

Regulation and compliance news – March 2026

Recent developments

Department of Veterans' Affairs (DVA) fee guidance

DVA has updated its [fee guidance](#) for medical assessments required to support a veteran's compensation claim. The changes are described as a 'substantial increase' in fees payable to GPs since the last official update. Consistent with other arrangements, fees will be indexed on 1 July each year.

The Government is also boosting integrity and compliance efforts. Where billing irregularities are identified during monitoring, action can include delays to payment while invoices are reviewed, providers being placed on hold, or refusal to pay invoices that do not comply with relevant conditions. Find out more in [newsGP](#).

DVA Medicinal Cannabis Framework

DVA's new Medicinal Cannabis Framework came into effect on 16 February 2026. DVA will only accept applications and prescriptions from a doctor who has specialist registration with the Australian Health Practitioner Regulation Agency (Ahpra). Treatment will only be funded for new clients if the initial consultation has occurred in-person with the prescribing medical practitioner.

See [Medicinal cannabis information for providers](#) and DVA's [FAQs](#) for more details.

Sexual misconduct and the Health Practitioner Regulation National Law

Under [changes to the National Law](#) from April 2026, practitioners who have a tribunal finding of professional misconduct with a basis of sexual misconduct will have this information permanently added to the Ahpra public register. This measure will be retrospective and is designed to give health consumers the information they need and expect when choosing a health practitioner.

The RACGP will be closely monitoring the impact of these changes on our members. Ahpra has published [guidance](#) ahead of the changes outlining the process National Boards will follow, the scope of their considerations, the factors affecting their decisions, how they will engage with affected practitioners, and when and how information will be published on the register.

Latest resources

Chronic condition management (CCM) FAQs

On 1 July 2025, a new framework for Medicare chronic condition management (CCM) items was introduced. The RACGP is committed to supporting GPs, practices, and patients through this transition. We have recently updated our [CCM FAQs](#) to reflect the most up-to-date advice.

Members can also access national webinars on the changes with RACGP leaders, the Department of Health, Disability and Ageing (DoHDA) and industry experts, along with summaries and fact sheets [here](#).

Medicare billing advice

Signature requirements for CCM referrals

DoHDA has provided the information below to help providers understand signature requirements for CCM referrals under the Medicare Benefits Schedule (MBS).

There is no legislative requirement that a GP Chronic Condition Management Plan (GPCCMP) be signed by either the patient or the creating health professional. There is however a requirement for the health professional to seek the

patient's consent and agreement to the preparation of the plan. It may be the case that a health professional may choose to record the consent by having the patient sign the plan document.

It is a legislative requirement that referrals be signed by the referring health professional. This requirement mirrors the longstanding requirements for referrals to medical specialists. Section 10 of the *Electronic Transactions Act 1999* (ETA) allows a legislative requirement for a signature to be met electronically if the person receiving the referral consents to accepting an electronic signature. While the ETA does not set out particular technology, it requires that the method used must identify the person signing the document and indicate their approval of the information contained. Examples of acceptable signatures include¹:

- a [digital cryptographic signature](#)
- inserting a facsimile copy of the referrer's handwritten signature in the document
- sending the referral from an email account owned by the referrer
- using an online or digital platform that securely links the referrer's identity to the referral or securely transmits it.

The [Attorney-General's department](#) provides further examples of signatures:

- Drawn onto a screen or uploaded from a picture, before being sent electronically²
- Made by emailing a signature³, or a statement of acceptance
- Done by clicking an 'I accept' box on an online form before submitting
- Made and sent through a digital signing platform

Health professionals are responsible for maintaining the privacy and security over documents they create relating to health services provided to their patients, including the manner in which they choose to create and transmit referrals to other health professionals. In circumstances where DoHDA has requested a copy of a referral in order to ascertain whether legislative requirements were met, the document (including any signature) would be handled in accordance with the:

- department's [privacy policy](#)
- secrecy provisions set out under the [Health Insurance Act 1973](#) (see section 130)
- Australian Government's [Protective Security Policy Framework](#).

CCM plans and setting patient goals

The Professional Services Review (PSR) has provided advice on what they consider acceptable in terms of goal setting in CCM plans. Listing generic goals may prompt compliance concerns, so the RACGP sought clarity on the PSR's expectations in this area.

The PSR does not have a definition of patient goals that are considered generic. Any goal set for a patient is considered in the context of that patient's ongoing identified healthcare needs. The outcome of PSR reviews reflects that it is generally accepted by the medical profession that management, treatment and service goals for patients should be ones that are specific to the patient, measurable, realistic, and achievable within a specified timeframe. The RACGP Green Book, [Putting prevention into practice: Guidelines for the implementation of prevention in the general practice setting](#), refers to the use of SMART goals.

¹ The RACGP notes secure messaging systems are the preferred method for transmitting digital referrals, rather than standard, unencrypted email. Whilst a typed name or digital image are generally accepted as signatures if the recipient agrees, encrypted, secure messaging is preferred over other types of electronic messaging for security reasons.

² This is wider than just email and could include, for example, an online form or submission via a mobile app.

³ The inclusion of a signature block at the bottom of the email with identifying details of the author could both be used to identify the person and indicate their approval of the information contained in the email (as opposed to inserting an image of the signature).