



12 December 2022

Cancer Australia  
300 Elizabeth Street  
Surry Hills NSW 2010  
Via email: [australiacancerplan@canceraustralia.gov.au](mailto:australiacancerplan@canceraustralia.gov.au)

To Whom It May Concern,

**Re: Australian Cancer Plan public consultation**

The Royal Australian College of General Practitioners (RACGP) thanks Cancer Australia for the opportunity to comment on the public consultation for the Australian Cancer Plan (the Plan). The RACGP is supportive of the proposed strategic objectives and guiding principles to enable optimal and equitable outcomes in cancer care to be achieved.

The RACGP reiterates from our previous submission dated 9 March 2022, that the key role of GPs in cancer care be recognised and supported throughout the Plan. General practitioners (GPs) and their teams play a vital role in all stages of cancer care, from prevention and diagnosis, through to management, survivorship and end-of-life care. GPs provide whole patient care and manage any other chronic health conditions that the patient may also have.

RACGP recommendations:

- GP-led teams coordinate specialists and allied health practitioners to avoid fragmentation of patient care
- funding to develop living guidelines for cancer prevention and screening, with recommendations that align with RACGP clinical guidelines
- use of multi-cancer early detection biomarker tests as an early detection strategy
- inclusion of timely symptomatic detection of cancers in addition to screening programs
- the policy framework for genetic screening to include regulation and insurance implications, along with additional research funding
- deidentified general practice data is used to track patterns of cancer care in general practice
- MBS Health Assessment Items are expanded to the broader population and align with RACGP clinical guidelines
- funding is allocated for longer general practice consultations and GP care coordination.

Additionally, the Plan should include measurable and specific targets and outcomes to ensure deliverables are met and able to be evaluated.

We provide the following comments on the strategic objectives.

**Strategic Objective 1 – Maximising cancer prevention and early detection**

**1.1.2 Strengthen cancer prevention in broader health strategies and public health partnerships.**

The RACGP recommends that funding is allocated to provide living guidelines for cancer prevention and screening. Living guidelines ensure that the most current evidence is easily accessible to clinicians and their patients.



#### **1.1.4 Undertake ongoing assessment of the evidence for risk-based, cost-effective population cancer screening.**

##### **Screening programs and tests**

The RACGP supports a targeted risk-based approach to cancer screening. This approach may be more cost-effective and potentially reduce the risks to patients from overdiagnosis.

The RACGP recommends that cancer screening and prevention programs should align with the recommendations in the RACGP's [Guidelines for preventive activities in general practice](#) (the Red book). The 10<sup>th</sup> edition Red book, with up-to-date evidence will be released in 2023.

The potential use of multi-cancer early detection biomarker tests should be included as part of the strategies for early detection. These tests are currently being applied to large scale studies overseas, and should be included in the Plan to ensure the outcomes of these studies are monitored.

##### **Symptomatic detection of cancers**

In addition to screening programs, the RACGP recommends including the importance of timely symptomatic detection of cancers within the Plan. Even with well-established cancer screening programs, the majority of cancers will present in general practice after patients develop symptoms. GPs play an extremely important role in referring these patients for further investigations, and should be supported with timely and efficient referral processes, following the procedures within the relevant Optimal Care Pathway.

#### **1.2.4 Develop a policy framework for genomic screening**

The RACGP recommends that a policy framework for genetic screening should also examine issues including regulation and insurance implications. Additionally, the Plan should include research funding to determine the clinical utility of using genomic screening as part of risk-based screening.

##### **Strategic objective 4 - Strong and dynamic foundations**

The RACGP supports the proposal for a national cancer data ecosystem. Most patients are currently unlikely to have knowledge of specific clinical trials, so this may help identify and increase participation in relevant trials. Participation in such trials ensures a similar standard of care is accessible for all people with cancer.

The use of deidentified general practice data would also be helpful to track patterns of care in general practice across the continuum of cancer care. This would be helpful in the evaluation of patient cancer care outcomes in general practice. Additionally, data system linkages should support integration between general practice and other parts of the health system, including cancer registries.

##### **Other comments:**

##### **MBS Health Assessment Items & funding for GPs**

The Plan highlights specific priority population groups for cancer screening and prevention activities.

The RACGP recommends that MBS Health Assessment Items should be expanded to align with recommendations in the RACGP's Red book and the RACGP & NACCHO [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#). Well-funded and bundled preventive health assessments, which address the individual needs of patients, are currently limited to people aged 45 to 49 and the over 75-year-old population. The eligibility of these preventive health assessments should be extended to the broader general population.



### Longer general practice consultations

The RACGP recommends funding for longer general practice consultations is included in the Plan. Most cancer prevention, screening and management consultations require complex discussions and a shared decision-making approach with patients of varying levels of health literacy. The work undertaken by GPs in these consultations includes:

- discussing the potential benefits and harms from screening
- managing other complex chronic conditions for people with a cancer diagnosis
- managing the mental health of the patient, family and carers
- discussing Advance Care Directives with the patient, family and carers.

This complex work also requires the involvement of multidisciplinary team members such as nurses, Aboriginal Health Practitioners and pharmacists, alongside hospital treating teams and other specialists. This complex and time-consuming coordination of care is currently unfunded for GPs. The RACGP recommends funding for this crucial work should be included in the Plan.

Enhancing services overall will benefit all at-risk populations, and all at-risk populations should be reflected in the summary table of the Plan.

### Measurable outcomes

The Plan should specify measurable targets and outcomes for Federal, State, Territory governments and health departments to deliver the services outlined in the Plan. This provides accountability to ensure deliverables are met, assists in evaluating the effectiveness of the actions and, in identifying areas for improvement.

Thank you again for the opportunity to provide a submission to the public consultation for the Australian Cancer Plan. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-Health, Standards and Quality Care at [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

Yours sincerely

Dr Nicole Higgins  
President

### References

1. Wiser Healthcare. What is overdiagnosis? Wiser Healthcare, 2018. Available at: <https://www.wiserhealthcare.org.au/what-is-overdiagnosis/> [Accessed 30 November 2022].
2. The Royal Australian College of General Practitioners. Too Much Medicine. East Melbourne, Vic: RACGP, 2018. Available at: <https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/clinical-and-practice-management/too-much-medicine> [Accessed 30 November 2022].