



Specialist Affordability: Options to address excessive fee charging

About ACSEP

The Australasian College of Sport and Exercise Physicians (ACSEP) is the professional body representing Sport and Exercise Physicians (SEP) and the specialty of Sport and Exercise Medicine (SEM) in Australia and Aotearoa New Zealand. ACSEP is the only organisation accredited by the Australian Medical Council to provide medical doctors with a specialist training program in Sport and Exercise Medicine.

Sport and Exercise Physicians and trainees work in multi-disciplinary teams and provide diagnosis and non-surgical management for a range of acute and chronic musculoskeletal conditions. SEPs manage medical conditions in the active population, including concussion, cardiac, and respiratory conditions. The SEM scope of practice also includes physical activity prescription to manage chronic conditions such as osteoarthritis, heart disease, diabetes, mental illness, obesity and cancer.

ACSEP welcomes the opportunity to provide a submission to the Department of Health, Disability and Ageing's consultation on *Specialist Affordability: Options to address excessive fee charging*.

Response to *Specialist Affordability: Options to address excessive fee charging*

Defining excessive fees

Genuine instances of excessive fee charging should be addressed; however, a numerical outlier is not necessarily an inappropriate fee. Fee setting in private specialist practice is complex and dependent on a multitude of factors, including patient, specialist and system factors.¹ Given this complexity, the reasonableness of fees needs consideration on a case-by-case. Based on the information provided in the consultation paper, it is unclear how a peer review process would operate and how this would intersect with medical professionals' obligations regarding fee setting under the *Competition and Consumer Act 2010*.

Neither the peer comparison based on market deviation nor benchmark comparison based on MBS schedule deviation models provide adequate insight into what is a reasonable fee. In particular, the MBS Schedule Fees have not been appropriately indexed and do not reflect the cost and complexity of providing modern specialist care. Therefore, these cannot be considered as a basis defining a reasonable or excessive fee.

ACSEP acknowledges that a sound approach to identifying genuine instances of overcharging is important. However, a blunt threshold could misclassify legitimate clinical variation and potentially influence provider behaviour, driving unintended consequences. Based on the information provided, it's premature for the College to endorse any of the suggested definitions.

Excessive fee charging trends, drivers and impacts

Sport and Exercise Physicians and trainees work in private, community-based practices, with very few hospital-based Sport and Exercise Medicine roles available in Australia. However, Figure 10 in

Specialist Affordability: Options to address excessive fee charging shows Sport and Exercise Medicine ranked first and second respectively for in-hospital variation from the median fee and the MBS Schedule. The data used in these charts are flawed, based on the practice profile of the specialty.

Prior to 1 July 2025, SEP only had access to proceduralist MBS items (104 and 105), with lower patient rebates, rather than more appropriate consultant physician numbers. Longer consultations, combined with fees reflecting the time required and relatively low MBS rebates, resulted in high out-of-pocket costs for patients. Following a review by the Medicare Benefits Schedule Review Advisory Committee (MRAC), SEP gained access to Group A4 MBS items on 1 July 2025, providing patients with rebates that better reflect the length and complexity of SEMP consultations. While comparative data is not yet available, this change is expected to have reduced the proportion of patients’ out-of-pocket costs relative to the MBS schedule fee.

The consultation paper acknowledges the substantial variation in billing behaviours both within and across specialties, however the data provided lacks sufficient granularity to understand the factors contributing to apparent outliers. One factor is the different MBS items a specialty can use. An example of this is illustrated through a comparison of MBS items available to GP Registrars and those available to ACSEP Registrars. Both groups work predominately in private, community-based settings and train in AMC accredited vocational training programs. However, GP consultations typically last 10–15 minutes, whereas Sport and Exercise Medicine consultations are generally longer, with most exceeding 30 minutes.²³

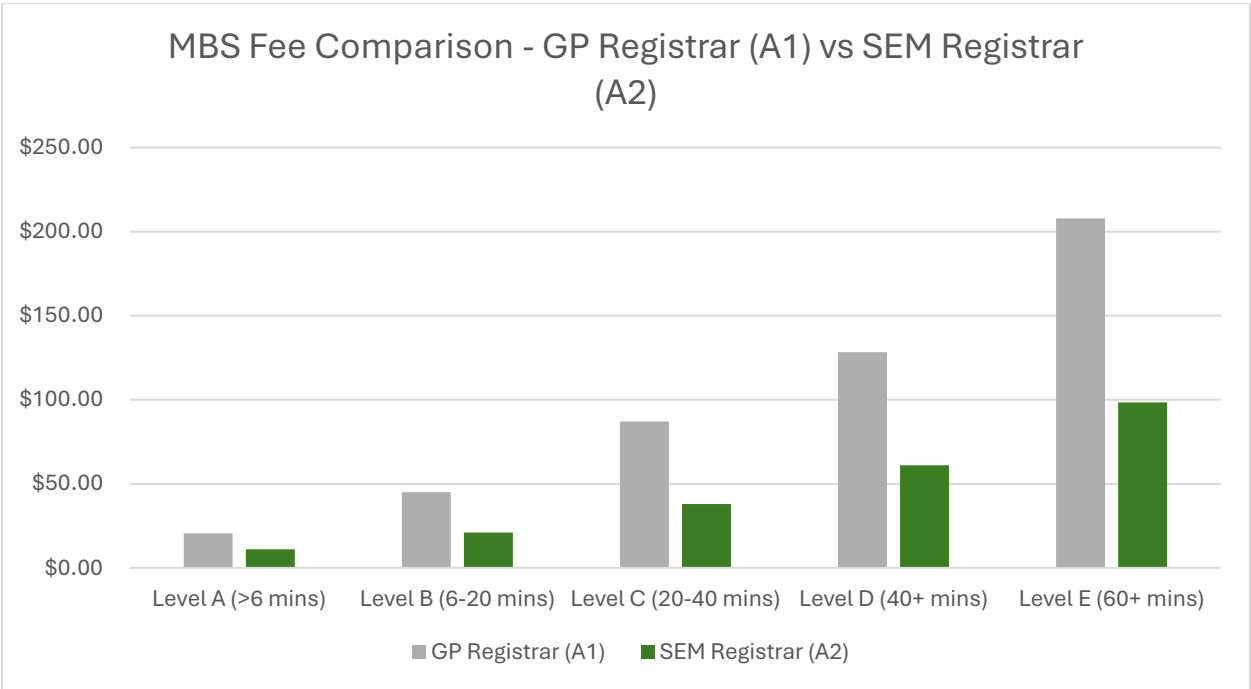


Figure 1: Comparison of MBS fees for GP Registrars’ consultations (Items 3, 23, 36, 44, 123) and ACSEP Registrars’ consultations (Items 52, 53, 54, 57, 151)

Patients of ACSEP Registrars receive a substantially lower rebate per minute of their consultation compared to GP Registrars' patients. This means that ACSEP Registrars' patients need to pay a higher out-of-pocket fee to cover the cost of their care.

ACSEP would welcome an opportunity to work collaboratively with the Government to contextualise and interpret data relating to Sport and Exercise Medicine used in the consultation paper.

Options to address excessive specialist fees

It is vital that any Government intervention into excessive fees is proportionate and carefully considered to avoid generating unintended consequences that could worsen affordability and access for patients.

The Government needs to resolve the issue of defining a genuinely excessive fee prior to considering interventions, with an appropriate mechanism to understand the circumstances and clinical context of billing. Capped fees on MBS items warrant particular scrutiny as there is the potential for a cap to become a price signal, or to encourage providers to stop participating in Medicare, inadvertently leading to increased fees for patients.

Based on the information provided, it is premature for the College to endorse any of the suggested interventions without sufficient evidence to understand the implications for patient access and affordability of each approach.

Conclusion

Genuine instances of excessive fee charging should be addressed; however, the approaches suggested in this paper do not offer an adequate explanation of how excessive fees will be differentiated from fee outliers that may have a fair and legitimate rationale. ACSEP is also concerned that the reform options are based on a misinterpretation of data and flawed assumptions, given that SEM is not routinely practised in hospitals. ACSEP cautions against implementing interventions based on an arbitrary benchmark as this may inadvertently worsen access and affordability of specialist care. The College would welcome the opportunity to work collaboratively with Government to support the contextualisation and interpretation of billing data for Sport and Exercise Medicine.

While important, regulating the small minority of specialists charging excessive fees will not improve overall specialist access and affordability. Genuine improvements to affordable specialist care require a systemic approach encompassing Medicare rebates, private health insurance settings, workforce and distribution, referral pathways and public outpatient capacity.

References

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