

Sleep Physicians Council annual meeting

Thursday 26 March, 5:30PM AEDT via Zoom

Minutes

Present: John Swieca (Chair), Simon Frenkel, Minutes prepared post-meeting by Mischka Yates (from recording)

Council structure, role and direction

- Previous discussions from the ASA council chairs meeting at Sleep DownUnder 2025 (Adelaide) considered whether the current council structure remains fit for purpose; however, no clear outcomes were identified.
- Councils vary significantly in purpose, activity, and engagement:
 - Some (e.g. insomnia, circadian) are highly active.
 - Others, including the Sleep Physicians council, have lower engagement and less clearly defined areas of focus.
- The Sleep Physicians council lacks a clearly defined clinical domain and has limited engagement from its broader member base.

Key challenges

- Limited defined scope or “ownership” of a clinical domain compared to other councils.
- Low engagement from members and supporters.
- Difficulty sustaining ongoing structured activities (e.g. newsletters, regular communications).
- Limited interest in career development initiatives, particularly in non-respiratory sleep.
- Previous attempts at engagement initiatives (e.g. business education) have had low uptake.
- Capacity constraints due to competing clinical and professional commitments.

Positioning and agreed direction

It was noted that the council was better suited to an advisory, reactive role rather than a proactive, program-driven one.

Agreed focus areas

- Responding to emerging issues (e.g. MBS item numbers, regulatory and policy matters)
- Providing expert clinical input when required
- Supporting advocacy efforts where relevant, particularly in:
 - Clinical practice matters
 - Non-salaried/private practice contexts

Out of scope (current capacity)

- Regular outputs (e.g. newsletters)
- Leading educational activities (e.g. symposia, webinars, courses)

Regulatory and billing issues

- Recent audits have identified billing under clinicians' names while they were overseas.
- Clarification provided:
 - Billing date is defined as the date when all elements of the service are completed (i.e. reporting date).
 - Claims may still be challenged despite administrative explanations.

Key concerns

- Retrospective audits beyond two years limit the ability to amend or correct claims.
- Increased scrutiny of billing practices (e.g. item 132, repeat 110s).
- Differences between clinician and regulator interpretations of complex consultations.
- Overall sentiment that regulatory processes are increasingly restrictive and challenging to navigate.

Council role in advocacy

- The council may provide input on regulatory and policy matters where relevant.
- Potential to escalate issues through ASA leadership (e.g. Marcia Balzer).
- Agreement to remain available to contribute when specific issues arise.

Governance and continuation

Co-chairs John Swieca and Simon Frenkel confirmed willingness to continue in their roles.

The council will continue to provide a formal mechanism to:

- Represent physicians
- Communicate with the ASA board
- Mobilise members when required

Member engagement and future opportunities

- Low engagement observed among advanced trainees.
- ASA membership is often perceived as optional compared to other organisations (e.g. TSANZ).

Potential opportunities

- Incentives such as discounted or free membership periods
- Targeted engagement initiatives for trainees (e.g. networking or educational events)
- Contributing speakers or content to initiatives led by others, rather than developing new programs independently
- Maintaining the ability to convene members quickly for specific advocacy or project work

Meeting close