

Named referrals – facts for GPs

What is a named referral?

A referral to a named specialist (named referral) is required for a patient to access private (Medicare, private health insurance and potentially patient co-payment funded) services at a public outpatient clinic. This is a requirement of the 2020-2025 National Health Reform Agreement (NHRA, clause G19b).

Do I have to provide a named referral for a patient to be seen in a public hospital outpatient clinic?

No. A patient can be seen either as a public patient, with a general/non-named referral, or private patient, with a named referral. Under the NHRA, public hospital outpatient clinics must not control referral pathways by requiring named referrals for access to the clinic. It is acceptable for a specialist to request a named referral if the patient has decided they wish to be seen as a private outpatient. However, the choice to be public or private is for the patient, patient's carer or other authorised party to make, with informed financial consent. Note: even if a patient has a named referral, the patient can still opt to be treated as a public patient.

What are the differences between public and private care? Do I have to help the patient decide before they attend the clinic? What if the patient is unsure or changes their mind?

- **private care** may involve an out-of-pocket cost, Medicare benefits and private health insurance rebates may apply, and the patient will have the right to choose their treating practitioner
- **public care** is provided at no cost to the patient, and with no charges raised against Medicare or private health insurance. Waiting times to access services may apply and the patient may not be able to choose their treating practitioner

GPs are not required to help patients decide, but many do, and it can be helpful for patients to understand the implications above before booking an appointment. If you have discussed a patient's preference to be public or private, it is suggested the preference be recorded in the referral. Patients can make a decision with you, or when they book the appointment, or when they attend the outpatient clinic. If the patient is unsure, it may be best to provide a named referral – this will ensure the patient does not have to seek an additional referral before being seen, if they subsequently decide to be private.

Who should I contact if I believe a hospital is mandating named referrals?

If you are concerned that a hospital is mandating a named referral for access to outpatient services, please raise your concerns through the Health Provider Tip-off form at

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-provider-tip-off>

Due to privacy and secrecy requirements, the Department may not be able to provide feedback on your tip-off, but will follow up with the relevant hospital or health department if needed.