

MEDICAL OFFICER CLAIM FOR UNDERTAKING REMOTE CLINICAL APPRAISAL

Name:		Department:	
Employee Number:		Appraisal Date:	
Time Appraisal Commenced:		Time Appraisal Completed:	
Total Time Spent in Undertaking the Appraisal (not including interruptions and time not spent on the appraisal):			
Name of on-site Medical Practitioner who initiated the request for a clinical appraisal:			
Patient Name		Patient Medical Record No (MRN):	
Assess how the patient's physical condition led to the making of a diagnosis or a differential diagnosis (assessed outside of the hospital) using the below criteria:			
Criteria	✓ Requirement Completed	Time Taken	
Received call(s) or email(s) from a medical practitioner on duty in a hospital about a patient			
Received patient history including current medical condition, any relevant past history including previous surgery and use of medications if known			
Discussed with on duty medical practitioner the patients current medical condition, asked questions in respect of the condition as necessary, such that the information provided enabled an evaluation of the patients physical condition			
Directed further examination to be conducted as clinically required, and obtained other clinical information or opinion from other medical practitioners as necessary			
Identified the likely cause of the patient's condition and provided a diagnosis and a prognosis based on the information provided			
Ensured that there was sufficient clinical justification for the proposed treatment including, if relevant, admission to hospital			
Instructed the on duty medical practitioner what course of treatment should be followed, including ensuring the proposed treatment is not contra-indicated, being satisfied that such treatment is able to be determined, and can be properly implemented, without requiring the return of the on-call resident medical officer or registrar. This would include developing or confirming a management plan, or varying an existing management plan with the endorsement of the staff specialist or VMO responsible for the care of the patient			

Directed follow-up requirements and subsequently reviewed the patient, if appropriate, based on those requirements		
Complied with the relevant NSW Health and local policies, procedures and directions		
Total Time:		
Summary of Appraisal Provided:		
Declaration - To be completed by the Medical Officer applying for payment: I hereby certify that: <ul style="list-style-type: none"> I. The information provided in this application is accurate. II. I have updated the patient's record for the patient in respect of whom the appraisal was provided at the earliest opportunity and in a manner that ensures continuity of patient care. III. The medical practitioner who initiated the request for the appraisal confirmed to me that he or she sought to consult with any appropriate available medical staff on duty in the hospital and the reason for calling an on-call medical officer was as follows: IV. The reason why it was not necessary to return to the hospital to undertake the appraisal is as follows: 		
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Signature of Medical Officer:		
Date:		
To be completed by the Chief Medical Officer or other relevant medical administrator:		
I hereby certify that the Medical Officer has complied with the terms and conditions as set out in the Policy Directive Payment to Medical Officers for Undertaking a Clinical Appraisal Remotely/ JMO Un-rostered Overtime, Call-Back (Recall), and that payment at the appropriate overtime rate can be made.		
Signature of CMO, JMO Manager or Delegate:		
Date:		