General Practitioner Fee for Service Form

Claims for Meetings

Reference: South Australian Rural Medical Fee Agreement (versions AMA 2017 & RDASA 2017), Item 4.2 ‘Clinical Audits, Clinical Safety and Quality Activities and Service Planning Meetings’

Country Health SA (CHSALHN) is committed to the delivery of safe and quality health services across country South Australia.

The provision of safe and quality services is aligned to the Australian Commission on Safety and Quality in Health Care accreditation standards, the Clinical Services Capability Framework, and is embedded within a matrix governance structure.

CHSALHN acknowledges that medical practitioner involvement in the safety and quality governance is essential to ongoing quality improvement at site level, regional level and across the Local Health Network (LHN).

To support CHSALHN in achieving a comprehensive safety and quality framework, medical practitioners will be remunerated at a rate of $226.40/hr with a minimum one (1) hour payment (then prorated at 15 minute intervals) and when participating directly in approved meetings or activities. Each medical practitioner is required to attend a minimum of two (2) meetings per year. This payment will be indexed on 1 July each year by the Adelaide CPI for the year concluding at the March quarter prior to this date.

Compulsory meetings / activities may have a local, regional or LHN wide focus, may be multi-professional, and could include, but not limited to:

- clinical safety and quality improvement activities
- CHSALHN initiated clinical audits; e.g. peri-operative, obstetric
- health service accreditation
- development and implementation of models of care
- health service planning
- health service performance; e.g. potentially preventable admissions, hospital acquired complications, unwarranted clinical variation.

Attendance at designated meetings or activities will, wherever possible, be authorised in advance by the CHSALHN staff member assigned responsibility for the relevant area (“Director Medical Services”) in consultation with the relevant Regional Director. The Director of Medical Services will provide a list of eligible safety and quality activities, and include terms of reference and membership information.

Nominated relevant medical practitioners are expected to fulfil the roles and responsibilities of members as outlined in the terms of reference.

A list of participants will be notified by CHSALHN to finance for authorisation of payment. Unless otherwise approved, meeting payments do not include payment for preparation time.

This payment should not be confused with remuneration or reimbursement for the undertaking of professional development activities of a personal nature (Clause 5.3), the delivery of clinical care (e.g. case conferences or clinical handover) or investigation of performance related issues.

Where the hospital requires attendance of a medical practitioner at a pre-arranged meeting specifically regarding accreditation of a hospital or as a member of a formal committee (e.g. CHSALHN Credentialling and Scope of Clinical Practice Advisory Committee), the medical practitioner shall be paid an allowance calculated at the rate of $226.40/hr with a minimum one (1) hour payment (then prorated at 15 minute intervals), and will be indexed on 1 July.
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each year by the Adelaide CPI for the year concluding at the March quarter prior to this date. Reading time applies for up to two (2) hours at half the agreed hourly meeting rate.

Fees applicable under this item do not apply in the following situations:

- medical practitioners appointed to a Health Advisory Council (HAC)
- a medical practitioner, who being a member of Health Advisory Council, is then nominated by the Health Advisory Council to be a member of a subcommittee of the Health Advisory Council or as a Health Advisory Council representative on another SA Health committee
- medical practitioners on Advisory Committees (unless formal approval has been obtained from SA Health) or Ministerial Advisory Committees of SA Health.

Claimant Details

Hospital ________________________________________________________________

Medical Practitioner Name ______________________________________________

Medical Clinic ____________________________________________________________

Address ________________________________________________________________

Date of Meeting: ___/___/____ Time of Meeting: Start Time____ End Time____

Details of Meeting: ____________________________________________________________

Total Meeting Time ___________hours @ $_______-_____/hour = $___________
(minimum 1 hr then 15min increments)

Medical Practitioner’s Signature ____________________________________________

________________________________________________________________________

Authorised for payment on behalf of Country Health SA Local Health Network

Signature ________________________________________________________________

Name __________________________________________ Date ____________________

Position held _____________________________________________________________