

7 April 2015

Ms Amanda Hart  
MSAC Secretariat  
Medicare Financing and Listing Branch  
Medical Benefits Division  
Department of Health  
ACT 2606 - MDP 851

Dear Ms Hart,

Thank you for the opportunity to respond to the MSAC consultation on Shared Medical Appointments (SMAs) for Type 2 Diabetes Management.

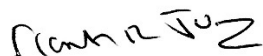
The RACGP believes there should be flexibility in the way GP practices can deliver services and is therefore broadly supportive of the introduction of GP led shared medical appointments. However, we have not had time to consider the proposed model in detail and would like to see research that supports the effectiveness and safety of these approaches. For example, there is a high rate of multi-morbidity in this population and SMAs are unlikely to be the most suitable treatment environment for these individuals.

If a new item number is to be introduced, it should not restrict the use of existing numbers, but rather be available as a complement to these. We would also like clarity on whether existing item numbers, such as 23, could also be used for shared medical appointments.

Lastly, we discourage use of the term pre-diabetes. We have deliberately not used this term in our *General practice management of type 2 diabetes 2014-15* because of concerns that it is being marketed and increasingly interpreted as a disease state in itself.

Thank you again for the opportunity to comment. If you require any further information regarding the RACGP's response, please contact Stephan Groombridge on [Stephan.groombridge@racgp.org.au](mailto:Stephan.groombridge@racgp.org.au)

Yours sincerely



Dr Frank R Jones  
President