



# Practitioner Review Program – Frequently Asked Questions

## How can the 80/20 rule apply equally for doctors who must see high volumes of patients?

If a practitioner provides 80 or more professional attendance services per day for 20 or more days in a twelve-month period, the *Health Insurance Act 1973* (HIA) requires the Chief Executive Medicare (or delegate) must make a request to the Director of the Professional Services Review (PSR) for a review of their provision of services. This pattern of service is deemed to constitute inappropriate practice, except in exceptional circumstances. The Director PSR can consider exceptional circumstances when reviewing a practitioner's profile.

Providing services at this level would place considerable strain on a practitioner and might raise questions as to the quality of care the practitioner could provide, and the impact on the welfare of that practitioner.

## How do you ensure the system does not penalise hard working practitioners?

Under the Practitioner Review Program and PSR Scheme, practitioners are given the opportunity to explain their practice. Under the PRP, practitioners are offered the opportunity to discuss their case with a qualified health professional. Under the PSR Scheme, specialist advice can be sought, and a committee of peers can be accessed to ensure appropriate standards and considerations are applied.

The peer standard processes applied under the PRP and PSR Scheme ensures that conduct is assessed against the standards of the general body of the relevant profession. This ensures factors such as workload or the complexity of patient care for that profession are considered. This safeguards against any unfair penalisation, while still protecting the investment in the costs of Medicare, as peers are best placed to make these profession specific assessments.

## What processes are in place to account for doctors who sub-specialise when considering statistical outliers in the data?

As statistics alone do not take account of a practitioner's location, patient demographics, special interests, additional training and other potentially relevant matters, the data are merely a starting point for a review. Practitioners are usually offered several opportunities to respond to any concerns



identified to describe the nature of their practice and the reasons for their difference to peers. Statistical data can then be reviewed considering practice circumstances.

All relevant information is carefully considered when a practitioner is being reviewed, including Medicare servicing data and information provided by the practitioner at interviews and in written submissions. Clinical records are not reviewed under the PRP, but the PSR can review patient clinical notes to inform their review.

## What allowances have been made for compliance in the COVID-19 pandemic?

There is no legislative barrier to a practitioner providing more than 80 professional attendance services in a day, provided each service is clinically relevant, medically necessary, and provided in an appropriate manner. However, where a practitioner provides services at or near this level for a longer period, the practitioner's billing may be drawn to the attention of the PRP.

If this occurs, the Department could take circumstances into account in determining the appropriate action to take. However, if a practitioner breaches the 80/20 rule, under the HIA the Department must refer the practitioner to the Director of PSR where the Director may consider whether there were exceptional circumstances that led to this level of servicing.

On 18 January 2022, the *Health Insurance (Professional Services Review Scheme) Amendment (2022 Measures No.1) Regulations 2022* were registered on the Federal Register of Legislation. This regulation removed the telehealth and phone services from the prescribed pattern of services rules until 1 July 2022.

## How do you ensure practitioners are afforded procedural fairness when being reviewed under the PSR Scheme?

The PSR process offers practitioners several opportunities to receive information relevant to their case and respond to the identified concerns and to provide information that may address those concerns. Practitioners are also able to have legal representation.

## What assistance can be provided to practitioners who challenge the outcomes and processes for a PSR review?

The Director of the PSR is an independent statutory office holder. Once a request has been made to PSR there is no scope for the Chief Executive Medicare (CEM) or their delegate to withdraw the request or to undertake a new or further review in relation to the relevant practitioner's servicing.

At any stage during the PSR process, a practitioner may seek judicial intervention or review in the Federal Court of Australia or Federal Circuit and Family Court of Australia.



PSR is a prescribed authority under the *Ombudsman Act 1976*. The Ombudsman's Office may investigate any complaints made against the PSR under the *Ombudsman Act 1976*.

## More information

[PRP for Practitioners](#)

[80/20 Rule](#)

[Inappropriate practice](#)

[Professional Services Review](#)