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Submission to MBS Review Taskforce Reports from the Paediatric Surgery Advisory Group and the Otolaryngology, Head and Neck Clinical Committee

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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the reports from the Paediatric Surgery Advisory Group and the Otolaryngology, Head and Neck Clinical Committee of the MBS Review Taskforce. Our comments will be focused on the following recommendations of these reports and are covered in the next 2 sections respectively:

1. **The Paediatric Surgery Advisory Group**

- Recommendation 1 proposes updating the terminology in the descriptors of item numbers 37845, 37848 and 37851 (which currently refer to ambiguous genitalia) to reflect contemporary terminology
- Recommendation 2 proposes that relevant peak organisations, craft groups, professional bodies and societies survey members to seek information about their knowledge and experience of circumcision and circumcision revision procedures. Among the bodies being proposed to participate in this survey is the RACP.
- Recommendation 3 proposes introducing two new MBS item numbers to be used for circumcision revision procedures, one item for a simple surgical repair and one item for more complex repairs, particularly where they involve a flap.
- Recommendation 4 proposes that the descriptor for item 30654 be amended to mandate the use of analgesia for this procedure as follows: Circumcision of the penis (other than a service to which item 30658 applies), with topical or local analgesia.

2. **The Otolaryngology, Head and Neck Clinical Committee**

- Recommendation 2 proposes amending the item descriptors for items 82306, 82309, 82312, 82315 and 82318 (which are performed by audiologists and currently can only be referred from ENT surgeons and neurologists) so that access to these items can be via referrals from any medical practitioners.
- Recommendation 6 proposes introducing Paediatric Loading to audiology items 11300, 11309, 11312, 11315, 11318, 82309, 82312, 82315 and 82318.

Response to recommendations of the Paediatric Surgery Advisory Group

Recommendation 1: Updating terminology of item numbers 37845, 37848 and 37851

The RACP welcomes the recommendation to update the terminology of item numbers 37845, 37848 and 37851. It is entirely appropriate that the terminology be updated to reflect changes in community attitudes since 1994 when these items were first introduced and that terminology that may now be considered negative and disparaging be avoided.

- However, the devil is in the detail and we note that the terminology suggested as a replacement for 'ambiguous genitalia', 'congenital disorder of sexual differentiation' is also not in common use. The current diagnostic term proposed in 2005 and thereafter defined by the WHO (ICD) is 'disorders of sex development' (i.e. no use of the term 'congenital' and 'sex development' in place of 'sexual differentiation'). Within medical circles, this is often abbreviated to 'DSD'. However there is some controversy associated even with this commonly used term as intersex' as the word 'disorder' is perceived as pathologizing by individuals with such conditions in Australia. The initial 'D' of DSD is therefore often interpreted more broadly to encompass either 'disorders/differences' (although the official terminology is 'disorder'). Nonetheless, terminology remains contested and there are many consumers / affected individuals who state a preference for intersex (see Darlington Statement 2018). The Second Report of the 2013 Senate inquiry on 'Involuntary or coerced sterilisation of intersex people in Australia' recommended against the use of DSD within the broader community while acknowledging that DSD is the current medical terminology.
- We do not offer any firm recommendations on this controversy other than noting that DSD is the more accepted medical terminology other than to suggest that these nuances and the lack of a uniformly or broadly accepted term would benefit from further consideration.
- We also note that it is considered best practice that decisions relating to interventions in children with DSD should be undertaken at tertiary paediatric centres and in the context of a multidisciplinary team

with appropriate experience in managing these conditions.[1] This allows for broad discussion of all options and interdisciplinary agreement on optimal management for a given individual. We also recommend that the Taskforce would benefit from further considering and reviewing the current national context (e.g. Australian Human Rights Commission review into medical interventions in people with variations of sex characteristics) and international context (multiple human rights courts' rulings) regarding paediatric surgical interventions on patients with DSD.

- Finally, we note that there is currently no MBS item to allow paediatric surgeons of any discipline (general / urology / gynaecology) to bill for their participation in multidisciplinary team case conference meetings (which occur up to monthly in large centres). The inclusion of such an item should be considered in the context of ensuring contemporary best practice.

Recommendation 2: Peak bodies to be surveyed on circumcision

The RACP welcomes the fact that it is one of seven bodies which would be asked to participate in a survey to seek information about their knowledge and experience of circumcision and circumcision revision procedures. The RACP and in particular the members of its Paediatrics and Child Health Division have an interest and expertise in circumcision and circumcision revision procedures and would welcome the opportunity to share this to inform a longer-term policy on these procedures.

Recommendation 3: Introduction of two new MBS item numbers to be used for circumcision revision procedures

Clinicians currently use MBS items from other non-paediatric sections of the MBS to claim for simple and more complex circumcision revisions. There is clearly a demand for these revisions and creating new MBS item numbers that can be directly assigned to simple and more complex circumcision revision procedures would enhance the transparency of the MBS while reducing misuse of those items that are currently being claimed instead. As the Advisory Group notes, creation of these two items would also facilitate better collection of data on the frequency of these procedures which can feed into the inquiry into circumcision which underlies recommendation 2. For these reasons the RACP supports this recommendation.

Recommendation 4: Amendment of descriptor for item 30654 to mandate the use of analgesia

Item 30654 currently allows circumcision to be performed without pain relief. As the Advisory Group notes, this is inconsistent with, among other guidelines, the advice which the RACP provided in its September 2010 Statement on Circumcision that infant circumcision should not be undertaken without analgesia particularly given that newborns may experience a greater sensitivity to pain compared with older age groups. The RACP is currently in the process of reviewing the currency of its Statement but would continue to support the recommendation that infant circumcision should not be undertaken without analgesia. For these reasons, we support the recommendation to amend the descriptor for item 30654 to mandate the use of analgesia as this is also consistent with ensuring that patient wellbeing is taken into consideration in the use of MBS items.

Response to recommendations of the Otolaryngology, Head and Neck Clinical Committee

Recommendation 2: Amendment of item descriptors for items 82306, 82309, 82312, 82315 and 82318 to allow access via referrals from any medical practitioners

Items 82306, 82309, 82312, 82315 and 82318 are for services performed by audiologists and their current descriptors restrict referrals for these services to ENT surgeons and neurologists. We agree with the contention of the Committee that these descriptors may unnecessarily restrict access to these services, particularly in rural and regional areas where these referring practitioners are in short supply. Moreover, the RACP notes that the Committee has identified other specialties represented by the RACP, namely paediatrics, general medicine, geriatric medicine and oncology which would benefit in their patient case management from the contribution of audiology services. We agree with the contention of the Committee that the current referral restrictions do not reflect the value of audiology services to these clinical pathways and therefore support amending the relevant item numbers to allow referrals to these services from any medical practitioners.

[1] Feedback provided by Australasian Paediatric Endocrine Group to RACP.

Recommendation 6: Introduction of Paediatric Loading to audiology item numbers

The RACP welcomes the Clinical Committee's recognition that audiology testing in the paediatric population requires special skills and equipment. This is also true of other medical and healthcare services which test and treat paediatric populations which is why paediatric loadings are recognised in many of these settings, including in hospital episodes of care funded through Activity Based Funding. Paediatric patients have many special needs – for instance because they have less capacity to understand precise instructions that can be given to adult patients and their compliance with important instructions needs to be supervised. The Clinical Committees notes many pertinent examples of these in audiology – the specialised equipment and personnel used in the management of paediatric patients clearly require additional resources. Not recognising these through appropriate paediatric loadings would potentially reduce access to adequate audiology services for paediatric patients or otherwise result in parents of paediatric patients bearing higher out of pocket costs because of inadequate MBS patient rebates. Therefore, it is appropriate to introduce paediatric loading for the relevant audiology item numbers.