

4 October 2023

MBS Review Advisory Committee  
GPO Box 9848  
Canberra ACT 2601

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

Dear MBS Review Advisory Committee,

**Re: Post implementation review of changes to colonoscopy MBS items**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to the post implementation review of changes to colonoscopy MBS items. We provide comments on specific recommendations and topics as identified by the Committee.

*Recommendation 3: Improved education of both providers (including GPs, endoscopists and private hospitals) and patients is needed to promote high-quality colonoscopy*

The RACGP agrees that communication with patients could be improved. In particular, risk reduction strategies for patients, such as recommendations on dietary intake, alcohol intake and use of aspirin, where indicated, would be valuable, especially if provided as part of a personalised risk reduction strategy.

Existing state referral pathways and HealthPathways can be used for dissemination of information to GPs. Advice and information to support conversations with those patients that no longer need to have surveillance scopes for previous polyps (eg knowing at what age to stop) would be valuable.

It is important that resources and educational materials for GPs are developed by organisations which have inherent understanding of GPs' needs, such as the RACGP.

***RACGP recommendation***

**Improve communication by providing written advice with a personalised risk reduction strategy.**

*Recommendation 5: Improve equity of access for regional and remote populations by supporting ongoing development of the GP-Endoscopist workforce through rural generalist training and expanding outreach models.*

The increased availability of GP-endoscopists will go a long way to reduce wait times in rural and remote areas, however, improving access for regional and remote population must not be just about providing endoscopy as an isolated service. An end-to-end service that includes patient care prior to, and post endoscopy management, involving a team of Rural Generalists (RGs) working together to provide the anaesthesia and endoscopy services.

Key to achieving this recommendation will be securing the support of Local Health Districts to enable RGs to maintain their skills over time with access to ongoing lists, and the other specialist colleges supporting RGs to access skills maintenance opportunities.

The RACGP would be keen to continue discussions with relevant departmental offices to progress implementation of this recommendation.



Improving equity of access to colonoscopy for people in rural/remote and low-socioeconomic areas who receive a positive FOBT as part of the NBCSP

Improving equity of access should not be targeted solely at the FOBT program. Triaging of referrals is important and should be considered when looking at improving access as patients who may not be eligible for the FOBT program may still require direct access to colonoscopies eg. a patient with change in bowel habit and experiencing weight loss.

**RACGP recommendation**

**Consider triaging of referrals as well as positive FOBTs as a way to improve equity of access to colonoscopies.**

General feedback

Currently, it is unclear which health professional is responsible for reminders for repeat colonoscopies.

**RACGP recommendation**

**Clarify which health professional is responsible for reminders for repeat colonoscopies (for example, endoscopist, general practitioner or the bowel cancer screening register).**

Thank you again for the opportunity to provide a response to the Post implementation review of changes to colonoscopy MBS items. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

Yours sincerely

**Dr Nicole Higgins**  
RACGP President