensure that the registered General Practitioner and/or Registered Nurse providing the Services is suitable and properly qualified to provide Rural General Practice Services and meets the practice quality standards set out in Clause 5.4 of Part B .

4. SERVICE DESCRIPTION AND CONTRIBUTION

4.1. Codes, descriptions and contribution for Rural General Practice Services

Table 1: Assessment Codes

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RP01	Level A Consultation. A short consultation of up to 5 minutes. This includes providing Other Procedures, such as those listed in Table 3 of this Part A (without limitation).	\$25.00	Per Consult
RP02	Level B Consultation. Normal general practice Consultation. Expected range treatment time is 5–20 minutes. The clinical record will demonstrate that the Consultation and/or treatment involve appropriate professional activities commensurate with service of such duration. Such activities may include taking a problem focused history, detailed examination, discussion of treatment alternatives, counselling, communication of other information connected with clinical practice, arriving at a diagnosis and decision relating to the Client’s need to undertake a procedure, and performing the procedure if it is an Other Procedure. Examples of Other Procedures that may be invoiced for as a Level B Consultation includes (without limitation) those procedures listed in Table 3. Other Procedures may be performed by any appropriate member of the practice and are	\$51.38	Per Consult

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
	included in the contribution to the cost of the Consultation.		
RP03	<p>Level C Consultation. Extended general practice Consultation. Expected range of treatment time is 21–40 minutes. The clinical record will demonstrate that the Consultation and/or treatment involve appropriate professional activities commensurate with service of such duration. Such activities may include comprehensive consultative and or counselling process, comprehensive physical examination, detailed evaluation of the Client’s condition, arriving at a diagnosis and decision relating to the Client’s need to undertake a procedure, and performing the procedure if it is an Other Procedure. Examples of Other Procedures that may be claimed as a Level C Consultation that includes (without limitation) those procedures listed in Table 3. Other Procedures may be performed by any member of the treatment team and are included in the contribution to the cost of the Consultation.</p>	\$98.78	Per Consult
RP04	<p>Level D Consultation. Extended and complex rural general practice Consultation. Expected range of treatment time is more than 40 minutes, including any time provided by either the registered nurse or registered medical practitioner. The clinical record will demonstrate that the Consultation and/or treatment involve appropriate professional activities of complexity and/or work commensurate with service of such duration. Such activities may include comprehensive consultative and or counselling process, comprehensive physical examination, detailed evaluation of the Client’s condition, arriving at a diagnosis and decision relating to the Client’s need to undertake a procedure, performing the procedure if it is an Other Procedure, management and stabilisation of patient prior to transfer to a hospital, if required. Examples of Other Procedures that may be claimed as a Level D Consultation that includes (without limitation) those procedures listed in Table 3. Other Procedures may be performed by any member of the treatment team and are included in the price of the Consultation. Level D Consultation may be claimed ONLY when: a Client requires continuing one-on-one supervision.</p>	\$198.38	Per Consult
RP05	<p>Catastrophic Level Consultation As described in Clause 5.1.3 of Part B: Service Specification.</p>	\$160.23	Per Hour

Service Item Code	Consultation description	Price (excl. GST)	Pricing Unit
RP07	Consultation – Child Under 13 Free visits to all children under 13 years of age. No co-payment will be charged. This code is charged in addition to the appropriate Consultation (as provided in Clause 5.1.1).	\$24.96	Per visit

Table 2: Procedure Codes

Service Item Code	Consultation description	Price (GST exclusive)	Pricing Unit
RP10	Skin and subcutaneous tissue or mucous membrane, repair of wound (not more than 7 cm long) requiring skin closure by suture, clips, skin adhesive strips or glue	\$95.91	Per Procedure
RP11	Significant burns or abrasions (not including fractures) at multiple sites (<4 cm); necessary wound cleaning, preparation and dressing	\$70.05	Per Procedure
RP12	Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane >7 cm long; any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic and dressing	\$128.17	Per Procedure
RP13	Shoulder treatment for dislocation, requiring active reduction with IV or IM sedation and analgesia. Including splinting where necessary (this item will generally involve radiological investigation)	\$137.12	Per Procedure
RP14	Elbow, treatment of dislocation, requiring active reduction with IV or IM sedation and analgesia. Includes splinting where necessary (this item will generally involve radiological investigation)	\$127.12	Per Procedure
RP15	Carpal fractures, including scaphoid, treatment of fracture of, not requiring reduction	\$95.91	Per Procedure
RP16	Radius and/or ulna, distal end of, treatment of fracture of, by cast immobilisation	\$95.91	Per Procedure
RP17	Radius and/or ulna, shaft of, treatment of fracture of, by cast immobilisation	\$127.12	Per Procedure
RP18	Humerus, proximal or shaft of, treatment of fracture of, requiring cast immobilisation	\$127.12	Per Procedure
RP19	Humerus, distal (supracondylar or condylar) or proximal radius and ulnar, treatment of fracture of	\$127.12	Per Procedure
RP20	Tibia shaft and/or fibula, treatment of fracture by cast immobilisation	\$217.13	Per Procedure
RP21	Distal tibia and/or fibula, treatment of fracture of, not requiring reduction, includes immobilisation	\$196.57	Per Procedure
RP22	Calcaneum or talus, treatment of fracture requiring cast immobilisation	\$196.57	Per Procedure

Service Item Code	Consultation description	Price (GST exclusive)	Pricing Unit
RP23	Tarsus, (including tarsal or metatarsals and excluding calcaneum or talus), treatment of fracture of, requiring cast immobilisation	\$196.57	Per Procedure
RP24	Closed reduction of fracture or dislocation of proximal, middle or distal phalanx of hand, requiring injection of anaesthetic	\$61.10	Per Procedure
RP25	Metacarpal(s), treatment of fracture by closed reduction-requiring injection of anaesthetic	\$90.86	Per Procedure
RP26	Radius or ulna, distal end of, treatment of fracture by closed reduction. Requiring ischaemic limb block anaesthesia or other form of regional anaesthesia (generally proven radiologically)	\$201.93	Per Procedure
RP27	Ankle, Achilles' tendon rupture managed by non-operative treatment	\$196.57	Per Procedure
RP28	Nasal haemorrhage, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both	\$90.86	Per Procedure
RP29	Administration of activated charcoal	\$31.32	Per Procedure
RPE1	Crutches Hire: One pair per Case	\$34.57	1 per Client per claim
RPE2	Moon boots - one moon boot per Client per claim	Actual and reasonable cost	1 per Client per claim

The table below provides a non-exclusive list of procedures (other than Procedures listed in Table 2 of this Part A) which are to be provided as part of the applicable Consultation. The table also provides an example of the Consultation type (as outlined in Table 1 of this Part A) that should be carried out when performing such Other Procedures.

Table 3: Other Procedures

Level	Description	Other procedures
A	A short consultation of up to 5 minutes	<ul style="list-style-type: none"> Provide simple advice about rehabilitation process
B	Consultation of between 5–20 minutes	<ul style="list-style-type: none"> Removal of sutures Removal of non-embedded foreign body from eye, mouth, auditory canal or other site (excluding rectum or vagina), without incision Perform plaster checks Removal of packing of nose, or packed abscess or haematoma Irrigate eye Administer tetanus toxoid, antibiotic via IM route Syringe ear to remove non-embedded foreign body
C	Consultation of between 21-40 minutes	<ul style="list-style-type: none"> Ongoing neurological observations Simple soft tissue injuries; management of simple sprain of wrist/ankle/knee/elbow/or other soft tissue injury requiring crepe bandage or similar immobilisation not requiring formal strapping Dislocation finger/toe with splint/strapping Removal of foreign body from cornea or conjunctiva, or from auditory canal, or nasal passages, from skin or subcutaneous tissue with incision, or from rectum or vagina Drainage of abscess or haematoma with incision (with or without infiltration of local anaesthetic agent)

Level	Description	Other procedures
		<ul style="list-style-type: none"> • Closed reduction of fracture of phalanx (proximal, middle or distal) of digit • Immobilisation of fracture of rib or ribs • Closed reduction of fracture of metatarsus (not requiring cast) • Closed reduction of fracture of toe (great or otherwise) • Closed reduction of fracture of nasal bones • Application of pressure dressing • Injection of steroid into joint, tendon, bursa, or other subcutaneous tissue or space • Repositioning and splinting of displaced tooth • Replantation of tooth • Sedative dressing (or anaesthetic) for emergency dental treatment • Closure of open wounds less than 2 cm – any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic and dressing • Nail, simple removal of • Treatment of single burn <4 cm • Treatment of significant abrasions <4 cm in size at a single site
D	<p>Extended and complex Consultation taking over 40 minutes</p> <p>When a Client requires continuing one-on-one supervision from the Registered Nurse or the Registered Medical Practitioner involving clinical interventions and care</p>	<ul style="list-style-type: none"> • Fractured clavicle • Insertion of IV for administration of fluids, medications, blood • Dislocation of thumb – closed reduction and immobilisation • Soft tissue injury (other than splinting of dislocated or fractured digit) unless specified elsewhere; application of plaster or padded splint or specific strapping within agreed guidelines (includes splinting of Achilles tendon injury and serious ankle sprains) • Pinch skin graft • Amputation of digit – including use of anaesthetic, debridement of bone and soft tissue, closure of wound • Closure of open wound (or wounds) of skin and subcutaneous tissue or mucous membrane 2 cm to 7 cm long: any necessary care and treatment including cleaning and debriding, exploration, administration of anaesthetic, and dressing • Treatment of significant burns or abrasions (not including fractures) at multiple sites (>4 cm); necessary wound cleaning, preparation and dressing • Nail, removal of or wedge resection – requiring the use of digital anaesthesia • Fractured fibula (without tibial fracture): immobilisation with soft tissue strapping • Closed reduction of dislocation of talus • Application of pressure trousers • Performing crico-thyrostomy (including any associated care such as resuscitation, monitoring, and patient transfer)

Note: The ACC contribution for Other Procedures and related consumable costs is included in the Consultation.

Table 4: Provider Travel

Service Item Code	Service Item	Amount (GST exclusive)	Pricing Unit
DIS	Provider Travel (payable in accordance with Part C, clause 8 of this Service Schedule)	\$0.73	Per Kilometre

Price reviews

ACC will review pricing when, at ACC’s sole discretion, we consider a review necessary.

The factors ACC may take into account during a review include, but are not limited to:

- general inflation
- changes in service component costs
- substantial changes in the market.

If ACC finds that the factors we take into account have not had a significant impact on price, the prices will remain unchanged.

If ACC provides a price increase, the supplier must agree any adjustment in writing. The price increase will take effect from a date specified by ACC.

5. ADDRESS FOR NOTICES

NOTICES FOR ACC TO:

ACC Health Procurement (for delivery)
Justice Centre
19 Aitken Street
Wellington 6011
ACC Health Procurement (for mail)
P O Box 242
Wellington 6140
Marked: “Attention: Procurement Specialist”
Phone: 0800 400 503
Email: health.procurement@acc.co.nz

NOTICES FOR VENDOR TO:

(insert street address including postcode) (for delivery)
(insert postal address including postcode) (for mail)
Marked: “Attention (contact person)”
Phone:
Mobile:
Email:

B. SERVICE SPECIFICATION

1. SERVICE OBJECTIVES

The objective of RGP Services is to provide Clients with timely access to quality treatment services as specified in this Service Schedule that facilitate a prompt, cost-effective, and sustainable return to independence and/or work.

2. SERVICE PHILOSOPHY

2.1. The key deliverables for RGP Services are:

- 2.1.1. Clients have access to cost-effective treatment services that facilitate the Client to lead as normal a life as possible, having regard to the consequences of the injury;
- 2.1.2. presentation for the same or similar problem is minimised; and
- 2.1.3. ACC receives prompt and accurate information.

3. SERVICE COMMENCEMENT

3.1. A person is entitled to RGP Services if:

- 3.1.1. the person has suffered a Personal Injury for which a claim for cover has been made and accepted, or is likely to be accepted in the Service provider's experience); and
- 3.1.2. the RGP Services are not the subject of some other contract for services with ACC including (without limitation) PRIME, Nursing Services, Impairment Assessments, Rehabilitation Assessments, one-off Case Manager requested assessments and Initial Medical Assessments in which case that other contract will apply;
- 3.1.3. ACC will not pay the General Practice for time spent by a person providing the care with a person who does not fulfil the above criteria.

4. SERVICE LOCATION OR SPECIFIED AREA

The General Practice will ensure that any person providing the care supplies RGP Services at locations in accordance with clause 2 of Part A of this Service Schedule.

5. SERVICE REQUIREMENTS

The General Practice will ensure that any person providing the care supplies RGP Services for accident and injury conditions in accordance with the following:

5.1. Consultations

- 5.1.1. The person providing the care will supply either a Level A, B, C, or D Consultation as outlined in Table 1 of Part A to a Client, as appropriate. The RP07 code can be invoiced in addition to the Level A, B, C, or D Consultation codes where appropriate.
- 5.1.2. The Level A, B, C, and D consultations include the provision of the following services where necessary and appropriate:
 - 5.1.2.1. triage;
 - 5.1.2.2. taking of a medical history relevant to the injury;
 - 5.1.2.3. diagnosis of the presenting injury or injuries;
 - 5.1.2.4. review of and amendment to any existing diagnosis;
 - 5.1.2.5. providing advice to ACC to assist ACC in determining whether the condition is appropriate for cover by ACC;
 - 5.1.2.6. referral to an appropriate Service Provider for any further treatment required;
 - 5.1.2.7. arranging access to, and arranging the provision of, any necessary radiological investigation;

- 5.1.2.8. interpretation of diagnostic films/reports (note: any necessary x-rays should be undertaken on the day the Client presents with the injury if possible);
 - 5.1.2.9. performing any necessary and appropriate Other Procedure;
 - 5.1.2.10. prescription of any necessary pharmaceuticals;
 - 5.1.2.11. where the Client has an incapacity for employment resulting from their Personal Injury, completion of the appropriate report (as designated from time to time by ACC) outlining any time likely to be required off work or any recommended alternative duties [note: only a General Practitioner or Nurse Practitioner can sign a certificate for time off work or alternative duties];
 - 5.1.2.12. liaison with other health and support services;
 - 5.1.2.13. education about caring for the injury and expectations of recovery;
 - 5.1.2.14. provision of injury prevention advice to minimise re-injury or complications; and
 - 5.1.2.15. documentation to register the claim for cover and/or entitlements with ACC, as specified in clause 5.3 below.
- 5.1.3. In extraordinary circumstances the severity of the Client's condition may necessitate a number of significant procedures, requiring the person providing the care to provide RGP Services not covered by consultation levels A-D or the procedures in Table 2 in Part A, Clause 4 and Part B, Part 2, Clause 5.1 and 5.2 of this Agreement. In these circumstances the General Practice may request a review of the situation by the Corporate Medical Advisor, who will determine whether ACC will pay a further contribution at the RP05 Catastrophic Level Consultation rate provided in the Pricing Schedule.
- 5.2. Procedures
- 5.2.1. In addition to one of the Consultations outlined in clause 5.1, the person providing the care may supply one or more Procedures as listed and described in Table 2 of Part A during or following the Consultation, where necessary and appropriate.
 - 5.2.2. It is expected the General Practice will usually invoice ACC for a Level B Consultation when providing a Procedure. Where a longer consultation is billed with a Procedure, the General Practice shall clearly document why the longer consultation was required. ACC may use such documentation for audit purposes.
- 5.3. Documentation
- 5.3.1. In conjunction with the Consultations and Procedures specified in clauses 5.1 and 5.2 of this Part B, the person providing the care will provide sufficient information for ACC to:
 - 5.3.1.1. process the Client's claim for cover and/or entitlements under the AC)Act;
 - 5.3.1.2. validate that any referral of a Client to another Service Provider and/or certification of alternative work duties or time off work, or any other service provided to a Client, is for the Client's Personal Injury;
 - 5.3.1.3. Information must be provided by the person providing the care on a form(s) and in a manner (eg, electronic) approved by ACC;
 - 5.3.1.4. In conjunction with the above noted documentation for billing services the person providing the care will maintain reasonable and accurate professional Client records that will validate the necessity and appropriateness of the consultation level invoiced and of any Procedures undertaken.

5.4. Training

- 5.4.1. General Practitioners and registered nurses providing Services will have:
 - 5.4.1.1. undertaken PRIME training; or
 - 5.4.1.2. attended a level 5 Resuscitation Council Advanced Cardiovascular Life Support ('ACLS'); or
 - 5.4.1.3. attended a Royal Australasian College of Surgeons Early Management of Severe Trauma course; or
 - 5.4.1.4. attended another relevant course as endorsed by Royal New Zealand College of General Practitioners or New Zealand Nursing Council, and approved by ACC; within 12 months of them commencing services against this Service Schedule.
- 5.4.2. General Practitioners and registered nurses providing Services will participate in PRIME refresher courses or other relevant courses as listed in 5.4.1, at least bi-annually.
- 5.4.3. General Practitioners will also:
 - 5.4.3.1. be actively engaged in a registered, accredited professional training programme or pathway OR;
 - 5.4.3.2. be actively engaged in a registered, accredited professional development or re-certification programme.
- 5.4.4. Long term locums are required to have met the Training Requirements as identified in clause 5.4.1 or be under the specific supervision of a rural GP who has met all the contractual training requirements.
- 5.4.5. ACC will pay for Service Providers' tuition costs to attend PRIME Training.

5.5. Reporting

- 5.5.1. Practices with Service Providers providing Services, who have not undertaken training in accordance with clause 5.4.1, will supply a report to ACC in accordance with clause 5.5.2 below.
- 5.5.2. A report will be provided electronically by the General Practice to ACC every six months, on the template attached in Appendix 1 that sets out:
 - 5.5.2.1. the names of all new Service Providers providing the care;
 - 5.5.2.2. the names of all Service Providers who have resigned/left the practice;
 - 5.5.2.3. the length of time that each Service Provider providing the care has been employed;
 - 5.5.2.4. a training plan for achieving the training and quality requirements set out in the above Clause 5.4 (Training) for each Service Provider providing the care;
 - 5.5.2.5. an indication of the progress made toward achieving the training plan for each Service Provider providing the care.
- 5.5.3. The report will be emailed to health.procurement@acc.co.nz.

6. SERVICE-SPECIFIC QUALITY REQUIREMENTS

6.1. Staffing: Locums

The General Practice must approve, except in the case of an emergency, locum practitioners specialising in rural practice as meeting the practice quality standards set out in Clause 5.4 of

Part B: Service Specification as being otherwise suitable and properly qualified to provide RGP Services before providing RGP Services to Clients.

7. EXCLUSIONS

- 7.1. No payment shall be claimed or made under this Service Schedule by the General Practice for any Services:
- 7.1.1. which are not related to a valid claim for Personal Injury which can be accepted by ACC under the AC Act; or
 - 7.1.2. which are funded or obliged to be funded by the Ministry of Health or a District Health Board; or
 - 7.1.3. which are provided under or, if the General Practice held a PRIME contract, would have been provided under a PRIME contract; or
 - 7.1.4. for which a claim for payment has been, or will be, made against ACC under any other contract.

C. PAYMENT AND INVOICING

1. ACC CONTRIBUTION

The contribution payable by ACC for the Services is the contribution specified in Part A Quick Reference Information of this Service Schedule.

2. INVOICING AND PAYMENT ARRANGEMENTS

The General Practice will invoice electronically unless other arrangements have been made between the General Practice and ACC.

2.1.1. The General Practice must invoice ACC directly for RGP Services provided, and ACC will not accept invoices from other Service Providers or subcontractors or staff of the General Practice.

3. CONTRIBUTION TO FEES

3.1. Total contribution

3.1.1. Subject to the provisions of this Service Schedule:

3.1.1.1. ACC agrees to pay the applicable contribution set out in Part A of the Service Schedule for RGP Services provided to Clients in accordance with this Service Schedule (Contribution);

3.1.1.2. the Contributions are the total amounts payable by ACC in respect of all RGP Services provided or required to be provided under this Service Schedule (including, without limitation, materials, consumable equipment, pharmaceutical items used during treatment, and the short-term loan of orthotics), with the exception of diagnostic films/reports which are payable under regulations or other contracts with ACC.

4. CLAIMING FOR CONSULTATIONS

4.1. The Contribution applicable to a Consultation may be claimed and is payable only once per Client per Consultation irrespective of whether:

4.1.1. RGP Services are provided in respect of that Client's Personal Injury by more than one person providing the care engaged by the General Practice; or

4.1.2. consultation services are provided during a consultation in relation to more than one Personal Injury, or for a Personal Injury and a medical condition suffered by the Client.

4.1.3. for the purpose of determining the Contribution appropriate for a Consultation, a Consultation shall be deemed to include:

4.1.3.1. any additional Consultation that is provided for follow-up care (including follow-up of diagnostic reports and films) on the same day as the first Consultation; or

4.1.3.2. any additional Consultation that is provided to the Client on the same day as the first Consultation, in relation to the same Personal Injury or injuries; or

4.1.3.3. any additional Consultation is provided to the Client for the purpose of performing a Procedure that was unable to be carried out during the first Consultation.

4.2. The General Practice will not charge a co-payment on any consultation for a child under 13 years of age.

5. MEDICAL CONDITIONS

- 5.1. Where a Client presents to the person providing the care with both medical and accident-related conditions, ACC will pay the applicable Contributions for the Consultation, and any Procedure required to treat the Client's Personal Injury, if the accident-related condition was the primary reason for the Consultation.
- 5.2. If a Client receives treatment for an accident-related condition but this was not the primary reason why the Client presented for treatment, the Level A consultation Contribution set out in Part A, and the Contribution applicable for any Procedures required to treat the Client's Personal Injury, will be payable.

6. CONTRIBUTION TO FEES FOR TWO OR MORE PROCEDURES

- 6.1. If two or more Procedures are required on separate body sites for separate accidents during one consultation, ACC will pay the Contribution payable for the most expensive Procedure for each body site and half the Contribution payable of any further Procedures.
- 6.2. If two or more Procedures are required on a single body site during one consultation, ACC will pay the full Contribution payable for the most expensive Procedure and half the Contribution payable for the second or subsequent Procedure.
- 6.3. If two or more Procedures are required on separate body sites for the same accident during one consultation, ACC will pay the full Contribution payable for the most expensive Procedure and half the Contribution payable for the second or subsequent Procedure.

7. FEES

- 7.1. The General Practice may set and charge a Client a co-payment for Rural General Practice Services provided (except for patients under 13 years of age– refer to Part C, Clause 4.2).
- 7.2. The person providing the care must make best efforts to inform the Client of the fee for the service including the ACC contribution.
- 7.3. ACC shall have no liability to the person providing the care for the refusal or failure of any Client to pay any such fee.

8. TRAVEL COSTS

If a person providing the care is called out to a Client's home on an urgent basis, a travelling fee as per Service Item Code "DIS" will be paid for the distance the person providing the care has to travel to and from the Client's home if the cost of the travel in the same circumstances would be payable under the New Zealand Public Health and Disability Act 2000. A travel fee will not be paid for services that would be covered under the PRIME Service Schedule and will only be ACC's contribution for Rural General Practice Services provided by a person providing the care being a Registered Nurse if no General Practitioner is rostered on at that time.

APPENDICES

APPENDIX 1 (Part 1, Schedule 4, clause 3): REPORTING TEMPLATE

PRACTICE NAME	
PRACTICE ADDRESS	
TIME PERIOD	

Name	Date of employment	Status		Training course name	Where attended	Date attended	Planned date of attendance
		RN	GP	Requirement fulfils			

Please attach certificate of attendance to this sheet.

APPENDIX 2: DEFINITIONS AND INTERPRETATION

DEFINITIONS

In this Service Schedule, unless the context otherwise requires:

“Consultation” means an event, defined by a period of time, during which any combination of General Practitioner and/or Registered Nurse, may assess or treat a Client.

“General Practice” means the Party whose reference name is “the General Practice” in this Service Schedule and, where the context requires, includes its employees, agents and permitted contractors, and its successors and permitted assigns;

“General Practitioner” means a person registered as a medical practitioner under the Medical Practitioners Act 1995 who provides primary and continuing care to individuals, families, and to a practice population; and “GP” has a corresponding meaning;

“Long Term Locums” means a GP or RN who works in the General Practice’s practice for more than two weeks, over any time period.

“One on One supervision” means that the Client’s clinical status is unstable enough to require a nurse or doctor to be present and observing/treating them at all times.

“Personal Injury” means personal injury in terms of the ACC Act.

“Person providing the care” means a person engaged by the General Practice to provide any of the Services under this Service Schedule.

“Practice Setting” means the usual single physical setting the General Practice operates from, normally considered to be a general practice surgery. Any satellite practice operations need to be deemed rural by the relevant DHB and approved by the ACC Portfolio Manager prior to service commencement under this Service Schedule. Any satellite practice operation will need to have access to a General Practitioner where clinically appropriate.

“PRIME” means Primary Response in a Medical Emergency.

“PRIME contract” means a contract to provide first response to the scene of an accident in rural locations where it is recognised Paramedic ambulance attendance is unavailable or outside normal response criteria.

“PRIME Training Course” means a clinical training course recognised by ACC for the purposed of training PRIME service providers.

“Registered Nurse” means a nurse currently registered with the New Zealand Nursing Council, who is not an Enrolled Nurse.

“Referral” means a referral of an eligible Client to the Provider for the provision of Services in accordance with the Referral process described in a Service Schedule; and “Refer”, “Referred” and “Referrer” have a corresponding meaning;

“RGP Services” means the General Practice Services delivered in a rural setting described in this Service Schedule to be provided under this Service Schedule.

“Rural Ranking Score” means the score assigned to practices by the Ministry of Health, defining a medical practice’s rural status