



Medical Board Building, off Punt Road, P.O. Box 104, Gladesville NSW 2111,

Telephone (02) 879 6799
Facsimile (02) 816 5307

Our Ref: MPO85512

Your Ref:

8 October 1991

Mr Geoff Gillett
Manager (Provider Eligibility)
Medicare Benefits Branch
Health Benefits Division
Health Insurance Commission
PO Box 1001
TUGGERANONG ACT 2901

Dear Mr Gillett

Re: Dr John Philip Rolleston

I refer to my telephone conversation of 3 October 1991 seeking advice on the availability of provider numbers to doctors restricted to work within the public hospital system.

It is now my understand that it is quite possible for a doctor whose sole place of practice is within a public hospital to have a need for a provider number so that investigations may be ordered, or referrals made to specialists. I gather that there may also be some link with the pharmaceutical benefits system.

The Board's interest in this matter arose because of a concern that a practitioner with such a limitation who sought a provider number could be using it for practise outside the scope of the conditions of registration.

This particular question arose in relation to Dr John Phillip Rolleston whose name was restored to the Register in New South Wales on 9 October 1990 by order of the Medical Tribunal subject to the following conditions.

1. For a period of two years he may not practise medicine other than in a hospital or other institution where medical or paramedical treatment is administered.

2. During that period of two years he have no right of private practice under any circumstances, and is prohibited from charging any fees in relation to any treatment. He is restricted for that period to accepting a salaried position.
3. At the conclusion of the two year period he may approach the Medical Board to obtain the right to enter private practice. He must satisfy the Board that he is au fait with the letter and spirit of the Health Insurance Act, 1973 or whatever act is applicable at the time.

From our discussion, I understand that the mere fact of Dr Rollinson seeking a provider number would not be inconsistent with these conditions. If, however, the number was used to provide services outside the hospital, then this would be matter of concern to the Board.

This raises the broader question of the Board's ability to police conditions imposed upon registrants relating to practice style. Once an order limiting practice to a certain location, or in some cases restricting a practitioner from undertaking certain procedures has been made, the Board has very little scope for checking upon compliance. It would only be if the Board coincidentally received information in the way of a complaint that indicated that activities outside the scope of registration were being undertaken that a problem would be likely to come to its attention.

The Board regularly provides the Health Insurance Commission with copies of all orders made in which conditions are placed upon a doctor's practice which may be of relevance to the Commission. It would clearly be of great assistance to the Board if the Medicare computer was able to pend any claims that were made in contravention of those conditions and refer the matter to the Board so that it could pursue a possible breach of lawfully imposed conditions. I have discussed this issue previously with Dr John Holmes and Mr Col Bailey and you may care to follow it up with them.

I would be interested to hear any further comments you might have on both this particular matter and the question of general principle raised by it.

Yours sincerely

AED

A.E. DIX
Registrar