



Practitioner review program, for practitioners – review by a delegate of the Chief Executive Medicare

Information about the Practitioner Review Program (PRP) and the review by a delegate of the Chief Executive Medicare (delegate).

Delegate Assessment

Health Professional Advisers and senior staff employed by the Department have been delegated certain powers of the Chief Executive Medicare (CEM), including the power to make a request to the Director of the Professional Services Review (Director) to review the provision of services by a person during a specified period.

These officers are called delegates of the CEM (delegates). The delegate undertakes an impartial, independent assessment of your Medicare servicing. The delegate reviews all relevant information available, which may include:

- the report of your interview and six-month review if these steps occurred
- your Medicare Benefits Schedule (MBS), Child Dental Benefits Scheme (CDBS) and/or Pharmaceutical Benefits Scheme (PBS) 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 of the delegate's review.

If the delegate's review raises concerns about your data, you may be invited to provide a [written submission with any further information](#) in response. Generally, you will have 28 days to respond. If you do not provide a written submission, the delegate will decide whether to make a request to the [Director](#) based on the relevant available information. Please do not send confidential or private information, such as patient details in your submission.

After consideration of any submissions received, the delegate may:

- decide not to make a request to the Director and the matter can be closed
- decide to make a request to the [Director](#) to review your provision of services during a specified period.

The delegate will write to you to let you know of their decision. Where a request is made to the Director, the delegate provide an explanation in the letter.

If you have breached the [80/20 rule and/or the 30/20 rule](#) by rendering or initiating a prescribed pattern of services, the delegate is required by the *Health Insurance Act 1973* (HIA) to request the Director to review your provision of services.



If a delegate requests a review by the Director, the delegate will provide the Director with the reasons for the request and information relating to the provision of services which are the subject of the request. This may include Medicare servicing data and prescribing data, information that was provided by you during interview, and your written submission to the delegate.

A request to the Director is the initial step in the process for reviewing the provision of professional services under the HIA. It is not a final or determinative decision regarding whether inappropriate practice has occurred. Following a request, the Director 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.

The peer review processes conducted by Director ensures that appropriately qualified individuals decide whether your conduct would be unacceptable to the general body of the members of your profession or specialty.

The Professional Services Review (PSR) is an independent authority. Once a request has been made to the Director, there is no scope for the CEM or their delegate to withdraw the request or to undertake a new or further review in relation to your servicing.

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