RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

27 September 2018

Professor Michael Grigg
Chair, MBS Principles and Rules Committee

Via email: mbsreviews@health.gov.au

Dear Professor Grigg

Medicare Benefits Schedule (MBS) Review Taskforce (the Taskforce) – Proposed changes to remuneration arrangements for surgical assistants

The Royal Australian College of General Practitioners (RACGP) thanks the Taskforce's Principles and Rules Committee (PRC) for the opportunity to comment on the draft recommendations relating to surgical assistance MBS items.

The RACGP does not support the proposed changes to remuneration arrangements for surgical assistants, as outlined in your correspondence dated 4 September 2018.

The role of surgical assistants

Surgical assistants play a vital role, providing exceptional clinical skills, promoting successful patient outcomes and contributing to an efficient operating room. When acting as a surgical assistant, specialist General Practitioners (GPs) enhance continuity of care by linking preoperative, operative and postoperative phases of care.

For many GPs, surgical assisting is professionally satisfying work that complements the diagnosis and management of surgical problems in general practice. The PRC proposal has a real risk of deterring GPs and other medical practitioners from undertaking surgical assistance work. This could have devastating effects for the ongoing viability of the role, and its ability to attract skilled and appropriately qualified medical professionals.

The RACGP sees that the proposed changes will result in significant loss of independence and future earning capacity for surgical assistants, particularly for those GPs who undertake a higher proportion of surgical assistance duties. The changes may also inadvertently increase patient out-of-pocket costs and reduce opportunities for informed financial consent (IFC), these issues are further explored below.

Loss of billing independence and bargaining power

The proposal states that surgical assistants would have significant 'bargaining power' when it comes to determining their fee, but it is unclear how this would occur in practice. The RACGP sees that the recommendation will likely result in reduced independence for surgical assistants, as they will no longer be able to set their own fees, or independently bill the patient for their services.

If the PRC's recommendation is approved, surgical assistants would be reliant on the primary surgeon in order to be paid adequately and on time for their services. The change is likely to increase the administrative burden for surgeons – further delaying or complicating payment to surgical assistants, or disincentivising the use of surgical assistance at all.

There are further potential consequences that must be considered if surgical assistants are deemed to be an employee of the primary surgeon under the new proposal, including potential impacts on workers' compensation insurance claims, holiday and sick pay entitlements, and/or the status of independent GP contractors.

Reduction in service value and effect on patient out-of-pocket costs

Under current arrangements, the surgical assistant receives approximately 20% of the fee. The proposal put forward states that surgical assistants will receive 15% of the total patient benefit, representing a 25% decrease from current arrangements. MBS patient rebates have not kept pace with the cost of delivering high-quality primary health care. Inconsistent and insufficient indexation of the MBS has strained the viability of general practices. Further reduction of funding for the valuable service provided by GPs is not supported by the RACGP.

GPs are medical specialists, and the services they provide must be valued similarly to services offered by other medical specialties. The structure of surgical assistance items should reflect the structure of other medical specialists assisting in a surgery, for example anaesthetists. The RACGP questions if equivalent changes are proposed for other medical professionals who assist with surgery.

The RACGP further notes that the significant out-of-pocket costs associated with surgery are rarely due to the surgical assistant. However, this proposal appears to focus efforts aimed at reducing out of pocket costs on surgical assistants, rather than focusing on areas which incur the greater costs.

If GPs are dissuaded from assisting in surgery, surgeons will need to seek these services from other health professionals – such as nurse practitioners. This will ultimately result in increased out-of-pocket costs for the patient, given there is no supporting patient rebate for a nurse practitioner to assist with surgery.

The RACGP provides the following in response to the questions posed:

1. **How to ensure patients access informed financial consent (IFC) and suggestions to improve current IFC processes.**

The rationale regarding how this proposal would lead to improvements in IFC remains unclear.

The proposal to bundle fees for various health professionals involved in a surgery appears to move away from IFC principles, as it makes it more difficult for patients to understand what their fees are paying for.

The RACGP recommends that the Taskforce, and in turn the Department, look to improve IFC through other mechanisms, such as developing billing protocols to promote clearer communication between medical professionals, and guidance on how to brief patients pre-surgery.

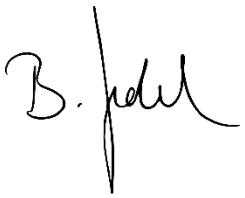
Rebates for surgery (and surgical assistance) vary irrespective of resource use, skill level or time required to perform surgery. This Review is an opportunity to separate the resource component from the time taken to perform the surgery to simplify rebates, reduce market distortions and improve IFC.

2. Ways to minimise potential conflicts of interest when referring doctors become the surgical assistants for their patients.

The RACGP does not consider that this proposal will have an increased or decreased effect on potential conflicts of interest when referring doctors become surgical assistants for their patients.

I trust the RACGP's response is of assistance. If you have any further questions or comments regarding this correspondence, please contact myself or Ms Susan Wall on 03 8699 0574 or via susan.wall@racgp.org.au.

Yours sincerely



Dr Bastian Seidel
President