

According to the health insurance act the Director of PSR can enter into an agreement containing the following sanctions listed below if the person under review is a **practitioner**. A practitioner is a person **registered** with the appropriate authority is the medical board.

On occasions the Director of PSR has indeed entered into agreements with de-registered practitioners and the Determining Authority has ratified these agreements. The agreements and the ratification are outside the Health Insurance Act and therefore are invalid.

How many persons sent for review by Medicare Australia have been de-registered at the time the referral was made to PSR or that these persons were de-registered during the PSR process. How many of these persons have either entered into an agreement with the Director of PSR or been referred to a PSR Committee and had a determination made by the Determining Authority?

How many final determinations included a suspension from medicare benefits and or the part V11 authority - thus rendering the determination invalid?

Imposing a sanction that fully disqualifies a person from the medicare arrangements whilst they are already de-registered (therefore not a practising medical practitioner) is indeed overkill and an abuse of power by the Director.

Are the persons who have had such sanctions imposed on them able to bring action against PSR? Will PSR fess-up and informed these persons that sanctions have been imposed on them outside the health insurance act? When will PSR be made accountable for its overbearing and dogmatic actions against the medical profession?

**general practitioner** means:

- (a) a medical practitioner in respect of whom a determination under section 3EA is **in force**; or
- (b) a person **registered** under section 3F as a vocationally registered general practitioner; or
- (c) a medical practitioner of a kind specified in the regulations.

**vocationally registered general practitioner** means a medical practitioner **registered** under section 3F.

## 92 Agreement entered into between Director and person under review

(1) If the person under review is a **practitioner**, the Director and the person may enter into a written agreement under which:

- (a) the person acknowledges that the person engaged in inappropriate practice in connection with rendering or initiating specified services during the review period; and
- (b) specified action in relation to the person (being action of a kind mentioned in subsection (2)) is to take effect.

(2) The action that may be specified under paragraph (1)(b) in the agreement includes any one or more of the following:

- (a) that the Director, or the Director's nominee, is to reprimand the person;
- (b) if any medicare benefit has been paid (whether or not to the person) for services referred to in paragraph (1)(a)—that the person is to repay to the Commonwealth an amount equal to the whole or a specified part of that medicare benefit;
- (c) that any medicare benefit that would otherwise be payable for services referred to in paragraph (1)(a) is to cease to be payable;
- (d) if the person is a participating optometrist—that the Minister's acceptance of the undertaking by the participating optometrist under section 23B is to be taken to be revoked, either wholly or in so far as the undertaking covers particular premises;

(e) if the person is a person in respect of whom a Part VII authority is in force and a service referred to in that paragraph involves prescribing or dispensing a pharmaceutical benefit—that the Part VII authority is to be taken, for the purposes of the *National Health Act 1953*, to be suspended for a period of not more than 3 years starting when the agreement takes effect;

(f) that the person is to be disqualified, for a specified period of not more than 3 years starting when the agreement takes effect, in respect of one or more of the following:

(i) provision of specified services, or provision of services other than specified services;

(ii) provision of services to a specified class of persons, or provision of services to persons other than persons included in a specified class of persons;

(iii) provision of services within a specified location, or provision of services otherwise than in a specified location;

(g) that the person is to be fully disqualified for a specified period of not more than 3 years starting when the agreement takes effect.

Note: Medicare benefits are not payable in respect of services rendered or initiated by, or on behalf of, disqualified practitioners (see section 19B).

## Determining Authority

106U Content of draft and final determinations

(1) A draft determination or a final determination must contain one or more of the following directions:

(g) **if the person under review is a practitioner—that the practitioner** be disqualified in respect of one or more of the following:

(i) provision of specified services, or provision of services other than specified services;

(ii) provision of services to a specified class of persons, or provision of services to persons other than persons included in a specified class of persons;

(iii) provision of services within a specified location, or provision of services otherwise than in a specified location;

(h) if the person under review is a practitioner—that the practitioner be fully disqualified.