

Medical Specialist Professionalism Framework

Ethical Billing and Fee Transparency



Introduction

On behalf of the Council of Presidents of Medical Colleges (CPMC), we are pleased to present this sector-wide professionalism framework on ethical billing, fee transparency and informed financial consent.

Australia has one of the best health systems in the world, a system which delivers unparalleled patient outcomes. The cornerstone of the success of our health system are two key features: the high standard of our health practitioners, and the universal access to care for patients; ensuring that all Australians can receive the care they need.

While specialist medical colleges in Australia do not set or regulate fees, we have long upheld expectations of ethical, transparent and patient-centred practice from our members, recognising that appropriate billing is part of professional conduct and that patients deserve clear, fair and respectful communication about the costs of their care. At a time when Australians are increasingly concerned about the cost of accessing specialist medical services, it is important that the sector clearly articulates the professional expectations that already guide our work.

This framework does not introduce new obligations. Instead, it consolidates shared principles already supported by colleges and embedded across our colleges' various codes of conduct and other professional guidance documents. Its purpose is to provide clarity and consistency for specialists and trainees aligning with existing codes of conduct that require doctors to act with integrity, compassion and respect.

It sets a guiding framework for setting and communicating professional fees; ethical and compassionate billing; hardship support; fee transparency with the disclosure of out-of-pocket costs; and obtaining informed financial consent. It also outlines what patients should reasonably expect from their specialist doctor. At its core, it affirms that patient interests come first: fees must be fair and transparent, never exploit patients and their families, and patients have the right to clear, upfront information with no hidden charges, and adequate time to understand fees before agreeing to care.

We appreciate not all specialists determine the fees their patients pay. Many specialists work as employees of public or private hospitals, and a growing proportion work within large private practice groups or corporate entities where fees are set organisationally rather than by the individual specialists. In some of these settings, workforce planning and service capacity have not always kept pace with demand, which can place pressure on available resources and contribute to rising costs.

The vast majority of specialists practise ethically, transparently and with deep commitment to patient care. By consolidating the sector's shared expectations, this framework reinforces the values that underpin specialist practice and strengthens public trust.

We thank all colleges for their leadership and collaboration in developing this document, and for their ongoing shared commitment to upholding the highest standards of professionalism across Australia's specialist medical workforce.

Patient Welfare, Fairness and Cultural Safety

Fees and billing practices must uphold the highest standards of professionalism and place patient wellbeing at the centre of every decision.

a. Prioritise patient welfare

Clinical decisions must be independent of any actual or perceived financial consideration, and decisions about treatment, timing and referral must be based solely on what is best for the patient and contemporary evidence-based practice.

b. No exploitation of vulnerability

Fees and billing practices must not take advantage of a patient's fear, limited alternatives, cultural background, disability, chronic illness, financial hardship or urgent care needs.

c. Prioritise fair access to care

Free and accessible public health care should be available for all vulnerable populations but in the absence of this, when only fee-paying services are available, specialists have a moral responsibility to prioritise fair access to care when patients have disclosed hardship. Fair access to care is a right, but especially for First Nations peoples, refugees, culturally and linguistically diverse communities, rural and regional patients, people with disability and those experiencing hardship, with a duty of care to adjust or modify fees or refer to an alternative provider where cost would otherwise prevent patients from receiving necessary care.

d. Culturally safe and trauma-informed communication about fees

Fee discussions must be respectful, culturally safe, trauma-informed and adapted to the health literacy and language needs of the patient and/or their carers to support them to make informed decisions.

Fee Transparency and Informed Financial Consent

It is a professional responsibility of specialists to obtain informed financial consent from their patients and where relevant, their carers. Informed consent is not complete unless the patient and/or their carer has had a genuine opportunity to understand both the clinical risks/benefits of treatment, reasonable alternatives and the likely financial implications (including alternatives and lower-cost options). The patient should also understand the implications of not having the proposed procedure/treatment. Urgent or life-saving treatment however must not be delayed obtaining financial consent.

a. Provide clear, upfront disclosure

- Patients must be informed, in plain language, of proposed services, the expected frequency and duration of treatment, who will bill them, expected out-of-pocket costs and any relevant rebates known.
- Information about expected costs should be provided as early as possible in the patient relationship.
- Hidden or undisclosed booking, administrative or "junk" fees are unacceptable.
- Typical fee ranges for common services should be current and readily available (e.g. website, brochures, reception).
- guidance regarding confidential processes for discussing financial hardship should be included in the patient-facing materials.

b. Provide written documentation before non-urgent care

Before proceeding with non-urgent care that will incur an out-of-pocket cost, obtaining informed financial consent is mandatory. Consent must be documented before non-urgent treatment proceeds. Ensure the patient has received and understood:

- the proposed services described with the provider's fee and MBS item numbers where relevant
- estimated rebates (where applicable) and expected out-of-pocket cost
- likely additional costs from other providers (e.g. anaesthetist, assistant, imaging) Where these cannot be estimated, patients should be informed of where they can obtain this information.
- circumstances that may change costs e.g. complexity, unpredictable outcomes
- payment expectations and timelines
- options if the care is unaffordable

c. Explain potential changes

Clearly explain when fees may vary (e.g. complexity, additional procedures, extended time) upfront and, where feasible, update estimates provided before proceeding with additional chargeable interventions. If there is a material change in the care plan or cost, repeat or update consent as soon as practicable.

d. Respect patients' choice

Patients should be informed of their right to ask questions, seek clarification, negotiate fees, decline treatment, seek second opinions, have choices in where they are treated and explore lower-cost alternatives that will not compromise their care including public options without pressure.

e. Informed Financial Consent

Informed Financial Consent must be obtained and documented before non-urgent treatment and retained in the patient record. Consent must be voluntary and given adequate time, without time-pressure or coercion.

Fair, Reasonable and Justifiable Fees

While our economy operates as a free market, we do have expectations of what is fair and proportionate, and the professional fee charged should be justifiable and defensible.

a. Set fees that are fair, reasonable and proportionate

Fees should reflect the context of care including time, complexity, expertise, costs of practice, and prevailing benchmarks and they should be reasonable in relation to the service provided.

b. Avoid exploitative or unjustified fees

Fees must not:

- be designed to maximise profit at the expense of patient equity
- take advantage of limited treatment alternatives
- include booking or administrative fees without a clear cost basis

c. Apply fees consistently

Surcharges, discounts or concessions must be applied transparently and consistently across comparable patients.

Access to Care and Compassionate Billing

Specialists should consider patients' individual circumstances when setting fees.

a. No financial barriers to necessary care

Billing practices such as upfront payment demands or inability to pay must not deter or delay urgent or lifesaving treatment. Negotiation over fees should not compromise timely access to safe care.

b. Compassionate billing policies

Practices should maintain a documented compassionate billing policy that considers:

- eligibility criteria for reduced fees or fee waivers
- processes for discussing hardship confidentially
- available options (e.g. payment plans, capped out-of-pocket fees, bulk billing)

c. Compassionate billing to priority populations

Where disadvantaged populations can only access fee paying services, compassionate arrangements should be offered to priority populations, including First Nations peoples, culturally and linguistically diverse communities, rural and regional patients, people with disability and those experiencing financial hardship for genuinely required services.

d. Offer flexible payment options

Examples include:

- staged billing
- capped out-of-pocket costs
- payment plans
- bulk billing

Integrity, Accountability, and Professional Standards

Clinical decisions must be based on patient need, with financial interests clearly disclosed and full compliance with legal, professional and documentation obligations.

a. Ensure clinical decisions are free from financial influence

Treatment recommendations must be based on clinical need as well as an individual patient's family and social circumstances.

b. Disclose any financial interests that could influence care

Any financial interests that could reasonably be perceived to influence clinical advice - including ownership stakes in facilities, equipment, or services must be transparently disclosed as part of the consent process.

c. Comply with all relevant laws and standards

Specialists must comply with all relevant laws and standards including:

- Medicare Benefit Schedule (MBS) rules
- private health insurance obligations
- consumer law
- anti-discrimination law
- Competition and Consumer Act 2010 (ACCC)

d. Maintain accurate documentation

Records must include:

- written estimates
- Informed Financial Consent

Consider including:

- fee discussions
- billing policies
- any hardship arrangements

Colleges will continue to support ethical billing through education, peer review and professional guidance. There is consensus that this is a critical issue that underpins the standing of our specialists, and consequently there is an unequivocal expectation that all specialists consistently uphold these principles in their practice.