24 July 2026

Hon Mark Butler MP
Minister for Health and Ageing
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600
Via email: minister.butler@health.gov.au

Dear Minister

RE: Amendments to the 30/20 prescribed pattern of service rule (30/20 rule) during the current fuel crisis

We are writing to recommend that the Australian Government prepare to implement temporary amendments to the 30/20 rule in the event Australia moves to Level 3 of the National Fuel Security Plan, recognising the need to plan ahead for potential escalation in fuel supply disruption.

We note faltering efforts to establish a ceasefire in the Middle East, which remains highly volatile and threatens to reverse signs of easing pressure on global oil markets. As the Government has acknowledged, it may take months for fuel markets to stabilise and uncertainty remains, particularly given the risk of renewed disruption to supply chains.

Under the 30/20 rule, any specialist general practitioner, prescribed medical practitioner or consultant physician who claims 30 or more relevant Medicare Benefits Schedule (MBS) telephone attendance services on 20 or more days in a rolling 12-month period is in breach of the rule.

In this context, the Royal Australian College of General Practitioners (RACGP) and the Australian Medical Association (AMA) recommend that, should Level 3 of the National Fuel Security Plan be activated, the limit of 30 phone consultations per day be retained, but the 20-day limit be increased to 50 days (cumulative or consecutive) in a rolling 12-month period. Proactive planning is necessary to ensure the regulatory framework supports continuity of care if access to in-person services becomes significantly constrained.

We acknowledge the Professional Services Review (PSR) has the discretion to consider the application of the 80/20 and 30/20 rules in exceptional circumstances. These rules are subject to ongoing monitoring and any suggestion to relax servicing limits will be considered in that context.

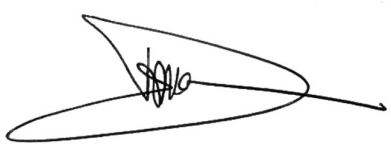
While the PSR may consider exceptional circumstances on a case-by-case basis, reliance on retrospective discretion is not sufficient during periods of system-wide disruption and risks avoidable referrals that place significant administrative and psychological burden on practitioners. If a PSR referral can be avoided to support providers to work remotely during these uncertain times, patients will have more flexible care options and avoid unnecessary travel themselves.

We also note Ahpra and the National Boards have advised practitioners to consider whether telehealth is an appropriate alternative to in-person consultations during the global fuel crisis. This guidance underscores the need to ensure MBS settings actively support a rapid shift to telehealth if fuel access becomes constrained.

We welcome the opportunity to discuss this matter further. Please contact Ms Samantha Smorgon, RACGP Head of Funding and Health System Reform via healthreform@racgp.org.au, or Dr Damien Hickman, AMA Senior Policy Adviser – General Practice and Workplace via damien.hickman@ama.com.au if you have any questions or concerns.

Yours sincerely

Dr Michael Wright
President
RACGP



Dr Danielle McMullen
Federal President
AMA