RACGP

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Regulation and compliance news – June 2026

Recent developments

Submission to the Australian National Audit Office (ANAO)

The RACGP has provided a submission to the ANAO audit of the use of artificial intelligence (AI) to manage health provider non-compliance.

The ANAO is assessing whether the Department of Health, Disability and Ageing's (DoHDA) use of AI to manage health provider non-compliance is effective.

The RACGP's submission:

- noted the College does not have visibility of how AI is currently used by DoHDA to manage health provider non-compliance
- stated the use of AI tools to monitor compliance should be avoided where possible
- highlighted the need for transparent reporting arrangements to better understand the use of AI in the compliance context
- outlined risks associated with AI use, in line with the RACGP's position statement
- commented on the use of AI by GPs to achieve efficiencies, including the need for AI use to be a feature of GP education and training.

At the RACGP's latest meeting with DoHDA's Benefits Integrity Division, we were advised they currently use highly advanced data-driven methods to identify potential compliance concerns, but analysis is conducted and any decisions are always made by humans and informed by medical advisers.

Update on GP Pathology Requesting Project

In 2022, DoHDA consulted with the RACGP on the GP Pathology Requesting Project, which saw letters sent to 5,339 GPs whose requesting for two or more selected combinations of pathology tests was above the 90th percentile. The aim of the project was to promote the clinically relevant use of pathology tests and assist GPs to reduce the potential for unintended harm to patients from incidental findings leading to unnecessary treatment.

DoHDA's academic partners at Wiser Healthcare have developed a research paper which has been accepted for publication by The Lancet Primary Care. This publication is now available here: *Nationwide audit and feedback to reduce overuse of pathology tests among high-requesting general practitioners in Australia: a factorial, cluster-randomised, controlled trial*

You can also read about the research in newsGP.

National Registration and Accreditation Scheme (NRAS) Complexity Review

Following extensive stakeholder consultation, Health Ministers have provided their final response to the Independent Review of Complexity in the NRAS.

Health Ministers provided in-principle support for 15 actions, accepted six actions in-part, and deferred two actions until other work is completed. They agreed that the Health Workforce Taskforce will provide oversight of implementation of accepted actions, including the required resourcing.

The RACGP is asking the Australian Government to ensure the NRAS is fit for purpose by:

- ensuring the RACGP is included in discussions around workforce planning
- integrating general practice standards and expectations into national workforce planning

- exercising caution regarding measures that would give states and territories more direct power over health policy and education due to the risk of fragmentation
- appropriately regulating other health professionals to address concerns around expanded scope and role confusion
- clearly articulating governance and performance expectations to support more accountable, outcome-driven accreditation systems
- simplifying and streamlining the complaints handling process to protect practitioner wellbeing and patient safety. This includes harmonising processes across jurisdictions, improving the timeliness and quality of investigation processes, and being more transparent about the outcomes of tribunal decisions.

Criminal history registration standard

An advance copy of the updated *Criminal history registration standard* has been published on Ahpra's website, giving practitioners and registration applicants an opportunity to become familiar with the changes before the new standard takes effect on 15 July 2026.

The registration standard is the same for all the regulated professions. When a practitioner first applies for registration, they are required to declare any criminal history in Australia and overseas. Once registered, registrants must advise Ahpra of any changes to their criminal history.

Latest resources and education

Mandatory reporting webinar

If you missed our mandatory reporting webinar with Avant in April 2026, you can now watch the recording on demand. We've also published written responses to unanswered questions from the webinar.

The Good GP Podcast

Hear A/Prof Antonio Di Dio, a practising GP and Director of the Professional Services Review (PSR), talk about the PSR's role and avoiding common billing pitfalls on The Good GP.

Part 1 – The role of the PSR
Part 2 – Avoiding common pitfalls

Medicare billing advice

Long-acting reversible contraception (LARC) services and aftercare

The following information has been approved for circulation by the DoHDA. Any queries on MBS item interpretation should be directed to askmbs@health.gov.au.

Item 35501 provides a 'loading' of 40% of the fee for a relevant LARC insertion/removal item (14206, 35503, 30062, 35506), when the LARC insertion or removal service, and any associated services such as consultations, are bulk billed. Only associated services provided on the same day as the LARC item must be bulk billed to claim the loading item.

An associated consultation may include a discussion around contraceptive options, preventative screening, and sexual health. Where the discussion is limited to risks and potential complications of the LARC, this would be considered as part of the MBS service for the LARC insertion. On some occasions a discussion to determine the appropriateness of insertion/removal of the LARC will have occurred during an earlier consultation. If this earlier consultation was not on the same day as the LARC insertion or removal service, it would not need to be bulk billed. As such, it would not always be expected that a separate consultation is required on the day of the procedure.

While a post-insertion review of the LARC effects would not be considered aftercare in respect of MBS item 14206 and 35503 (insertion of a LARC), medical practitioners should ensure that any MBS billing would be considered clinically appropriate by their peers.

When claiming item 35501 and the associated LARC item, the order in which items are listed in the claim is important. Services Australia has advised that each fee loading item (item 35501) must be listed directly underneath the corresponding eligible LARC items in the claim to ensure the correct loading amount is applied and the correct benefit is paid. For example, where both an insertion and removal service are provided, the order on the claim should be:

1. 14206
2. 35501
3. 30062
4. 35501

The LARC loading item may be billed for each LARC service provided. The loading fee applies only to the relevant LARC procedural items – it does not apply to the consultation items. No other item number should be submitted between the LARC item and item 35501. Please contact Services Australia on the Medicare Provider Enquiry Line (132 150) for specific assistance with these claims.