



RACGP

Rural

18 October 2018

Professor Bruce Robinson
Chair
MBS Review Taskforce

Via email: MBSReviews@health.gov.au

Dear Professor Robinson

Medicare Benefits Schedule (MBS) Review Taskforce — Report from the Anaesthesia Clinical Committee

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with an opportunity to comment on the recommendations made by the Anaesthesia Clinical Committee (the Committee) as part of the Medicare Benefits Schedule (MBS) Review.

RACGP Rural endeavours to provide advocacy and support for our 19,000 members. This includes our more than 8,500 GPs working in regional, rural and remote Australia, some of whom provide services as GP Anaesthetists.

RACGP Rural commends the Committee on the work undertaken to modernise the anaesthesia items to support and promote best anaesthesia practice, and to ensure the provision of high-value care for patients and the community. We do have, however, strong concerns about the comment bolded below:

"The Committee agreed the MBS should provide rebates for patients for appropriate and high-value clinical care. These rebates are typically greater for more complex clinical work, and the Committee accepted this as an important feature of the anaesthesia component of the MBS. The Committee also agreed that, in general, anaesthesia services provided by specialist anaesthetists should attract higher rebates for patients than services provided by non-specialist anaesthetists (or non-anaesthetists)." [Page 67, Anaesthesia Clinical Committee Report October 2017]

RACGP Rural agrees with the aim of ensuring that rebate rates accurately reflect the complexity of the anaesthesia services provided depending on the anatomical site and the physiological impact of the surgery. However, there should be no differential fee structures depending on the practitioner. The Committee itself identifies the rationale for recommendation 15 and 27 as being to ensure "...parity in rebates for identical procedures, regardless of the practising physician."

RACGP Rural also notes that the above statement is at odds with the recommendations made by other Committees, which have sought to address this longstanding issue by removing differential rebates for identical procedures.

In many regional and rural areas, GPs may be the only medical practitioners available to provide anaesthesia services. These GPs are appropriately trained, through the Joint Consultative Committee on Anaesthesia (JCCA), to provide this type of care. There should be **no** inference that anaesthetic services performed by an appropriately trained GP lessens the standard of care provided to the patient and community.



Given that GPs performing anaesthesia are sufficiently skilled to do so, MBS rebates for anaesthetic procedures performed by Anaesthesia Specialists and the following medical practitioners should not differ from:

- Specialist General Practitioners
- general practice registrars with appropriate supervision
- medical practitioners on a pathway to Fellowship with the RACGP
- non-VR General Practitioner who graduate and commenced working in general practice prior to 1996.

I trust this information is useful to the Committee. If you have any questions or comments regarding RACGP Rural's submission please contact Chris Kyranis, Manager RACGP Rural on 07 3456 8941 or chris.kyranis@racgp.org.au.

Yours sincerely

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Chair, RACGP Rural

Dr Stuart Prosser
Chair, JCCA