



Practitioner reviews, for persons who employ or otherwise engage practitioners

Under the [Health Insurance Act 1973](#) (Health Insurance Act), a person (including a practitioner) engages in inappropriate practice if they knowingly, recklessly or negligently cause or permit a practitioner who they employ or otherwise engage to engage in inappropriate practice. A 'person' includes an individual and a body corporate.

What you need to know

An officer of a body corporate engages in inappropriate practice if they knowingly, recklessly, or negligently cause or permit a practitioner employed or otherwise engaged by the body corporate, to engage in inappropriate practice.

If there is a concern that a person, including an officer of a body corporate, has caused or permitted inappropriate practice, the Chief Executive Medicare will review the matter and may make a request under subsection 86(1) of the Health Insurance Act to the Director of Professional Services Review (the Director) to review the provision of services during a specified period. The Chief Executive Medicare has delegated his or her powers to certain delegates (delegates), who are officers of the Department of Health, Disability and Ageing.

The delegate will consider the information before them and decide whether to make a request to the Director to review the provision of services.

Provision of services in this context includes services that are rendered or initiated by a practitioner employed or otherwise engaged by the person or employed or otherwise engaged by a body corporate of which the person is an officer.

There are three streams under which persons who employ or otherwise engage practitioners may progress through the Practitioner Review Program. In each case, the delegate will determine whether there is sufficient evidence and information available that would require or

allow the delegate to make a request to the Director to review the provision of services.

Stream 1 - Sufficient Evidence and Information available to the delegate

If the delegate is satisfied there is sufficient information and evidence available to them to make a request to the Director, the delegate will make a request to the Director to review your provision of services during a specified period. The information available to the delegate may include:

- information about and comments made by practitioners employed or otherwise engaged by the relevant person; and
- Medicare servicing data.

If the delegate considers that a request should not be made to the Director, the matter will be closed, and you will be notified of the outcome.



Stream 2 - Insufficient Evidence and Information available to the delegate

Stage 1 - Notification and request for written submissions

If the delegate is not satisfied there is sufficient information and evidence available to them, the delegate may write to you with an outline of his or her concerns regarding your provision of services. The delegate will offer you an opportunity to provide additional information through a written submission. Generally, you will have 28 days to respond.

In your written submission you may provide any additional information to assist the delegate's understanding of your provision of services and whether inappropriate practice may have occurred. For example, you may wish to provide documents that set out relevant policies, procedures, or training programs.

Providing a written submission within 7 days, after the request is made, is optional. You are not required to make a written submission or to provide any additional information if you do not wish to do so. If you do not provide a submission, the delegate will make a decision about whether to make a request to the Director based on the available, relevant information.

Stage 2 - Delegate assessment

After the period for providing submissions, the delegate will review all relevant available information, which may include:

- information about and comments made by practitioners employed or otherwise engaged by the relevant person,
- Medicare servicing data, and
- information provided in your written submission.

The delegate will then consider whether to make a request to the Director to review your provision of services during a specified period. If the

delegate considers that a request should not be made to the Director, the matter will be closed and you will be notified of the outcome of the delegate's decision.

Stream 3 – 80/20 rule

If you have breached the 80/20 rule by rendering or initiating a prescribed pattern of services, the delegate is required by the Health Insurance Act to request the Director to review your provision of services.

Where a request is made to the Director

Where the delegate makes a request to the Director, the delegate will give you written notice within 7 days after the request being made.

A request to the Director is the initial step in the process for reviewing the provision of professional services under the Health Insurance Act. A request to the Director is not a final or determinative decision regarding whether inappropriate practice has occurred. Following a request, the Professional Services Review (PSR) will proceed in accordance with the statutory process, which includes opportunities at various stages for you to be informed of relevant information about your case and make submissions.

PSR is an independent authority. If a request is made to the Director to review your provision of services, any further contact in regard to the matter will be directly between you and the PSR.