General Practitioner Fee for Service Form

SWH001 – Safe Work Hours Special Purpose Payment

Reference: South Australian Rural Medical Fee Agreement Item (Versions AMA 2017 & RDASA 2017) 3.23 'Safe Work Hours Special Purpose Payment'.

The Safe Working Hours payment (SWH001) applies across all sites for medical practitioners when providing overnight cover in the following situations:

- an Anaesthetic or Obstetric roster under the standard FFS arrangement.
- an Emergency roster in a grant funded hospital under the standard FFS arrangement.

The payment recognises circumstances where a medical practitioner may be rostered on-call and experiences limited sleep due to significant interruptions between the hours of midnight and 06:00 hours due to providing public emergency and inpatient care commitments that adversely affect the medical practitioners practice the following day.

The Safe Working Hours payment will apply when any of the following criteria are met, and the medical practitioner after completion of the overnight shift is so affected that they declare themselves unfit to undertake a previously booked full consulting session within their clinic on the day the overnight shift finishes:

- the medical practitioner is required to attend the hospital in person for at least 2 hours consecutive or not during the hours of midnight to 06:00 hours and receive other contact from the hospital in relation to patient care issues
- the medical practitioner has received 4 or more requests to attend the hospital to assess and treat patients during the hours of midnight and 06:00 hours whether in attendance when a second or subsequent request to attend occurs

For the purposes of this item, cancelled clinic consulting sessions are limited to weekdays (Monday to Friday).

Claimant Details

Hospital ____________________

Medical Practitioner Name ____________________

Medical Clinic ____________________

Address ____________________

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Claimant Declaration

I ____________________ (name) declare that due to providing public emergency and inpatient care commitments there was a need to reschedule the following previously booked consultation session to another day and in support of this claim I have provided details of the public work undertaken.

Total claimed $__________ **Signature** ____________________

Medical Practitioner ____________________ **Date** ____________________

(Office Use Only)

Authorised for payment by a Financial Delegate on behalf of the Local Health Network

Signature ____________________

Name ____________________ **Date** ____________________

Position held ____________________

Claim Processed: ____________________ **Batch** ____________________

SWH001 – Safe Work Hours Special Purpose Payment

DETAILS OF PATIENTS SEEN BETWEEN 2400 – 0600 the following day

Date: ___________________________ **Health Unit:** ____________________________________

MRN / DOB	PATIENT NAME	TIME IN	TIME OUT	Item Number / CMB Code	DESCRIPTION OF SERVICES	OFFICE USE ONLY PUB	FFS Claimed
					TOTAL		

Government of South Australia

SA Health