



RACGP

Royal Australian College of General Practitioners

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5 October 2016

Professor Bruce Robinson
Chair, MBS Review Taskforce

Via email: MBSReviews@health.gov.au

Dear Professor Robinson

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with opportunity to comment on the various recommendations of the MBS Review Taskforce's Clinical Committees.

Rather than providing separate survey responses to the first tranche of reports from the Clinical Committees, the RACGP wishes to reiterate the importance of the overarching comments made in our submission to the *First Report of the MBS Principles and Rules Committee* as these address many of the survey questions.

GPs should be recognised as specialists as per their skills and therapeutic capacity. Abolishing differential fee structures for GPs and other medical practitioners is an important first step. However, the artificial gap between GPs and other specialists is also reinforced in other ways. For example, imposing interval restrictions for GPs but not other specialists, such as those for pre- and post-bronchodilator spirometry for respiratory diagnosis (from the *Report from the Thoracic Medicine Clinical Committee*), undermines GPs' expertise.

Furthermore, fee structures should accurately reflect the time taken and overheads for GPs to provide particular services. Providing estimates for each item number would simplify future attempts to adjust fees.

In some cases, the Clinical Committees need to widen their focus. For example, the *Report from the Diagnostic Imaging Clinical Committee – Low Back Pain* acknowledges that chiropractors are responsible for almost 87 per cent of allied health requests for x-ray items 58106, 58112 and 58121. The recommendation to limit multi-region radiography of the spine on the same day is a conservative approach. Limiting the ability of allied health practitioners to order x-rays deserves further contemplation.

Overall, it would appear the benchmark for MBS item assessment “*consistent with contemporary best practice and the evidence base where possible*” is too broad. Clearer standards are required to help make consistent assessments across different clinical areas. For example, what standards have enabled antenatal mental health screening to be prioritised before other evidence-based preventive health screens?



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If you have any questions for comments regarding the RACGP's submission, please contact myself or Mr Roald Versteeg, Manager – Advocacy and Policy, on (03) 8699 0408 or at roald.versteeg@racgp.org.au

Yours sincerely

Dr Bastian Seidel
President