Supervision of Trainees in Private Specialist Practice

Guidance on Consultant Responsibilities and Medicare Billing

Introduction

To support the supervision of undergraduate and postgraduate trainees in paediatric practice, the Australian Paediatric Society (APS) considers private practice immersion to be an important component of workforce development and specialist training.

Many paediatricians and other consultant physicians supervise trainees, registrars, fellows, nurse practitioners and other advanced practice clinicians within their consulting rooms. These teaching activities have long formed part of specialist practice in both public and private settings and are essential for developing the future specialist workforce.

Uncertainty can arise regarding how trainee participation interacts with Medicare Benefits Schedule (MBS) requirements, particularly where a trainee undertakes part of the assessment before the consultant personally reviews the patient and provides the professional service for which an MBS benefit is claimed.

This paper outlines a teaching clinic model in which a trainee contributes to patient assessment and education while the consultant remains responsible for personally providing the professional service and meeting the requirements of the relevant MBS item. It aims to clarify the distinction between trainee educational activities and the consultant service billed to Medicare.

It is intended as general guidance only and should be read in conjunction with the current **Medicare Benefits Schedule**, relevant explanatory notes and any applicable guidance issued by Services Australia or the Professional Services Review (PSR).

Key Principles

The consultant must personally provide the professional service billed and satisfy all requirements of the relevant MBS item descriptor.

A trainee, registrar, fellow, nurse practitioner or other advanced practice clinician may obtain a history, review records, assess the patient and discuss diagnostic and management considerations with the consultant. These activities may support the consultation but do not replace the consultant's obligation to personally attend the patient, exercise independent clinical judgement, interpret relevant investigations, formulate the diagnosis or differential diagnosis, and determine the management plan.

The consultant remains professionally responsible for the specialist opinion, diagnosis, management and overall quality of care. Trainee participation does not transfer that responsibility or substitute for the consultant service required under the MBS.

Clinical Teaching Model

Stage 1 – Trainee Assessment

The trainee undertakes an initial assessment by obtaining the history, reviewing available records and investigations, and preparing a case summary. The trainee presents the case to the consultant and discusses the differential diagnosis, appropriate investigations and management considerations.

These activities support trainee education but do not constitute the consultant service billed under the MBS unless the consultant is personally attending the patient.

Stage 2 – Consultant Assessment

The consultant then personally attends the patient and, as clinically appropriate:

- confirms and supplements the history
- performs the relevant examination
- reviews and interprets investigations
- exercises independent clinical judgement
- formulates the diagnosis or differential diagnosis
- determines the management plan.

Stage 3 – Consultant Responsibilities

The consultant remains responsible for the specialist opinion, clinical decision-making and interpretation of investigations, the management plan, communication with the referring practitioner and documentation of the consultation.

Documentation

The clinical record should demonstrate that the consultant personally provided the professional service and that trainee activities supplemented, rather than replaced, the consultant's work. Correspondence may be drafted by a trainee as part of the educational process, provided it is reviewed, approved and authorised by the consultant before it is issued. The consultant remains responsible for the content of the correspondence.

Teaching Clinics and Medicare

Teaching is a recognised and valuable component of specialist practice. Trainee participation does not preclude billing of a consultant attendance item, provided the consultant personally provides the professional service and satisfies the requirements of the relevant MBS item.

The determining factor is whether the consultant personally provided the professional service and satisfied the requirements of the relevant MBS item, rather than the patient's total time in the clinic.

Conclusion

Private practice teaching clinics make an important contribution to specialist workforce development. Trainee participation is compatible with Medicare billing, provided the consultant personally provides the professional service and satisfies the requirements of the relevant MBS item.

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