

4 October 2017

Dr Sally McCarthy
Chair
Intensive Care and Emergency Medicine Clinical Committee
Medicare Benefits Schedule Review Taskforce

Via email: MBSReviews@health.gov.au

Dear Dr McCarthy

Report from the Intensive Care and Emergency Medicine Clinical Committee

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

This submission provides feedback on Recommendation 2 of the Committee's report, which focuses on improving billing transparency for patients and providers, by ensuring the MBS item billed reflects the nature of the service provided.

Many General Practitioners (GPs), especially in rural areas, possess high-quality emergency medicine skills. The RACGP does not support Recommendation 2, where a lower MBS rebate would apply if the provider (eg a GP) is not a vocationally recognised Emergency Medicine Specialist.

Abolishing differential fee structures for GPs and other medical practitioners is an important first step and the RACGP acknowledges the MBS Review Taskforce's efforts to do so to date. The Department of Health has already announced that it will increase a number of MBS rebates for selected minor procedures from the GP rate to the specialist rate from 1 November 2017. This will align the payment of MBS benefits to the procedure provided, no longer differentiating whether a GP or another medical specialist provides the same service.

Therefore, MBS rebates for emergency medicine should be based on the procedure or service, not the practitioner. In many regional and rural areas, GPs may be the only medical practitioners available to run an emergency department. These GPs are appropriately trained to provide this type of care, yet Recommendation 2 implies that the communities they provide services to have been receiving less than "gold standard" care.

Given that GPs performing emergency services are sufficiently skilled to do so, MBS rebates for emergency services performed by Emergency Medicine Specialists and the following medical practitioners should not differ for:

- Specialist General Practitioners
- general practice registrars with appropriate supervision



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- medical practitioners on a pathway to Fellowship with the RACGP
- non-VR General Practitioners who graduated and commenced working in general practice prior to 1996.

I trust this information is useful to the Committee. If you have any questions for comments regarding the RACGP's submission, please contact myself or Mr Roald Versteeg, Manager – Advocacy and Policy, on (03) 8699 0408 or at roald.versteeg@racgp.org.au

Yours sincerely

Dr Bastian Seidel
President