Advance the Profession
About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is a membership organisation that prepares doctors to be medical specialists in the field of psychiatry, supports and enhances clinical practice, advocates for people affected by mental illness and advises governments on mental health care. The RANZCP is the peak body representing psychiatrists in Australia and New Zealand and as a bi-national college has strong ties with associations in the Asia-Pacific region.

The RANZCP has more than 7300 members including more than 5300 qualified psychiatrists and over 2000 members who are training to qualify as psychiatrists. Psychiatrists are clinical leaders in the provision of mental health care in the community and use a range of evidence-based treatments to support a person in their journey of recovery.

The following RANZCP committees have been consulted in the development of this submission into the Australian Online Privacy Bill Exposure Draft consultation:

- Section of Private Practice Psychiatry
- Committee for Professional Practice
- Faculty of Psychotherapy
- Section of Rural Psychiatry

These committees are made up of psychiatrists and community members with lived experience. As such, the RANZCP is well positioned to provide advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

Introduction

The Australian Department of Health (the Department) has commissioned an independent review of the processes adopted under the Professional Services Review (PSR) Scheme which operationalise section 92 of the Health Insurance Act 1973 (the Act).

Background

Section 92 of the Act outlines the process for notice to medical professionals around possible incidents of inappropriate practices, for example, regarding Medicare Benefit Schedule (MBS) and Pharmaceutical Benefit Schedule (PBS) billing.

The intent of the section is to ensure practitioners are treated fairly and have access to clear, transparent, and comprehensive information about how the PSR Director’s review process works, and specifically how the negotiation phase under this section, operates.

The review is aiming to capture:

- the end-to-end process flow from the perspective of the Person Under of Review (PUR)
- the extent of transparency of the process to the PUR, noting that the integrity of the PSR must be maintained
- the quality of information available to PURs about the section 92 process, and
- feedback from key stakeholder organisations, such as the College
RANZCP Submission

The RANZCP welcomes the opportunity to provide feedback on the operationalisation of section 92 of the Health Insurance Act 1973. We support the intent of section 92 of the Act, to provide health practitioners with transparent and comprehensive information about the PSR process.

The RANZCP is supportive of MBS audits as a way of promoting compliance and quality, and we regularly remind members of their obligation to maintain accurate records. It encourages dialogue amongst our membership to spur consistency and openness in this regard.

We readily engage with the Department of Health with regard to MBS audits and compliance. This has included a meeting with Mr Lane, Assistant Secretary, Compliance Analytics Branch, Department of Health on 1 March 2021. The purpose of these discussions has been to enable improved communication regarding MBS compliance amongst our members, and to support those subject to compliance audit processes.

The RANZCP would reinforce the feedback to the Department of Health to consider a review of communication processes when issuing letters regarding audits to make the process less confrontational. The RANZCP has also raised in previous correspondence in September 2020 concerns regarding confusion by PSR delegates on the psychiatric process for referral, assessment, and treatment, which was giving rise to possibly unnecessary audits.

While the RANZCP recognises that incidents are infrequent, recent anecdotal experience from members suggests that processes adopted in practice, under the PSR Scheme, continue to be incongruent with the intent of the legislation, with limited opportunities for negotiation and minimal interaction with the PUR to resolve issues in a constructive manner.

The current processes in operation suggests an implied assumption of guilt on the part of the PUR. A case study discussed with the Department of Health appeared to request no further information or include a right of reply for the PUR. Feedback from members has indicated that there appears no opportunity for the PUR to provide other explanations for outliers in Medicare benefit claims before an (assumed) Voluntary Acknowledgment of Incorrect Payments form was issued.

The RANZCP would highlight that the process outlined in section 92 would indicate that the MBS items in question should be identified by the PSR delegate, to form the basis for the review. In reality, the RANZCP has been aware of cases where the PUR is expected to identify those items in question, for which they are subject to review.

The RANZCP is willing to contributing further to the work being undertaken so that the operation of the PSR Scheme can follow a consistent, objective process aligned to the intended purpose. This would enable the MBS audits and compliance reviews to function to assist all involved, patient and practitioner alike.

As proposed in the RANZCP’s letter to the Department of Health in March this year, we are keen to work with the Department into the future to ensure that RANZCP members are informed and reassured about compliance processes, including through a meeting once a year with the PSR panel or when a planned audit process is initiated.

Alternatively, the RANZCP would be receptive to the PSR providing training in the form of a webinar for peak health professional organisations, about what they do, and what an investigation involves including timelines, as well as reasons for audits.