

## QUESTIONS AND ANSWERS

### HEALTH INSURANCE AMENDMENT (GENERAL PRACTITIONERS AND QUALITY ASSURANCE) ACT 2020

#### Schedule 1 – General Practitioners

**Q1. What is the purpose of the Act?**

Medical practitioners who gain Fellowship of the Australian College of Rural and Remote Medicine or the Royal Australian College of General Practitioners can register with the Australian Health Practitioner Regulation Agency as *specialist general practitioners* (GPs), and their patients can claim specialist general practitioner Medicare rebates. Currently this requires GPs to apply to both the Australian Health Practitioner Agency and to Medicare.

This Act means that Australian Health Practitioner Regulation Agency data will be used for assessing initial and ongoing eligibility for *specialist general practitioner* Medicare rebates. GPs will no longer need to tell Medicare when they gain Fellowship of their medical specialist college.

This Act simplifies Medicare administrative processes for recognition as a specialist general practitioner (GP) for Medicare purposes under the *Health Insurance Act 1973* and aligns Medicare eligibility for GPs with the National Registration and Accreditation Scheme requirements. Under the national registration arrangements introduced in 2010, the Medical Board of Australia is responsible for approval of specialist registration for medical practitioners; including the speciality of general practice. The Australian Health Practitioner Regulation Agency holds the most up to date registration information on all registered medical practitioners. Ahpra provides operational support to the Medical Board of Australia.

Services Australia administers Medicare benefits rebates on behalf of the Department of Health. Services Australia will use the Australian Health Practitioner Regulation Agency data on GPs' registration status and compliance with continuing professional development requirements.

**Q2. How will Services Australia know that a General Practitioner has specialist registration?**

Medical practitioners who achieve fellowship apply to the Medical Board of Australia for specialist registration in general practice. The Australian Health Practitioner Regulation Agency gives Services Australia data on the status of all registered health professionals under the National Registration and Accreditation Scheme including GPs.

**Q3. When will the amendments take effect?**

Schedule 1 of the Act commences on 16 June 2021. Consequential amendments to be made to the Health Insurance Regulations 2018 (HIR) are required to take effect at the same time as the commencement of the amendments in Schedule 1.

Schedule 2 commenced on 16 June 2020.

**Q4. Why does this matter?**

The specialist GP Medicare rebate is higher than the rebate for patients who see medical practitioners working in general practice without specialist qualifications. Under the current arrangements, as GPs become Fellows, they are required to apply in writing to Services Australia to register as a specialist to receive higher rebates for their patients. Their College has to certify this in writing, and confirm their CPD compliance every 3 years to ensure these rebates are maintained.

By reducing this administrative step, GPs only need to notify the MBA that they are a Fellow and this information is automatically shared with Services Australia to ensure access to higher Medicare rebates. In addition, GPs only need to indicate their CPD compliance annually at the time of registration renewal (as is the current process), and registration information will be shared with Services Australia to confirm continued access to the appropriate rebates.

Now the Act has passed, GPs who are Fellows need to register as specialist GPs prior to 15 June 2021 to ensure they continue to access higher Medicare rebates without any gap. This requires registration of their Fellowship qualifications with the Medical Board of Australia. This can be done at any time before 15 June 2021, including as part of their annual registration renewal.

For GPs who are not Fellows but were on the vocational register at some point an application for Medicare recognition is required to Services Australia.

**Q5. How do I register as a specialist with the Medical Board of Australia?**

To register as a specialist with Ahpra, GPs who hold fellowship with the RACGP or ACRRM need to complete an application for specialist registration. Further information about this process is available on the [Medical Board of Australia's website](#)

**Q6. Why is the implementation 12 months from Royal Assent?**

An implementation date 12 months from Royal Assent allows the Department to work with medical stakeholders and Services Australia to ensure that the system for information exchange has been tested before it goes live.

Critically, this also allows both the Department and medical stakeholders groups to communicate the changes to all affected GPs.

**Q7. What will these changes mean for the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine?**

Both the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine continue to be the specialist colleges responsible for general practice and both ensure that Australian communities have access to highly qualified GPs. Qualification approval for Fellowship of either of these specialist colleges remains with the Medical Board of Australia for registration in the specialty of general practice.

**Q8. Will the Royal Australian College of General Practitioners and Australian College of Rural and Remote Medicine still be responsible for reporting general practitioners who do not meet their Continuing Professional Development requirements to Services Australia?**

No. The Medical Board of Australia is responsible for the setting of standards and monitoring of continuing professional developments for all medical practitioners. These changes bring GPs in line with the requirements for all the other medical practitioner specialities. The Medical Board of Australia requires that medical specialists continuing professional development meets or is equivalent to the standards set by their specialist medical college.

All existing continuing professional development requirements remain in place until 16 June 2021. At present GPs who are fellows of the Australian College of Rural and Remote Medicine or the Royal Australian College of General Practitioners must meet the continuing professional development requirements set by those colleges to maintain their registration as a general practitioner. These continuing professional development requirements can be met by participating in educational events run by the colleges or events run by other education providers that have been accredited by the colleges. GPs can also study independently and apply to the college for recognition of that study towards their continuing professional development.

The changes to the *Health Insurance Act 1973* do not change these requirements which are set by the Medical Board of Australia for registration purposes. The changes to the Act simply mean that GPs do not need to rely on colleges to confirm their compliance with CPD requirements in order to for their patients to receive full Medicare rebates. Instead, the information will be provided directly to Medicare by the Board (from 16 June 2021) using its registration data.

**Q9. Will medical practitioners who are on the vocational register be impacted by these changes?**

No. These medical practitioners continue to access higher rebates while they hold registration with the Medical Board of Australia.

**Q10. How will general practitioners who have previously been on the vocational register but are not on the register at the time that these arrangements come into effect be able to access rebates in the future?**

Those practitioners who have been off the vocational register are required to meet the following eligibility requirements to be re-instated to claim GP Medicare rebates.

1. Hold Registration with the Medical Board of Australia;
2. Have been previously approved by the General Practice Recognition Eligibility Committee to be placed on the vocational register; and
3. Has met minimum requirements for taking part in continuing professional development activities for the 2017-2019 triennium.

**Q11. What is the process to apply to be re-instated on the vocational register?**

Medical practitioners who wish to be reinstated on the vocational register need to complete and submit an 'Application for Vocational Registration for General Practitioners Form' (HW060) to Services Australia prior to 15 June 2021. This form is available on the [Services Australia website](#)

**Q12. Will these changes affect the quality of services provided by general practitioners?**

No. Services should be unaffected for the vast majority of patients. Some GPs will be required to complete documentation for recognition as a specialist GP by the Medical Board of Australia and Services Australia. If a doctor fails to complete this documentation prior to 15 June 2021 their patients may no longer have access to higher Medicare rebates.

## **Schedule 2 – Quality Assurance Confidentiality**

### **Q13. What is Quality Assurance confidentiality?**

This schedule amends Part VC of the *Health Insurance Act 1973* and deals with the Commonwealth Qualified Privilege Scheme (QPS). The QPS provides safeguards for health care professionals to engage in effective quality assurance activities.

The QPS encourages health professionals to participate in formal quality assurance activities by providing protection from disclosure of information known solely as a result of the quality assurance activity. The protection from disclosure includes both patient and clinician information.

In determining whether to declare a quality assurance activity under the Commonwealth's QPS, the Minister or the delegate must determine that it is in the public interest to declare the activity.

### **Q14. How does the Commonwealth Qualified Privilege Scheme work?**

The QPS is designed to encourage participation of health professionals in formal quality assurance activities that are aimed at improving the quality of the health care system. Activities may identify individual or trend data to allow individual or system performance improvements.

Qualified privilege gives participants confidence that they can provide frank and candid information and that their identity will not be disclosed outside of the activity.

Typically, declared activities are managed by specialist medical colleges with their member medical practitioners being the participants who provide data and information on the clinical services they provide.

### **Q15. Why are amendments needed to the definition of ‘quality assurance activity’?**

These are minor technical amendments and replace a reference to now repealed legislation to ensure there is no ambiguity about the inclusion of health and hospital services funded through payments by the Commonwealth to the States and Territories for the delivery of those services. The new definition will refer to the current funding mechanism for health and hospital services, the *Federal Financial Relations Act 2009* (FFRA).

The amendment will remove the technical ambiguity that currently exists by updating the reference to the FFRA.