



ENGAGEMENT STRATEGY

PSR commenced publishing a newsletter and case outcomes on its website in July 2017. Prior to this, PSR did not publish a newsletter or case outcomes for many years. The lack of published information had led to concerns that the Agency was not transparent.

PSR have now reviewed both the policy on the publication of case outcomes and newsletter. Submissions were received from several sources including the AMA, medical groups, consumer groups and individuals.

The revised policy on publication of case outcomes is now on the PSR website. Key changes are:

- a. Removal of named practitioners after ten years;
- b. More detail to be provided for s92 agreements and Committee outcomes.

The newsletter will continue to be published every three months. It will address

- A summary of Agency activity on a quarterly basis;
- New appointments to the PSR;
- PSR Panel member training;
- Any important administrative issues for PSR Panel members;
- PSR s92 outcomes on a quarterly basis;
- [PSR Committee outcomes](#) on a quarterly basis; and
- [Federal Court update](#).

PSR are now working to upgrade our newsletter format so that anyone who wishes to will be able to subscribe to have it emailed to them. This should be in place for the December 2019 newsletter.

AGENCY ACTIVITY SUMMARY FOR THE QUARTER

In the first quarter of 2019/20 PSR received 31 new requests to review and finalised 19 reviews comprised of 16 effective s 92 agreements between the Director and a practitioner, and 3 effective final determinations following a Committee process.

The 19 finalised matters resulted in total repayment directions of \$8,132,680. In 16 of the matters there was at least a partial disqualification from Medicare. The details of each matter appear below.

NEW APPOINTMENTS TO THE PSR PANEL

No new appointments to the PSR Panel were made in the last quarter. The PSR advertised for appointments in a small number of selected medical specialties in response to new referrals received from the Department of Health. Applications received in response to these advertisements are being processed.

PSR MEMBER TRAINING INFORMATION

Training dates for 2020 will be finalised in the next few months so PSR Panel members can put these in their diaries. If Panel members have a particular subject matter they feel should be included in training then please forward suggestions to Andrew Shelley who is planning the training program (andrew.shelley@psr.gov.au).

IMPORTANT ADMINISTRATIVE ISSUES FOR PANEL MEMBERS

All current PSR Committees are making use of [GovTeams](#) for document sharing. We are aware of some teething problems particularly where passwords are forgotten. If you have any difficulties at all please contact Zac Pagan (zac.pagan@psr.gov.au) for assistance.

PSR s92 OUTCOMES

The following matters were finalised by s 92 agreement between the practitioner and Director and were subsequently ratified by the Determining Authority and published on the PSR website in the period 1 July 2019 to 30 September 2019:

- **Medical Practitioners (OMP)**
- **General Practitioners**
- **[Specialists](#)**

Medical practitioner (OMP)

An agreement with a medical practitioner (OMP)

The practitioner billed MBS items 36, 44 and 2507 in excess of 99 percent of their peers during the year under review. The Director reviewed this practitioner's provision of MBS items 36, 44, 703, 705, 715, 721, 723, 732 and 2715, and PBS items 8254K, and had no concerns in relation to PBS items 8254K. The Director had persisting concerns that:

- MBS requirements were not always met for services rendered, including time requirements (where applicable);
- records were inadequate; and
- the practitioner did not provide adequate clinical input.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$420,000, to be disqualified from providing MBS items 44, 703, 705, 721, 723, 732 for 12 months, to be disqualified from providing MBS items 36 for 6 months, and will be reprimanded by the Director.

General Practitioners

An agreement with a general practitioner

The practitioner billed MBS items 23, 36 and 44 in excess of 99 percent of their peers during the year under review. The practitioner also rendered a prescribed pattern of services (the 80/20 rule) by providing 80 or more professional attendance on 36 days during the year under review. The Director reviewed this practitioner's provision of MBS items 23, 36, 44, 721, 723, 732, 31363, 56223, 56507, 57341, 66596, 66833 and 66839, PBS items 8254K, and provision of a prescribed pattern of services and had no concerns in relation to MBS items 31363, 57341 and 66833, and PBS items 8254K.

The Director had persisting concerns that

- the practitioner did not keep adequate clinical records;
- MBS requirements were not always met;
- the practitioner did not always provide adequate clinical input;
- diagnostic imaging and pathology services were initiated without clinical indication; and
- there were no exceptional circumstances causing the 80/20 rule to be breached.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$370,000, to be disqualified from providing MBS items 721, 723, 732 for 6 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed in excess of 87 percent of their peers despite having a patient load on the 34th centile during the year under review. The Director reviewed this practitioner's rendering of MBS items 36, 44, 707, 715, 721, 723, 732, 900, 2525, 2552 and 10997. The Director had persisting concerns that:

- patients were not always in attendance when the practitioner provided health assessment, chronic disease management and care plan services;
- the practitioner spread billing of Medicare items across multiple days to avoid restrictions on billing certain items in association;
- MBS requirements were not always met;
- the medial records the practitioner kept were inadequate;
- the practitioner did not always provide adequate clinical input into services that the practitioner billed.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$500,000, to be disqualified from providing all services in respect of which an MBS benefit would be payable for 36 months, & will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed MBS items 36, 44 and 5060 in excess of 99 percent of their peers during the year under review. The Director reviewed this practitioner's provision of MBS items 36, 44, 5040 and 5060, and PBS items 3162K and 8935G. The Director had persisting concerns that:

- MBS requirements were not always met, including relevant time requirements;
- the practitioner did not always render MBS items 5040 and 5060 in the after-hours period;
- the practitioner did not always keep adequate records of services;
- the practitioner did not adequately manage patients on drugs of addition; and
- the practitioner did not always provide adequate clinical input.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$290,000, to be disqualified from providing MBS items 44, 5040, 5060 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed in excess of 96 percent of their peers despite having a patient load on the 46th centile during the year under review. The Director reviewed this practitioner's provision of MBS items 23, 705, 721, 723, 732 and 11700, and PBS items 2089Y, 2622B, 3133X, 3162K, 8254K and 8611F. The Director had persisting concerns that

- records were inadequate;
- MBS and PBS requirements were not always met;
- services were provided without appropriate clinical indication;
- the practitioner's clinical input was inadequate; and
- the practitioner's management of some patients was inappropriate.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$270,000, to be disqualified from providing MBS items 723, 11700 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed over 15,000 services during the year under review. The Director reviewed this practitioner's provision of MBS items 23, 705, 721, 723, 732 and 5020, and PBS items 1654C, 1655D, 2089Y, 3133X, 3162K, 8387K and 8524P, and had no concerns in relation to MBS item 705. In relation to the remaining items, the Director had persisting concerns that:

- the practitioner did not always keep adequate medical records;
- the MBS requirements were not always met;
- the practitioner did not always provide adequate clinical input;
- CDM services were not adequately individualised;
- the practitioner prescribed opioids and benzodiazepines where there was not always evidence supporting the clinical indication and non-pharmaceutical methods were not adequately pursued; and
- the practitioner prescribed opioids and benzodiazepines without adequately considering side effects or risks of addiction and without appropriately managing patient use.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing the MBS items of concern. The practitioner agreed to repay \$280,000, to be disqualified from providing MBS items 721, 723, 732 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed over 16,000 services during the year under review. The Director reviewed this practitioner's rendering of MBS items 23, 36, 703, 721, 723, 732, 2715 and 5020, and had no concerns in relation to MBS items 23 and 5020. The Director had persisting concerns that:

- MBS item requirements were not met for all services, including minimum time requirements (where relevant);
- medical records were inadequate; and
- not all services were clinically indicated.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$120,000, to be disqualified from providing MBS items 703, 721, 723, 732, 2715 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed MBS items 721, 723 and 732 in excess of 99 percent of their peers during the year under review. The Director reviewed this practitioner's provision of MBS items 3, 23, 707, 721, 723, 732, 2700 and 2713, and PBS items 2089Y, 2622B and 3162K. The Director had persisting concerns that:

- the practitioner kept inadequate records for all reviewed services;
- the practitioner billed level A (MBS item 3) consultations when patients did not attend the practitioner;
- the practitioner billed MBS item 23 for services that did not involve sufficient clinical complexity or duration to warrant billing the item, and may not have always complied with the item descriptor;
- the practitioner did not provide adequate clinical input into health assessments (MBS item 707). In particular, the practitioner did not adequately conduct any of the tasks in the item descriptor or appropriately act on information collected by the practice nurse;
- the practitioner provided CDM services to patients who did not have an eligible chronic disease and otherwise did not comply with the item descriptors when rendering these items;
- the practitioner did not adequately consult with at least two collaborating providers when rendering MBS item 723 or conducting reviews of this item under MBS item 732;
- the practitioner did not comply with the item descriptors, adequately document, or provide adequate clinical input in connection with rendering mental health services (MBS items 2700 and 2713) and

- the practitioner prescribed temazepam, oxycodone and diazepam in circumstances that were not clinically appropriate, with inadequate clinical oversight or patient management, and otherwise did not provide sufficient clinical input when prescribing these medications.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$325,000, to be disqualified from providing MBS items 707, 721, 723, 732, 2700 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed MBS items 721, 723 and 732 in excess of 98 percent of their peers during the year under review. The Director reviewed this practitioner's rendering of MBS items 44, 707, 721, 723, 732 and 2195. The Director had persisting concerns that:

- MBS item requirements were not met, including the minimum time requirements for MBS items 44, 707 and 2195;
- records are inadequate;
- some services were not clinically indicated, including CDM services and those with minimum time requirements; and
- clinical input was inadequate.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$90,000, to be disqualified from providing MBS items 2195 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed over 18,000 services during the year under review. The Director reviewed this practitioner's provision of MBS items 23, 36, 597, 705, 707, 715, 721, 723, 732, 2713, 2717 and 5020, and PBS items 1215Y, 1916W, 2622B and 3162K. The Director had persisting concerns that:

- MBS requirements were not met for all services, including minimum time requirements (where relevant);
- medical records were inadequate;
- not all services were clinically indicated; and
- not all prescribing under the PBS was clinically indicated and in some cases PBS restrictions were not met.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$775,000, to be disqualified from providing MBS items 585, 705, 707, 715, 721, 723, 732, 2717 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed in excess of 99 percent of their peers, despite have a patient load on the 70th centile during the year under review with a service to patient ratio exceeding the 98th centile despite also having a percentage of long consultations above the 99th centile. The Director reviewed this practitioner's rendering of MBS items 23, 36, 30192, 31363, 56223, 56507, 56807, 66596, 66650, 66653 and 66656 and PBS items 2622B, 3119E, 3162K, 8254K, 8601Q and 8785J, and had no concerns in relation to MBS items 30192 and 66656 and PBS item 8601Q. The Director had persisting concerns that:

- The records were very brief and often did not record a patient history, examination, diagnosis or management plan. Many contained only one to three words as the entire entry;
- MBS requirements were not always met, including time requirements (where relevant) or histopathology requirements where excised lesions were required to be malignant but pathology was benign or else the lesion was considerably smaller than the required size or excised from a different part of the body to that in the descriptor;

- records were inadequate;
- there was excessive ordering of some pathology and radiology items without documented clinical indication or where patients failed to meet the eligibility for the tests;
- services were not all clinically indicated, including prescribing of PBS medications; and
- PBS requirements were not always met.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$150,000, to be disqualified from providing MBS items 36 for 6 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed MBS items 36 and 44 in excess of 99 percent of their peers during the year under review despite having a patient load on the 83rd centile. Long consultations were billed well above the 99th centile and constituted 68% of all billed services. The Director reviewed this practitioner's rendering of MBS items 36, 44, 715 and 732. The Director had persisting concerns that the practitioner did not always:

- provide services that met the MBS requirements, including the minimum time requirements (where relevant);
- keep adequate medical records;
- provide adequate clinical input into the services billed.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern and demonstrated insight and made a large voluntary repayment during the review process. The practitioner agreed to repay a further \$10,000, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed in excess of 77 percent of their peers, despite have a patient load on the 14th centile during the year under review. Overall 67% of consultations were billed as long or extended consultations and the practitioner billed level D services 58 times more often than peer general practitioners and was the 11th highest biller in all Australia for this item. Assuming minimum time requirements this constituted billing of more than 13 hours on some days before any untimed consultations were even considered. The Director reviewed this practitioner's rendering of MBS items 36, 43, 44, 51 and 707, and PBS item 1891M. The Director had persisting concerns that the practitioner did not always:

- meet the MBS requirements for services rendered, including the minimum time requirements;
- provide sufficient clinical input into the services rendered;
- keep adequate clinical records; and
- comply with the PBS restrictions when prescribing amoxicillin with clavulanic acid.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$290,000, to be disqualified from providing MBS items 44 and 707 for 12 months, and will be reprimanded by the Director.

An agreement with a general practitioner

The practitioner billed over 14,000 services during the year under review and regularly billed more than 70 professional services in a day. The Director reviewed this practitioner's rendering of MBS items 23, 721, 723 and 732, and PBS items 3119E and 8254K. The Director had persisting concerns that the practitioner:

- did not keep adequate medical records of the services provided;

- did not always provide adequate clinical input in that records of services were very brief and did not include patient history, examination, diagnosis and management plans and often involved ordering large volumes of pathology and radiology without documented clinical indication;
- did not always meet the MBS requirements for the services rendered;
- services were not always clinically indicated, for example a patient would present with another simple problem and a care plan and team care items would be billed when the patient was not eligible for the service or there was no assessment of their chronic disease;
- in some cases there was no evidence the patients were present when some services were billed;
- prescribed antibiotics without appropriate clinical indication and prescribed PBS item 8254K outside the PBS requirements.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$350,000, to be disqualified from providing MBS items 721, 723, 732 for 12 months, and will be reprimanded by the Director.

Specialists

An agreement with a haematologist

The practitioner billed over 40,000 services during the year under review. The Director reviewed this practitioner's rendering of MBS items 110, 116, 132, 133, 13706, 13757, 13915 and 13942. The Director had persisting concerns that:

- MBS requirements were not met;
- services were not clinically indicated; and
- the medical records were inadequate.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing these items of concern. The practitioner agreed to repay \$1,400,000, to be disqualified from providing MBS items 132, 133, 13942 for 12 months, and will be reprimanded by the Director.

An agreement with a respiratory and sleep medicine physician

The practitioner billed MBS item 12250 more than 2000 times during the year under review and was a national top biller of this item. The Director reviewed the practitioner's rendering of MBS item 12250. The Director had persisting concerns that:

- MBS item requirements were not always complied with;
- services were not always clinically indicated; and
- the practitioner did not always provide adequate clinical input.

The practitioner acknowledged they engaged in inappropriate practice in connection with providing this item of concern. The practitioner agreed to repay \$200,000, and will be reprimanded by the Director.

PSR COMMITTEE OUTCOMES

The following matters were finalised by PSR Committees and the Determining Authority and published on the PSR website in the period 1 July 2019 to 30 September 2019.

PSR Committee No. 1013:

On 29 July 2019, a final determination came into effect concerning a consultant physician in respiratory and sleep medicine. The practitioner was directed to be reprimanded by the Director and directed to repay \$1,186,093.05 to the Commonwealth and be disqualified for 6 months from item 12250. These directions followed from a final report of a PSR Committee, which concluded that the practitioner engaged in inappropriate practice in connection with services rendered as MBS item 12250.

The Committee's findings for the MBS item 12250 services, in relation to which the practitioner was found to have engaged in inappropriate practice, were for the following reasons, the practitioner:

- failed to keep an adequate record and meet other legislative requirements;
- failed to meet the MBS requirements for item 12250 services;
- failed to supervise the technician and scorer adequately in the rendering of all services; and provided inadequate clinical input into MBS item 12250 services.

For example, the practitioner failed to meet legislative requirements in failing to ensure that the date for which the service was billed was the date that he completed the service rather than the date the investigation commenced.

The practitioner failed to adequately supervise the technicians and scorers in that:

- relevant patient history taken by the technician was often not sufficiently recorded with significant conditions, such as chronic obstructive pulmonary disease, not being recorded;
- patients were identified as having 'blood pressure' as a comorbidity or 'CVS' as a risk factor without any further information being recorded;
- patients' medication histories were inadequate;
- patient smoking and alcohol history was rarely recorded;
- information regarding patient's sleep position was not seen in the record;
- sleep technicians decided to proceed with an investigation either where the investigation did not appear necessary as it was unlikely the patient had a high probability of obstructive sleep apnoea, or where there was insufficient information on which to make a proper assessment of whether the investigation was necessary. Tests were routinely performed at regular intervals without evidence they would alter management;
- in a number of services deficiencies were seen in the scored data that the practitioner received from the sleep scorers. In some cases there appeared to be inconsistencies in the arousal index and the recorded apnoeas, and in others the data appeared to be insufficient on which to make an assessment of the patient's sleep stages. While the practitioner said he did raise issues with the scorers' supervisor, there was no record in the cases reviewed by the Committee of him returning studies for further assessment. More concerning, there was no evidence that any of the practitioner's Sleep Reports noted the inaccurate scoring or explained the effect this has had on the Sleep Report.

The practitioner failed to meet the requirements of the item descriptor in:

- not personally confirming the necessity of the investigation before it took place;
- having inadequate quality assurance procedures in place to ensure the sleep technicians and scorers were performing tasks to an appropriate standard;
- the duration of the sleep study was often less than the required 8 hours.

PSR Committee No. 1052:

On 6 September 2019, a final determination came into effect concerning Dr Mainul Hossain, a medical practitioner who practised in Morisset, New South Wales during the year under review. Dr Hossain was directed to be reprimanded and counselled by the Director, directed to repay \$580,108.94 to the Commonwealth and was directed to be disqualified from MBS items 44, 57, 721, 723, 732, 2713 and 2715 for a period of 12 months. These directions followed from a final report of a PSR Committee, which concluded that Dr Hossain engaged in inappropriate practice in connection with services rendered as MBS items 53, 54, 57, 721, 723, 732, 2713 and 2715.

The Committee's findings for the MBS item 53, 54 and 57 services in relation to which Dr Hossain was

found to have engaged in inappropriate practice were for one or more of the following reasons:

- Dr Hossain allowed another practitioner, who was not qualified to bill Medicare, to see patients and bill Medicare under his Medicare provider number for services they rendered.
- Dr Hossain did not meet the Medicare requirements for billing item 53, 54 and 57 services in relation to duration of clinical input required to bill those items.
- Dr Hossain failed to keep adequate records and, in particular, the records often did not demonstrate sufficient clinical input to justify the items billed.
- Dr Hossain had sometimes co-billed an item 57 service with an item 2713 service and on those occasions did not comply with Medicare requirements.
- Concerns were raised with respect to Dr Hossain's clinical acumen, in particular with regard to the frequency of prescribing drugs of addiction in the absence of a clear management plan, or appropriate compliance checking.

The Committee's findings for the MBS item 721, 723 and 732 services in relation to which Dr Hossain was found to have engaged in inappropriate practice were for one or more of the following reasons:

- Dr Hossain allowed another practitioner to bill Medicare under his Medicare provider number for services they rendered.
- Dr Hossain's records were inadequate. He had relied upon template documents, which were not individualised to the patient, and had often not offered any clinical input to the creation of such records (which was undertaken by others), other than signing them. In addition, many of the records made available and examined by the Committee had not been signed.
- In many cases it was not apparent that a patient had an eligible chronic disease.
- Dr Hossain had not complied with MBS item requirements. For example, in most Team Care Arrangements reviewed he failed to consult with two other healthcare providers. The Committee viewed this as a critical component of the MBS item descriptor.

The Committee's findings for the MBS item 2713 and 2715 services in relation to which Dr Hossain was found to have engaged in inappropriate practice were for one or more of the following reasons:

- Dr Hossain failed to comply with the MBS item requirements, including the minimum time requirements.
- Dr Hossain had not provided sufficient clinical input to justify the services billed generally, but particularly on occasions in which Dr Hossain had co-billed a mental health item and a standard consultation.
- Dr Hossain's records were not adequate, and lacked appropriate clinical detail such that the Committee was concerned that another practitioner would find it difficult to effectively take over patient care, based upon the content of Dr Hossain's notes.

PSR Committee No. 936:

On 18 September 2019, a final determination came into effect concerning a medical practitioner. The practitioner was directed to be reprimanded and counselled by the Director, directed to repay \$526,477.75 to the Commonwealth and was directed to be disqualified from MBS item 36 for a period of six months, MBS items 585, 588, 591 and 594 for a period of 12 months and MBS items 160 and 707 for a period of 24 months. These directions followed from a final report of a PSR Committee, which concluded that the practitioner engaged in inappropriate practice in connection with services rendered as MBS items 23, 36, 160, 597 and 707.

The Committee's findings for each of those services were for the following reasons:

In relation to the MBS item 23 services, the Committee found that the medical practitioner:

- Failed to meet the requirements of the MBS item descriptor,
- Failed to provide adequate clinical input in relation to the presenting complaint, and/or
- Failed to keep an adequate and contemporaneous record.

In relation to the MBS item 36 services, the Committee found that the medical practitioner:

- Failed to meet the requirements of the MBS item descriptor,
- Failed to provide adequate clinical input in relation to the presenting complaint,
- Billed separately for procedures performed that were included as part of the MBS item 36 service that was billed, and/or
- Failed to keep an adequate and contemporaneous record.

In relation to MBS item 160 services, the Committee found that the medical practitioner:

- Failed to meet the requirements of the MBS item descriptor,
- Failed to provide adequate clinical input in relation to the presenting complaint, and/or
- Failed to keep an adequate and contemporaneous record.

In relation to MBS item 597 services, the Committee found that the medical practitioner:

- Failed to meet the requirements of the MBS item descriptor as services provided were not urgent,
- Failed to provide adequate clinical input in relation to the presenting complaint and failed to take an adequate history, perform the relevant examination, make an appropriate diagnosis and instigate the correct management plan, and/or
- Failed to keep an adequate and contemporaneous record of billed services.

In relation to MBS item 707 services, the Committee found that the medical practitioner:

- Failed to meet the requirements of the MBS item descriptor, and/or
- Failed to keep an adequate and contemporaneous record.

FEDERAL COURT UPDATE

In the matter of *Karmakar v Minister for Health & Director of PSR*, the Federal Court gave the applicant a further opportunity to amend her Statement of Claim and file an amended Originating Application. The Court ordered her to pay the respondents' costs thrown away as a result of the further amendments to the Statement of Claim and Originating Application. The matter is set down for the substantive hearing in April 2020.

Professor Julie Quinlivan
Director, Professional Services Review