Submission to Senate review of Professional Services Review (PSR) Scheme

I am concerned that this review may have been instigated by intensive lobbying from a vocal minority of doctors who have been referred to the PSR.

Amongst the general medical community there is little knowledge about the process of the PSR. It is only if there is some involvement in the process, either as a panellist or chairman, or as a doctor who has been referred to the PSR that there will be familiarity with the organisation. Clearly these groups will have very different views of the process.

The retiring Director has attempted to educate doctors about their requirements when charging medicare item numbers, prescribing medication or ordering investigations. Those requirements are, simply, that they be clinically appropriate and that contemporaneous records be kept.

The last few years have had some success in saving the Taxpayers over $100 million by the reduction in long consultations after a number of doctors were found to be charging these inappropriately. In addition there has been a large reduction in the number of CT scans ordered. This is significant as these have a high level of potentially damaging radioactivity and are, in many cases, are unnecessary.

The medical media has portrayed the retiring director and the PSR as being a body to be feared and at times vilified. Despite this only a very small number of the general medical population will ever be referred to the PSR

I have been a panellist since 2003 and have sat on 6 panels. My appointment was instigated by a recommendation from the Medical Council of Tasmania. As a GP of then 15 years standing, a medical educator for GP registrars, an accreditor of training practices, a RACGP examiner and occasional case writer, an assessor and occasional mentor of International Medical Graduates this has given me a wide exposure to the work and standards of other general practitioners. I believe mine was an appropriate appointment. My familiarity with the court system through my work in sexual assault medicine was also useful.

Doctors who work in many areas of practice apart from their clinical work are well known to the doctors on Medical Boards, in the colleges and in the AMA as they are equally active. Their wide experience and exposure to many different parts of the profession is an important determinant of the ability to make a judgement of what may or may not be clinically appropriate as is required of a panellist on a PSR committee. These are not judgements which can be made by people without clinical experience.

Those who come before a PSR committee are unlikely to believe the process is fair but there are many policies to guide good practice on the part of the panellists. Doctors have the opportunity for legal advice, to provide input into the draft report, which must be taken into account, and the ability to appeal to the Federal Court.

Some of the doctors I have been asked to assess in my appointment as a panellist have been breathtaking in their level of danger to the people under their care and others have profligate in the cost to the taxpayer in providing frequent, clinically unnecessary, inappropriate and often unproven services to members of our community. The PSR has been one process which has good legislative backing to deal with these errant doctors.

I would be very happy to provide more information to the committee in person if requested

Dr Felicity Wivell