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9th August 2011

The Senate Community Affairs Committee
Review of the Professional Services Review (PSR) Scheme
Parliament House
Canberra ACT

Dear Committee Secretary

RE: PSR Review Scheme

I am a general practitioner working 90% of the time in private practice in Launceston, Tasmania, and 10% of the time as a Senior Lecturer within the University of Tasmania Medical School. I am also an examiner for the fellowship exam of the Royal Australian College of General Practitioners.

I have been a panel member of the PSR on eight occasions. I wish to put forward a submission highlighting the benefits of the PSR process.

I believe that a small group of disgruntled doctors who have been referred to the PSR are trying to change this process; a process that has good legislative backing to deal with errant doctors.

I believe the vast majority of medical practitioners in Australia are honourable people who endeavour to do the best for their patients.

However, there are a few who undertake inappropriate clinical activities with no real benefit to their patients which generates a very large expense for Medicare.

I will address my submissions with particular reference to the terms of reference of your committee.

The Structure and Composition of the PSR

A (i): Criteria for selection

Speaking from personal experience, I believe that the composition of the PSR Committees is both sound and made up of well regarded medical practitioners who have a broad breadth of clinical experience. This qualifies them to assess whether the practice of a fellow medical practitioner is clinically appropriate.

I have worked in both a rural practice and an urban practice. I have undertaken further training to become a qualified Methadone prescriber. This gives me good knowledge in the general standard of clinical practice that a medical practitioner from both rural and urban areas should engage in.

I believe that a panel of three medical practitioners to determine whether a fellow medical practitioner has practised inappropriately is a very fair system. It is a much fairer system than having a legal practitioner (or some other person) determining whether a medical practitioner is practising in a clinically appropriate manner.

This is because fellow clinicians have a much better insight into what the general body of practitioners would consider appropriate.

Other doctors I have met who are members of PSR panels are from both rural and urban full time clinical practices, many also undertaking supervision and teaching of junior doctors in training.

The doctors who have been approached to become members of the PSR committees are expected to attend weekend training sessions to gain greater understanding of the PSR process and the way to conduct a fair committee hearing.

A(ii): The role of specialist health professionals assisting cases where PSR members may lack expertise

A Person Under Review (PUR) is a practitioner who is brought before the PSR committee to have an opportunity to explain to the PSR committee that the clinical practice under investigation is appropriate.

The PSR panels that I have been involved with have had PURs who are general practitioners (GPs) who have claimed GP item numbers from Medicare.

I therefore considered it appropriate that they should be assessed by fellow general practitioners.

Sometimes these GPs believe that they are practising in a specialised area such as pain management, cardiac stress testing or alternative medicine.

On a number of occasions during the PSR process we have sought the opinion of specialists in these areas for advice.

B: Current operating procedures and processes used to guide committees in reviewing cases

Before a PUR comes before a PSR committee, the PUR has first been highlighted by Medicare to be practicing outside a normal expected practice profile.

At first Medicare will send a Medicare doctor to assess the PUR within their practice. If the Medicare doctor considers the PUR to be practising appropriately no further intervention is warranted.

However, if the PUR is continuing to practice differently than Medicare considers appropriate they may be either assessed again by a Medicare doctor or referred to the Director of PSR.

The Director of PSR will then assess the PUR within their practice. If the Director of PSR believes the PUR is practising inappropriately, the Director may refer the PUR to a PSR committee or negotiate a financial settlement with the PUR to pay back some of the fees to Medicare.

When a PSR committee is formed we ask for a statistically verifiable sample of the clinical notes from the PUR. These clinical notes form the basis of questioning to the PUR about their clinical practice.

The PSR committee is made up of three practitioners, one of whom is the chairman. The other members are drawn from the PUR area of clinical practice (eg fellow GPs, surgeons or chiropractors etc).

The PSR committee has assistance from a legal practitioner and one or two officials from the PSR Secretariat which is based in Canberra.

The PUR may have a legal practitioner (or a support person) with them during the hearings.

The hearings are mainly between the PSR panel members and the PUR.

The hearings are recorded and written transcripts are made, of which the PUR may have a copy.

This process described is both fair and reasonable to all concerned because before the PUR comes before a PSR panel they have been offered a number of times to consider changing their practice as it may be considered clinically inappropriate.

(D): Pathways available to practitioners or health professionals under review to respond to any alleged breach

The PUR is questioned about their clinical practice, and they are given ample opportunity to explain why they practice the way they do.

The PSR committees are not open to the public.

The PSR committee process is not a court of law and is made up of practicing clinicians. This allows the committee process excellent opportunities to question the PUR about their clinical work.

The PUR has the opportunity after the committee hearings to offer further submissions. When the first draft of the committee's findings has been made the PUR can make further submissions to the committee.

These further submissions are taken into account in the final report from the PSR committee.

The final report is handed over to the Director of PSR who may give the report to the Determining Authority to consider if a penalty should be made against the PUR.

The PUR can appeal the matter to the Federal Court.

The role of the Federal Ccourt is to rule if there have been any legal breaches during the PSR committee process. As mentioned, the PSR is made up practising clinicians, not lawyers, even though lawyers are present during the PSR committee hearings.

The clinical findings of the PSR are not subject to appeal by the courts. This is reasonable given that the PSR is made up clinicians

This is fair and transparent process for the PUR.

(F): Other related matters

The following are examples of what I and my fellow panellists (and I believe the vast majority of medical practitioners) considered inappropriate clinical practice.

- A PUR defended the need to undertake an investigation for heart disease, an ECG stress test costing Medicare $300, on a 30-year-old woman who had known asthma and was short of breath.

  It is most likely that she had an attack of asthma and the expected clinical management of that person would be to see if she did have asthma and perhaps perform a spirometry, costing Medicare $15.

  This may sound obvious to a lay person but if clinicians were not judging this PUR's clinical practice and it was placed in the hands of non clinicians,then the PUR may be let off on some technical legal ground.

- A PUR attempted to persuade the committee that it is appropriate to place electrical

current through water, then removed electric current from the water and place this "energised water" on a patient in an attempt to treat cancer.

Again this is a clinical matter, and in this case there are no scientific grounds for its use. Having fellow clinicians judging the appropriateness of the practice is a sound process rather than making it a purely legal process that may miss the clinical inappropriateness of a practitioner.

- A PUR attempted to persuade a PSR committee that it was appropriate to continue to prescribe large quantities of narcotics to patients whom the local pharmacist had repeatedly indicated were selling the narcotics on the black market and self injecting the drugs.

  The use of narcotic analgesia is appropriate in certain circumstances.

  Having a peered reviewed system like PSR is a fair process to decide if the prescribing doctor is prescribing correctly.

  The panel believed this prescribing was dangerous to the patient and also the community.

- A PUR attempted to persuade the PSR committee that it is appropriate to see 120 patients in a day.

  This was despite there being at the least seven other medical practitioners in the local community.

  On further investigation many of these patients had presented for repeat prescriptions of drugs of dependence. Many of these patients had also bypassed other medical practitioners in other towns to attend the PUR.

  There was no doubt the PUR was popular with many patients.

  It takes a committee of peers of the PUR (ie a PSR committee) to determine if the PUR is practicing appropriately rather than seeking the advice of lay people or the PUR's patients.

  It should be noted that on a very busy day I have not seen more than 60 patients in a day.

- A PUR tried to persuade the panel that everyone who presents with any type of chest discomfort should have an ankle/brachial arterial measurement determine for peripheral vascular disease, along with an ECG stress test.

  The problem with this management it that is expensive to Medicare and is not necessary. Other investigations such as a chest x-ray, spirometry or blood tests would give far more relevant clinical information at a much less expense to Medicare.

  Whether an investigation is needed or not is better judgee by clinicians practicing in a similar of area of medicine.

  The cost to Medicare of the PUR's activities was not the principle factor in determining if the PUR was practicing appropriately.

The PSR process is a good system for judging the clinical management and appropriateness of the PURs clinical practice.

I would be happy discuss this verbally with your committee if required.

With kind regards,

Yours sincerely,

Dr. Paul Hanson
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