



Australian Government

Department of Health and Ageing



Australian Government

Medicare Australia

**Guidelines for the Recognition of Medical Practitioners as
Specialists or Consultant Physicians for Medicare purposes under
the *Health Insurance Act 1973***

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Part 1 - Preliminary

- 1.1. The purpose of recognition as a specialist or consultant physician under the *Health Insurance Act 1973* is to enable Medicare benefits to be paid at the higher specialist or consultant physician rates for services provided by medical practitioners who satisfy the criteria for recognition. In addition to the higher rebate attendance items there are other items in the Medicare Benefits Schedule that are limited to medical practitioners who have been recognised as a specialist or consultant physician under the *Health Insurance Act 1973*.
- 1.2. The purpose of these Guidelines is to assist Delegates of the Medicare Australia CEO in determining whether domiciled (permanent Australian) or non-domiciled (temporary resident) medical practitioners should be granted recognition as specialists or consultant physicians under the *Health Insurance Act 1973*. These Guidelines encapsulate Government policy in assisting in the making of decisions and have been prepared in consultation with the Department of Health and Ageing. Delegates should not apply these Guidelines inflexibly and should have regard to the circumstances of each application.
- 1.3. These Guidelines first commenced on 1 July 2004 in regard to recognition under section 3E and have subsequently been amended to cover applications under section 3DB to reflect the changes in the *Health Insurance Amendment (Medical Specialists) Act 2006* which took effect on 25 October 2006.
- 1.4. These Guidelines apply to recognition as a specialist or consultant physician:
 - (a) on advice from the Australasian specialist medical colleges under section 3D of the *Health Insurance Act 1973* (this applies for recognition as a specialist only);
 - (b) when an application is made by a domiciled medical practitioner under section 3DB of the *Health Insurance Act 1973*; and
 - (c) when an application is made by a non-domiciled medical practitioner under section 3E of the *Health Insurance Act 1973*.
- 1.5. Recognised specialties, relevant qualifications and Australasian specialist medical colleges are listed in Schedule 4 of the Health Insurance Regulations 1975 (herein Schedule 4).
- 1.6. Medicare Australia refers to Schedule 4 for the recognised specialties and qualifications when considering applications for recognition under sections 3DB and 3E of the *Health Insurance Act 1973*.
- 1.7. The *Health Insurance Act 1973* and the Health Insurance Regulations 1975 are available at www.comlaw.gov.au

Part 2 – Delegation

- 2.1. Provision for the Medicare Australia CEO to appoint Delegates under section 3D and 3DA of the *Health Insurance Act 1973* is made under section 131 of the *Health Insurance Act 1973*.
- 2.2. Provision for the Medicare Australia CEO to delegate the functions she performs on behalf of the Minister for Health and Ageing, including making determinations under sections 3DB, 3DC and 3E of the *Health Insurance Act 1973*, is made under section 8AC of the *Medicare Australia Act 1973*.

Part 3 – Required documentation

On advice from the specialist medical college

- 3.1. Under section 3D of the *Health Insurance Act 1973*, an Australasian specialist medical college (herein College) may advise the Medicare Australia CEO that a medical practitioner satisfies the criteria for specialist recognition. Recognition under section 3D of the *Health Insurance Act 1973* applies only for recognition as a specialist.
- 3.2. For the recognition mechanism in section 3D to operate, the Medicare Australia CEO must receive a written notice from the relevant College that explicitly states that the medical practitioner meets the criteria for specialist recognition in the named specialty.
- 3.3. The legislation does not permit Medicare Australia to check the accuracy of a College's written notice. The responsibility for sending a correct written notice lies entirely with the College. Subsection 3D(2) specifies the three criteria that must be satisfied before a College can lawfully provide a written notice under subsection 3D(1).
- 3.4. The person named in the College notice must be a medical practitioner: that is, they must have current Australian medical board registration.
- 3.5. A medical practitioner meets the criteria for recognition if the medical practitioner:
 - (a) is domiciled in Australia; and
 - (b) is a Fellow of a relevant organisation in relation to the specialty; and
 - (c) has obtained, as a result of successfully completing an appropriate course of study, a relevant qualification in relation to the relevant organisation.
- 3.6. As guidance Medicare Australia has prepared a standard notice that the Colleges may use in making a notification to Medicare Australia under subsection 3D(1). When the College is satisfied that a medical practitioner meets the criteria of subsection 3D(2), a written notice should be forwarded to the Medicare Australia CEO. By using the standard notice, or a similar notice, a College will ensure that Medicare Australia has all the necessary information for the purposes of properly administering section 3D of the *Health Insurance Act 1973*.
- 3.7. The notice to Medicare Australia should specify the medical practitioner's full name, current contact details, specialty and Medicare provider number. The provider number is necessary for Medicare Australia to accurately identify the medical practitioner for the purposes of Medicare specialist rebates. If the Medicare provider number is not known then the medical practitioner's date of birth is to be supplied to ensure the correct record is located and updated.
- 3.8. If the medical practitioner does not have a Medicare provider number they should complete the application form for a provider number (available on Medicare Australia's website) and send it to the Provider Eligibility section in their State or Territory. Lodgement details are on the form. The College may make a notation on the notice that the medical practitioner is in the process of applying for a provider number.

3.9. This written notice from the Colleges must be addressed to

Chief Executive Officer
c/- Specialist Recognition
Medicare Eligibility Section
Medicare Australia
PO Box 1001
Tuggeranong DC ACT 2901

3.10. Written notices will also be accepted by facsimile to 02 6124 7600.

3.11. A Delegate of the Medicare Australia CEO will write to the medical practitioner when the notice is received and the Medicare Provider Directory is updated. The letter will include the date on which recognition is granted. The letter will be sent to the address nominated in the College notice as the medical practitioner's mailing address for this notification.

3.12. The date of recognition as a specialist under section 3D can be a date in the past, if at that date the medical practitioner met the specialist recognition requirements.

3.13. Recognition as a specialist does not automatically provide a medical practitioner with access to Medicare benefits. If a medical practitioner is subject to the restrictions under section 19AB of the *Health Insurance Act 1973*, the medical practitioner will need to hold a valid section 19AB exemption before being eligible to access Medicare benefits for their services. Section 19AB exemptions are time and location specific and are considered by the Minister for Health and Ageing or his Delegates in the Department of Health and Ageing.

3.14. If Medicare Australia's records show that the person named in the College advice is not a registered medical practitioner or a permanent Australian at the time the notice is received, Delegates of the Medicare Australia CEO will not action the notice as the criteria for recognition have not been satisfied.

3.15. If Medicare Australia's records show that a medical practitioner named in the College advice is subject to the restrictions on accessing Medicare benefits under section 19AB of the *Health Insurance Act 1973* and the medical practitioner does not have a valid section 19AB exemption then the medical practitioner will not have access to Medicare benefits.

On application from the medical practitioner under section 3DB or 3E of the *Health Insurance Act 1973*

3.16. Under section 3DB and 3E of the *Health Insurance Act 1973*, a medical practitioner may submit an application for recognition as a specialist or consultant physician.

3.17. A complete application must include:

- a completed, signed application form "Application for Recognition as a Specialist or Consultant Physician"; and
- a copy of the applicant's *current* medical registration certificate for the State or Territory in which they are practising; and

(i) if the applicant has conditional medical registration in a particular specialty, the certificate should state:

- that he/she is registered to practise as a specialist; and
- the specialty in which the applicant is registered to practise; and
- the duration for which the applicant is registered to practise.

If this information is *not* displayed on the registration certificate, a copy of a letter from the relevant State or Territory Medical Board specifying this information should be included with the application;

or

(ii) a copy of the applicant's Australasian College Fellowship certificate or College advice that he/she has obtained the appropriate Australasian qualification for the specialty (as listed in Schedule 4) and a copy of the applicant's status as a Fellow of the relevant College;

and

- copies of relevant pages of the applicant's passport showing personal details and the Australian visa stamp if applicable (this is necessary if the applicant is a temporary resident or his/her residency status has changed); and
- the application fee (as prescribed in the Health Insurance Regulations).

Part 4 – How to determine under what section of the *Health Insurance Act 1973* the application is actioned?

- 4.1. To be considered under section 3DB of the *Health Insurance Act 1973* an applicant must be domiciled in Australia. Delegates may consider an applicant to be domiciled in Australia if he/she is a permanent Australian.
- 4.2. To be considered under section 3E of the *Health Insurance Act 1973* an applicant must not be domiciled in Australia. Delegates may consider an applicant to be not domiciled in Australia if :
 - he/she is a temporary resident (this includes a New Zealand citizen), or
 - he/she is a permanent Australian who:
 - is not residing in Australia at the time he/she makes their application, and
 - does not intend to return to Australia permanently, but
 - has evidence of, or offer of, employment in Australia.

Part 5 - How to determine whether an applicant should receive recognition

Under section 3D

- 5.1. If a College listed in Schedule 4 advises the Medicare Australia CEO that a medical practitioner satisfies the criteria for recognition, the CEO must recognise the medical practitioner as a specialist in the specialty advised by the College. Recognised specialties for notices under section 3D are listed in Schedule 4.

Under section 3DB

- 5.2. An applicant under section 3DB who provides
- evidence, as a result of satisfactorily completing training in the specialty, of obtaining the qualification for the specialty as listed in Schedule 4, and
 - evidence of their status as a Fellow of the relevant College
- should be recognised as a specialist or consultant physician.
- 5.3. An applicant who provides evidence of specialist medical registration with an Australian State or Territory Medical Board should be recognised as a specialist or consultant physician only if he/she is registered to practise in a specialty listed in Schedule 4.
- 5.4. An applicant who provides evidence of conditional medical registration with an Australian State or Territory Medical Board should be recognised as a specialist or consultant physician only if he/she is registered to practise as a specialist in a specialty listed in Schedule 4.
- 5.5. An applicant who has general medical registration with the Australian State or Territory Medical Board should be recognised as a specialist or consultant physician if he/she can provide:
- evidence, as a result of satisfactorily completing training in the specialty, of obtaining the qualification for the specialty as listed in Schedule 4; and
 - evidence of their status as a Fellow of the relevant College.

Under section 3E

- 5.6. An applicant under section 3E should be recognised as a specialist or consultant physician in the requested specialty if they provide:
- evidence, as a result of satisfactorily completing training in the specialty, of obtaining the qualification for the specialty as listed in Schedule 4; and
 - evidence of their status as a Fellow of the relevant College.
- 5.7. An applicant who provides evidence of specialist medical registration with an Australian State or Territory Medical Board should be recognised as a specialist or consultant physician in the requested specialty only if he/she is registered to practise in a specialty listed in Schedule 4.
- 5.8. An applicant who provides evidence of conditional medical registration with an Australian State or Territory Medical Board should be recognised as a specialist or consultant physician only if he/she is registered to practise as a specialist in a specialty listed in Schedule 4.

- 5.9. An applicant who has general medical registration with the Australian State or Territory Medical Board should be recognised as a specialist or consultant physician in the requested specialty if he/she can provide:
- evidence, as a result of satisfactorily completing training in the specialty, of obtaining the qualification for the specialty as listed in Schedule 4; and
 - evidence of their status as a Fellow of the relevant College.
- 5.10. In the absence of exceptional circumstances, Delegates should not recognise an applicant who is not registered to practise in a medical specialty listed in Schedule 4 or who has not obtained Fellowship and status as a Fellow of a relevant College.

Part 6 - Medical Practitioners undertaking training

- 6.1. An applicant who is undertaking training should not be recognised as a specialist or consultant physician.
- 6.2. The applicant can approach the relevant College to be placed on an approved specialist trainee program placement. If the College approves, the authorised officer can notify the Medicare Australia CEO of the placement under section 3GA of the *Health Insurance Act 1973*.
- 6.3. A form for notifying the Medicare Australia CEO of approved placements under the specialist trainee program has been agreed between the Colleges and the Department of Health and Ageing.
- 6.4. The specialist trainee program allows medical practitioners who are enrolled in formal training programs to provide services which attract Medicare rebates while undertaking training placements in a private hospital or in general practice.
- 6.5. An approved placement registered with Medicare Australia allows the medical practitioner to attract Medicare benefits for their services for the period and at the location specified in the placement notice. A specialist trainee may use the 'other non-referred attendance items' (Group A2 attendance items) and relevant procedural items in the Medicare Benefits Schedule.
- 6.6. Information about the specialist trainee program is available on the Department of Health and Ageing's website www.health.gov.au.

Part 7 – How to determine whether an applicant is recognised as a specialist or consultant physician.

7.1. General information

7.1.1. An applicant should:

- hold the appropriate qualification, as a result of successfully completing training in the specialty, for the nominated specialty (as listed in Schedule 4), and have status as a Fellow of the relevant College (as listed in Schedule 4);

or

- have registration to work as a specialist in the nominated specialty with the Medical Board in the Australian State or Territory in which he/she intends to practise (this may include having been assessed as meeting the minimum requirements of an Area of Need position under the Area of Need assessment pathway).

7.2. Specialists

7.2.1. To be eligible for recognition as a specialist, an applicant must *either*:

- be registered with the Australian State or Territory Medical Board to practise as a specialist in a specialty listed in Schedule 4;

or

- have obtained, as a result of successfully completing training in the specialty, the appropriate qualification for the nominated specialty (as listed in Schedule 4), and be a Fellow of the relevant College.

7.2.2. An applicant who is registered to practise in psychiatry, rehabilitation medicine, general medicine (also known as internal medicine in some States and Territories), general paediatrics, cardiology, clinical genetics, clinical pharmacology, endocrinology, gastroenterology and hepatology, geriatric medicine, haematology, immunology and allergy, infectious diseases, intensive care, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory and sleep medicine, and rheumatology may be recognised as either specialists or consultant physicians. An application for recognition in all other specialties in Schedule 4 can only be recognised as specialists. Specialty names may be amended from time to time.

7.3. Consultant Physicians

7.3.1. To be eligible for recognition as a consultant physician, an applicant must *either*:

- be registered with the Australian State or Territory Medical Board to practise as a specialist in psychiatry, rehabilitation medicine, general medicine (also known as internal medicine in some States and Territories), general paediatrics, cardiology, clinical genetics, clinical pharmacology, endocrinology, gastroenterology and hepatology, geriatric medicine, haematology, immunology and allergy, infectious diseases, intensive care, medical oncology, nephrology, neurology, nuclear medicine, palliative medicine, respiratory and sleep medicine, and rheumatology. Specialty names may be amended from time to time.

or

- have been awarded Fellowship of the Royal Australasian College of Physicians, the Royal Australian and New Zealand College of Psychiatrists or the Australasian Faculty of Rehabilitation Medicine, and hold status as a Fellow of the relevant College.

- 7.3.2. To be eligible to apply for recognition as a consultant physician in intensive care or nuclear medicine, an applicant must have been assessed by the Royal Australasian College of Physicians.
- 7.3.3. An applicant who has been assessed by the Royal Australian and New Zealand College of Radiologists, the Australian and New Zealand College of Anaesthetists or the Joint Faculty of Intensive Care is only eligible to apply for recognition as a specialist.
- 7.3.4. An applicant registered by a State or Territory Medical Registration Board to practise in internal medicine may be recognised in general medicine on advice from the Royal Australasian College of Physicians.

Part 8 – Period of recognition

- 8.1. An applicant who is a temporary resident medical practitioner with a qualification, as a result of successfully completing training in the specialty, as listed in Schedule 4 and who has status as a Fellow of the relevant College may be granted recognition as a specialist or consultant physician for a defined period (this period may be until such time as he/she becomes a permanent Australian). The applicant will be required to reapply for recognition if they become a permanent resident.
- 8.2. An applicant without a qualification listed in Schedule 4 and who has medical registration to work as a specialist in the nominated specialty may be granted recognition as a specialist or consultant physician for the period of their medical registration or section 19AB exemption (if applicable) but may be for a lesser period.
- 8.3. Recognition under section 3D has effect or is taken to have had effect on and from the day specified in the notice given by the Delegate of the Medicare Australia CEO under subsection 3D(3).
- 8.4. Recognition under section 3DB has effect or is taken to have had effect on and from the day specified in the determination. This date may be before the day on which the determination is made.
- 8.5. Recognition under section 3E has effect or is taken to have had effect on and from the day specified in the determination or, if no such day is specified, on and from the day on which the determination is made.

Part 9 – Time-frame for decision-making

- 9.1. Medicare Australia will action a notice from the relevant specialist medical College under section 3D and Delegates will endeavour to notify the medical practitioner of recognition within 14 days of receipt.
- 9.2. Delegates will endeavour to make a determination under section 3DB or 3E of the *Health Insurance Act 1973* and notify the applicant of the outcome within 28 days of receipt of a complete application.

Part 10 – Appealing decisions

- 10.1. The *Health Insurance Act 1973* does not provide an appeal provision in relation to decisions made under section 3D of the *Health Insurance Act 1973*. A medical

practitioner who is aggrieved by the notice given by the College should approach the relevant College direct.

- 10.2. The *Health Insurance Act 1973* does not make provision for the Administrative Appeals Tribunal or any other tribunal to review determinations made by Delegates under sections 3DB and 3E. An applicant who is dissatisfied with the outcome of a determination may make an application to the Federal Court under the *Administrative Decisions (Judicial Review) Act 1977*.

Part 11 – Under what circumstances can Delegates revoke a determination?

Revocation of specialist recognition under section 3DA of the *Health Insurance Act 1973* (where recognition granted under section 3D of the *Health Insurance Act 1973*)

- 11.1. Where a specialist is recognised under section 3D of the *Health Insurance Act 1973* as a result of a notice from the College to the Medicare Australia CEO, there is provision under section 3DA for the College to notify the Medicare Australia CEO that a medical practitioner no longer meets the criteria or has ceased to practise medicine in Australia.
- 11.2. If the Medicare Australia CEO receives a notification under section 3DA Medicare Australia will advise the medical practitioner in writing of the college advice. Recognition will cease on the day that the Medicare Australia CEO receives the notification from the College.
- 11.3. As the section 3DA mechanism for ceasing recognition under section 3D provides for no time delay or notification to the medical practitioner, Medicare Australia strongly encourages Colleges, prior to notifying the Medicare Australia CEO under section 3DA of the *Health Insurance Act 1973*, to advise the medical practitioner that recognition under section 3D is about to be withdrawn, and to inform the practitioner of the implications and of any remedial action available.
- 11.4. If a medical practitioner's recognition ceases under section 3DA on the advice of the relevant specialist medical college, he or she may apply for specialist recognition under section 3DB of the *Health Insurance Act 1973*. Recognition may be granted if he or she has medical registration to work as a specialist in the specialty.
- 11.5. A medical practitioner may also request that their recognition as a specialist ceases.
- 11.6. In all cases where recognition ceases under section 3DA Medicare Australia will write to the medical practitioner and include the date on which recognition ceases.

Revoking specialist recognition under sections 3DC or 3E of the *Health Insurance Act 1973* (where recognition granted under sections 3DB or 3E of the *Health Insurance Act 1973*)

- 11.7. Delegates may revoke a determination which recognises a medical practitioner as a specialist or consultant physician, including but not limited to the following reasons:
- on written request from the medical practitioner;
 - the medical practitioner ceases to be domiciled in Australia (applicable to 3DB recognition);
 - where the person ceases to be a medical practitioner as defined in the *Health Insurance Act 1973*; or

- as directed by the Minister or their Delegate (applicable to 3E recognition), this may occur where the person was incorrectly assessed as being eligible for recognition.

11.8. In all cases where recognition is revoked, Delegates will advise the medical practitioner in writing giving reasons why the determination has been revoked. Written notification is a legislative requirement.

Part 12 – Extending applications for recognition

12.1. Where recognition as a specialist or consultant physician has been granted for a time specific period, a new application must be made to extend the period of recognition. Payment of the application fee is required – this is a legislative requirement as the application is considered a new application. An application should be made in a timely manner to ensure that there is no gap in Medicare billing eligibility.

Part 13 – What if the medical practitioner becomes an Australian citizen or permanent resident and recognition was granted when a temporary resident?

13.1. If an applicant is recognised as a specialist or consultant physician under section 3E of the *Health Insurance Act 1973* and they become a permanent Australian, he/she must submit a new application for recognition as a specialist or consultant physician under section 3DB of the *Health Insurance Act 1973*. Applicants are required to pay the application fee – this is a legislative requirement as the application is considered a new application.

Part 14 – The application fee

14.1. The application fee does not apply to a notice under section 3D of the *Health Insurance Act 1973* by a College to the Medicare Australia CEO.

14.2. An applicant applying for recognition as a specialist or consultant physician under sections 3DB or 3E of the *Health Insurance Act 1973* is required to pay an application fee prescribed by the Health Insurance Regulations.

14.3. At the date of these Guidelines the prescribed fee is A\$30.

Part 15 – Definitions

15.1. The following terms are defined and have the meaning given below whenever they are used in these Guidelines.

- a) applicant means the person applying for recognition who must be a medical practitioner
- b) consultant physician in relation to a particular specialty, means a medical practitioner in relation to whom there is in force a determination under section 3DB or 3E that the medical practitioner is recognised for the purposes of this Act as a consultant physician in that specialty, as defined in section 3 of the *Health Insurance Act 1973*
- c) medical practitioner means a medical practitioner as defined in section 3 of the *Health Insurance Act 1973*

- d) Medical Board means a body that provides for the registration and licensing of medical practitioners under the law of a State or Territory and refers to any of the eight state and territory Medical Boards
- e) permanent Australian means an Australian citizen or permanent resident
- f) recognised specialty means any of the specialties listed in Schedule 4 of the Health Insurance Regulations 1975 for the purposes of subsection 3D(5) of the *Health Insurance Act 1973*
- g) section 19AB exemption means an exemption granted under subsection 19AB(3) of the *Health Insurance Act 1973*
- h) Schedule 4 means Schedule 4 of the Health Insurance Regulations 1975
- i) specialist in relation to a particular specialty, means a medical practitioner in relation to whom there is in force a determination under section 3DB or 3E that the medical practitioner is recognised for the purposes of the *Health Insurance Act 1973* as a specialist in that specialty, or a medical practitioner who is taken to be so recognised under section 3D, as defined in section 3 of the *Health Insurance Act 1973*
- j) specialist medical college or College means any of the organisations listed in Schedule 4, Part 1, Column 2 Organisation of the Health Insurance Regulations 1975