

28 January 2019

Senator Rachel Siewert
Committee Chair
Senate Community Affairs References Committee
Parliament House
Canberra, ACT 2600

E: Michael.Finch@aph.gov.au
Cc: Community.Affairs.Sen@aph.gov.au

Dear Senator Siewert,

Re: Inquiry into Support for Australia's thalidomide survivors - Written questions on notice

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Community Affairs References Committee for the opportunity to respond to questions on notice related to the Inquiry into Support for Australia's thalidomide survivors.

Responses to questions:

Question 1

Survivors have reported that some medical practitioners have little familiarity with thalidomide injuries. What can the College do to support awareness of thalidomide injuries in the medical community?

Specialist general practitioners (GPs) are trained with a broad set of skills and knowledge. The RACGP's academic journal – Australian Journal of General Practice (AJGP), is a key independent peer-reviewed resource for keeping the profession informed on the huge variety of clinical issues managed in general practice. The AJGP welcomes submissions on all topic areas relevant to general practice.^{1,2} The RACGP can also bring available education to GPs' attention.

Question 2

Some survivors have advised the committee that they have required mastectomies but that MBS benefits were not available because their practitioner did not consider it to be therapeutic. Can the College advise on:

- ***Whether it is aware of this occurring?***
- ***Whether it considers that this is appropriate and what kinds of factors a clinician would consider in determining whether benefits are payable?***
- ***Steps the College could take to educate practitioners about the needs of thalidomide survivors.***

The eligibility of patients for mastectomies would be considered by the treating specialist rather than the GP. The GPs role would be to identify the risk, the need, and make the appropriate referral. The GPs role may also extend to acting as an advocate on behalf of the patient. They may also have further discussions with the patient following the patient's consultation with the treating specialist to help a patient in their decision making.

In regards to educating practitioners, the RACGP can provide or promote available education through a number of media (as discussed in Q1). GPs can also point patients towards further information and support.

Question 3

Can the college confirm whether there is a standard approach taken for diagnosing and classifying thalidomide injuries in Australia? What are the challenges with attributing the causation of congenital abnormalities to thalidomide?

GPs are expert generalists who are comprehensively trained to diagnose and provide the most appropriate course of treatment for a range of health issues. As the number of thalidomide survivors in Australia is extremely low,³ the majority of GPs will never have a consultation with a patient requiring ongoing management of thalidomide consequences. The most helpful course of action with this small number of survivors is for the GP to refer to a clearly identified assessment service so survivors receive a consistent evidence based assessment.

Question 4

The Department of Health has suggested that thalidomide survivors may be eligible to use MBS items for Chronic Disease Management to access allied health services. Can the College please advise how the allied health services available under General Practitioner Management Plans arrangements could assist in addressing thalidomide survivors' chronic health conditions?

The MBS items for chronic disease management provide limited access to allied health services (up to 5 per calendar year). These may include additional out of pocket cost for patients. Whilst such referrals are of benefit, it is possible that some survivors may have significant disabilities and may be eligible for services under the National Disability Insurance Scheme.

Thank you for the opportunity to provide our comments. We look forward to hearing about the progress and outcomes of this inquiry. For queries on the RACGP's response, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care at 03 8699 0544 or stephan.groombridge@racgp.org.au

Yours sincerely



Dr Harry Nespolon

President

References:

1. Tan, A, Foran, T and Henry A. Aust Fam Physician 45(8), Aug 2016 p 564-568
2. Eslick, R and Talaulikar, D. Aust Fam Physician 42(10), Oct 2013 p 684-688
3. Swannell, C. Med J Aust online. [Learning from history](#). Published online: 6 April 2015