

21 July 2017

Professor Bruce Robinson
Chair, MBS Review Taskforce
Via email: MBSReviews@health.gov.au

Dear Professor Robinson

Preliminary report for consultation – Urgent after-hours primary care services funded through the Medicare Benefits Schedule (MBS)

The Royal Australian College of General Practitioners (RACGP) thanks the MBS Review Taskforce (the Taskforce) for the opportunity to comment on its *Preliminary report for consultation on urgent after-hours primary care services funded through the MBS* (the report) released in June 2017.

The RACGP supports the intent of the seven recommendations in the report, which will go some way to support the delivery of high-quality after-hours care services and the appropriate billing of Medicare item numbers. While supporting the aim of Recommendations 2 and 3, the RACGP considers that these recommendations may have wide ranging impacts beyond the intent of the proposed changes.

We have outlined a range of issues with the after-hours primary care sector in our [After-hours home visiting services in primary healthcare](#) position statement. While acting on some of these may be beyond the remit of the Taskforce, the RACGP sees value to restating the issues for the Taskforce's consideration with the aim of encouraging:

- an effective model for the delivery of general practice care in the after-hours period
- patient access to high-quality after-hours care services
- appropriate billing of Medicare item numbers and compliance
- sustainable healthcare expenditure.

After-hours arrangements must support continuity of care

The report's Recommendation 2 proposes that access to the urgent after-hours items should be restricted to GPs who work predominantly in the in-hours period and provide after-hours services to their patients in addition to their in-hours work-load. Recommendation 3 suggests that doctors employed by businesses providing after-hours services should not be eligible to claim urgent after-hours MBS items.

The RACGP appreciates that this will go some way to promoting continuity of care, and recognising the clinical value and impost on these GPs. However, a large portion of after-hours care is and will continue to be provided by Medical Deputising Services (MDSs) and after-hours home visiting services. The Taskforce's recommendations as currently constituted do not recognise the scenario

where a qualified GP employed by an after-hours service provider undertakes an urgent assessment for a patient, referred by the patient's regular GP/practice, in the after-hours period.

To support continuity of care, providers delivering MBS-subsidised services in the after-hours period should be required to:

- enter into formal agreements with local general practices in the areas where they intend to provide services
- remind patients that after-hours home visiting services are supplementary services and that it is important that the patient attends their regular GP and practice for ongoing and comprehensive care
- provide a summary document detailing the clinical management of the patient to the patient's regular GP as soon as practical to do so (with the patient's consent and preferably via secure message delivery).

The RACGP recommends that eligibility for access to urgent after-hours MBS items be linked to a patient's usual GP/practice, whereby:

- after-hours service providers can only bill urgent item numbers for patient referred by their usual GP/practice, and
- the after-hours service provider has a formal agreement with the GP/practice, and
- the service is provided by a qualified GP, or doctor on a recognised pathway to Fellowship.

This would support continued access to premium, high-quality, after-hours services for urgent consultations and continuity of care during the after-hours period.

After-hours services need to appropriately triage patients

Appropriate triage of patients is essential to avoid unnecessary use of after-hours services. The RACGP strongly recommends that after-hours home visiting services are required to use suitably qualified staff such as GPs or nurses (supported by protocols) to triage patients. This may assist services to better assess the patients' condition and determine if urgent assessment is required following the change to the descriptors for the urgent after-hours items outlined in Recommendation 4.

After-hours services need to be regulated

After-hours home visiting services and MDSs are not conventional general practices and do not meet the RACGP's definition of general practice. They act in a deputising capacity and provide a service that is significantly more expensive to the tax payer. They therefore should be subject to specific regulation and accreditation.

An MDS must be accredited by an accreditation agency prior to accessing Medicare rebates, however there has been criticism of the accreditation process. The RACGP is developing standards for after-hours services and recommend that after-hours home visiting services and MDSs be accredited against these standards.

After-hours services should avoid advertising directly to the public

Recommendation 5 of the report proposes the removal of the option to book an urgent attendance up to two hours prior to the commencement of the after-hours period. This may go some way to reducing unnecessary use of after-hours services. The RACGP suggests that in addition to this change, after-hours home visiting services should be required to adhere to the Medical Board of Australia's Code of Conduct and the Australian Health Practitioner Regulation Agency's *Guidelines for advertising regulated health services*. Mass media advertising and marketing campaigns (television, newspapers, and billboards) encourages excessive or unnecessary use of after-hours services and should be avoided.

After-hours services should only be provided by doctors with an appropriate level of education and clinical competency

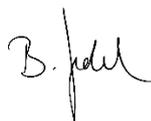
Doctors providing after-hours services must have an appropriate level of education and clinical competency, as per the FRACGP qualification. Registration as a Specialist GP is the "gold standard" for any GP working in Australia, either within usual practice hours or after hours. The same standards that apply to day-time general practices, should apply to after-hours service providers.

Therefore, after-hours services should only be provided by Specialist General Practitioners, general practice registrars with appropriate supervision, medical practitioners on a pathway to Fellowship with the RACGP, or non-vocationally registered general practitioners who graduated and commenced working in general practice prior to 1996.

It is not appropriate to engage Resident Medical Officers who are not GP registrars, Career Medical Officers, registrars in specialties other than general practice, or doctors from other specialities to provide after-hours care. Patients expect to receive care from appropriately trained and competent GPs for both in-hours and after-hours care.

I trust this information is of assistance to the Taskforce as it considers feedback on its recommendations about the urgent after-hours MBS item numbers. Should you need any additional information, please contact me or Mr Roald Versteeg, Manger – Advocacy and Policy, on (03) 8699 0408 or on roald.versteeg@racgp.org.au

Yours sincerely



Dr Bastian Seidel
President