



5 June 2023

HTA Review Secretariat  
Department of Health and Aged Care  
GPO Box 9848  
Canberra ACT 2601

Via email: [htareviewconsult@health.gov.au](mailto:htareviewconsult@health.gov.au)

Dear HTA Review Secretariat,

**RE: Health Technology Assessment Policy and Methods Review Terms of Reference**

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health and Aged Care and Medicines Australia for the opportunity to provide feedback on the [Health Technology Assessment Policy and Methods Review Terms of Reference](#) (HTA terms of reference).

GPs are the first point of contact for most Australians seeking healthcare, with almost 90% of the population seeing a GP at least once each year.<sup>1</sup> According to Australian Institute of Health and Welfare (AIHW) data, GPs prescribed the most Pharmaceutical Benefit Scheme (PBS) and Repatriation Pharmaceutical Benefit Scheme (RPBS) medicines in Australia, accounting for approximately 87% of all prescriptions dispensed.<sup>2</sup> While GPs play an important role in the prescribing and administering medications, they also educate and counsel their patients regarding medication usage, undertake medication reviews, and deprescribe where necessary.

Following a review of the HTA terms of reference, the RACGP has noted some important gaps to be addressed. These are outlined below.

**1. Impact of proposed recommendations from the HTA review on health service delivery.**

The impact of proposed recommendations on health providers and their experience delivering healthcare should be considered and, those impacted consulted, as part of the assessment process.

For example, when the PBAC is considering a recommendation to restrict the use of an existing medication, there should be prior consultation and engagement with GPs so that appropriate prescribing changes can be made (It is also important to note that some GP prescribing only occurs 6 -12 monthly for patients whose condition is stable).

Another example is the PBS Authority systems process. It is onerous, non-intuitive for GPs to use and appears of little clinical value. This complex administrative process takes time away from GPs delivering high-quality care to patients.

Point of care testing (PoCT) technologies could play a greater role in general practice and significantly contribute to improved patient outcomes and cost effectiveness. However only one technology, HbA1C testing, has so far been approved through the Medical Services Advisory Committee (MSAC) and is supported through the Medical Benefits Schedule (MBS) in general practice. Numerous regulatory and cost barriers continue to inhibit broad adoption of PoCT in general practice and it would be valuable for the Review to consider how these could be addressed.

**Recommendation:** The impact of proposed recommendations on health providers and their experience delivering healthcare should be considered and, those impacted consulted, as part of the assessment process.

**Recommendation:** Review to consider role of HTA in facilitating PoCT in general practice

## 2. Importance of an evidence-based team to support HTA review recommendations.

The proposed terms of reference review outline key areas to be reviewed by the HTA committee. A number of these areas will require a robust evidence review process to inform decision making. The RACGP is concerned that neither the HTA committees nor product sponsors have the capacity to synthesise this evidence-base. Significant expertise is required to develop high quality evidence tables (which ideally meet the Grading of Recommendations, Assessment, Development, and Evaluations ([GRADE](#)) framework). It is an unreasonable expectation for the proposed HTA committee or product sponsor to produce the evidence tables.

**Recommendation:** There should be an evidence-based committee/team who will produce trusted, rigorous living guidelines with 'appropriate use' recommendations. This team should report to the proposed HTA committee. The HTA committee can then use these evidence-based recommendations to inform the affordability, acceptability, and broader community impacts of their recommendations.

## 3. Post-market reviews

Section 4.2 point 10 (page 8) and Section 5.4 point e. (page 10), of the terms of reference mention rapid pharmacovigilance/post-marketing surveillance without providing an adequate description of the data that will be used as part of the rapid reviews. The RACGP highlights the potential and fundamental importance of using analysed, routinely collected de-identified primary care data for post-marketing surveillance instead of relying on anecdotal reports. Primary care data analysis has the potential to identify uncommon or unexpected consequences of medication use.

**Recommendation:** Investment in building capacity for the collection and analysis of primary care data for post market surveillance.

Thank you again for the opportunity to provide feedback on the HTA terms of reference. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice Management, Standards & Quality Care on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

Yours sincerely,



Dr Nicole Higgins  
President

## References

1. Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2019–20. Canberra: DoH, 2020.



**RACGP**  
Royal Australian College  
of General Practitioners

Healthy Profession.  
Healthy Australia.

2. Australian Institute of Health and Welfare. Medicines in the health system. Canberra: Australian Institute of Health and Welfare, 2022. Available from: <https://www.aihw.gov.au/reports/medicines/medicines-in-the-health-system> [accessed 10 May 2022].