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 7400 members including more than 5400 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.

Introduction

The Australian Government has released the Health Legislation Amendment (Medicare Compliance and Other Measures) Bill 2021 for comment.

This Bill amends the Health Insurance Act 1973 (Health Insurance Act), the National Health Act 1953 (National Health Act) and the Dental Benefits Act 2008 (Dental Benefits Act) to protect the viability of Medicare and ventures beyond the previous consultation on s92 of the Health Insurance Act.

The amendments proposed in the current Inquiry include:

- allowing for written arrangements between the person/s under review (PUR) and the Professional Services Review Scheme (PSR)
- penalties for refusing to attend hearings or non-attendance, extended to cover non-practitioners (ie those who may employ practitioners, for example the Executive Officer of body corporate and/or others)
- penalties for providing false and misleading information (as opposed to previously ‘statements’) whether intentionally or not
- improved and broader methods for recovery of debt owed to the Commonwealth including through the issue of garnishee notices on third parties.

The RANZCP response has been developed in consultation with several Committees including the Section of Private Practice Psychiatry, Committee for Professional Practice, Faculty of Psychotherapy and Section of Rural Psychiatry Committees.
RANZCP SUBMISSION RESPONSE

The RANZCP welcomes the opportunity to provide further feedback to proposed changes to health legislation particularly with respect to compliance with the Medicare Benefits Scheme (MBS).

The RANZCP has regularly engaged with consultation on the issue of Medicare audits and compliance as recently as 1 March 2021, in a meeting with Mr Lane, Assistant Secretary, Compliance Analytics Branch, Department of Health, and providing feedback to the Health Department’s independent request for commentary on the operationalisation of s92 of the Health Insurance Act 1992 in December 2021.

As stated through those previous consultations, the RANZCP is supportive of practices that promote compliance and quality, and the organisation regularly reminds members of their obligation to maintain accurate records. It encourages dialogue amongst our membership to spur consistency and openness in this regard.

The RANZCP welcomes the broadening of compliance accountability extending to third party non-practitioners. The RANZCP is aware that under the narrower scope of current legislation, there have been instances where practitioners have been subject to the bulk of penalties and have been required to reimburse more than they received through third party providers, who have billed incorrectly on their behalf. The RANZCP is of the view this change corrects an imbalance in obligation under the PSR Scheme.

We continue to reinforce previous feedback to the Department of Health to consider a review of communication processes more generally, when issuing letters regarding audits to make the process less confrontational, leading to a more constructive resolution of matters.

The RANZCP also highlighted in previous correspondence of September 2020 to the Department of Health, the confusion experienced by PSR delegates in understanding the psychiatric process for referral, assessment, and treatment, which was giving rise to possibly unnecessary audits.

We embrace the spirit of the changes proposed - that is to increase compliance - but reiterate our views that ongoing, transparent, open dialogue with the profession is the best path to increasing and maintaining the integrity of the MBS to the benefit of all, especially patients.

In this regard the RANZCP also maintains its view that the Ahpra remains the appropriate and best placed Government body for monitoring compliance and adopting a preventive approach in this area of practice. It would encourage the amplifying of Ahpra’s role in liaising with, communicating to and educating the profession on compliance.

The RANZCP looks forward to contributing further to the work being undertaken so that the operation of the MBS can run to the purpose intended and can function to assist all involved, patient and practitioner alike.