



27 February 2025

Office of Health Technology Assessment Branch  
Technology Assessment & Access Division, Health Resourcing Group  
Australian Government Department of Health and Aged Care

Email: [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au)

Dear Secretariat,

**Re: MSAC application 1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence**

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Services Advisory Committee (MSAC) for the opportunity to comment on MSAC application 1754 – Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence.

The RACGP notes that the application covers surgical items only, and that multidisciplinary care conferences would be funded through current MBS items for attendances with general practitioners (GPs), specialists, sexual health medicine practitioners and psychiatrists.

The RACGP is broadly supportive of the MBS rebates for gender affirming surgery. Specific feedback, where applicable to general practice, is provided within MSAC's survey questions below:

**1. What is the organisation's experience with the proposed health service or technology, or with the related health condition?**

Australian GPs are increasingly likely to encounter trans, gender diverse and non-binary patients with up to 2.3% of young adults identifying as trans and gender diverse.<sup>i</sup> GPs are well placed to provide a range of gender affirming healthcare, including prescribing and monitoring gender-affirming hormones in a primary care setting, and providing ongoing support.<sup>ii</sup>

- **Is the proposed population(s) for the health service or technology appropriate?**

The RACGP considers that the proposed eligibility criteria: surgical procedures for adults with gender incongruence is appropriate.

- **Is the proposed approach to delivery of the health service or technology appropriate?**

It is unclear why there is a 100% rebate differential for bilateral mastectomy with nipple sparing (item number 31529) compared to the proposed bilateral muscularisation procedure. This difference in rebate is considerable and should be noted or explained. The cost may pose a barrier to access by young adults who may not be able to afford up-front costs.

**2. Does the comparator(s) set out in the application accurately reflect Australian clinical practice?**

Not applicable

**3. Does the organisation agree with the outcomes as set out in the PICO?**

Not applicable to general practice outcomes.

**4. Where the application is for an item on the Medicare Benefits Schedule, does the organisation want to comment on the proposed item descriptor(s)?**

The RACGP recognises that accessibility to services requiring multi-disciplinary gender affirming care vary widely geographically. Patient support pre- and post-surgery will be critical for optimal health outcomes.

**5. Where the application is for an item on the Medicare Benefits Schedule (MBS), does the organisation support the proposed fee for the health service or technology?**

As mentioned above, explanation should be provided for the fee with reference to existing item number 31529.

**6. If MSAC supported the proposed health service or technology, would the organisation want to see it implemented? If yes, what would have to happen for this to occur? If no, why not?**

High up-front costs post a significant barrier for young adults seeking gender affirming surgery. The RACGP recommends that monitoring of surgical and related health outcomes be mandatory.

**7. Does the organisation support public funding for the health service or technology, as it is proposed to be delivered?**

The RACGP supports the proposal for the MBS surgical items numbers. There should be consideration made to how young adults and people with limited access to multi-disciplinary care can be supported to afford the surgical procedures and access appropriate aftercare.

GPs will be involved in the healthcare of patients before and after surgery, and often in their long-term care. The RACGP is supportive of expanding access to health assessments to all priority groups particularly those with complex healthcare needs.

The RACGP thanks MSAC for the opportunity to provide comment. If you have any queries regarding this submission, please contact Mr Stephan Groombridge, National Manager, e-Health, Quality Care & Standards on (03) 8699 0544 or at [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au)

Kind Regards,



Dr Michael Wright  
President

<sup>i</sup> Fisher CM, Waling A, Kerr L, et al. 6th national survey of Australian secondary students and sexual health 2018. ARCSHS Monograph Series No. 113. Bundoora, Vic: Australian Research Centre in Sex, Health & Society, La Trobe University, 2019.

<sup>ii</sup> Cundill P. Hormone therapy for trans and gender diverse patients in the general practice setting. The Royal Australian College of General Practitioners 2020 AJGP 49(7).