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AMA Submission on MBS Review Advisory Committee Surgical Assistant Working Group Draft Final Report

MBSContinuousReview@health.gov.au

The AMA is pleased to note that the feedback from stakeholders, including the AMA, that was generally opposed to the proposed changes to billing arrangements for surgical assistants has been taken on board. We therefore support the recommendation that there should be no changes to the existing surgical billing arrangements.

Eligibility of non-medical surgical assistants for remuneration via the Medicare Benefits Schedule

In relation to MBS remuneration for non-medical surgical assistants, the AMA does not support non-medical surgical assistants, including nurse practitioners, being remunerated through the MBS for the provision of surgical assistant services.

There is a major difference in the level of skill and training between medically qualified practitioners, including those on the pathway to becoming consultant surgeons or who have a career as surgical assistants as compared to non-medically trained professionals.

Medically trained practitioners have a minimum of 10 to 15 years training. The expertise of a medical practitioner in the role as surgical assistant is particularly important if any complications arise during the surgical procedure. A medical practitioner has the training necessary to provide appropriate assistance that a non-medical practitioner would not be able to do.

Access by non-medically trained independent practitioners to the MBS also has the potential to blur the clear roles and scopes of practice that are necessary for the provision of safe clinical care in an operating theatre environment. This is particularly the case where there may be members of the same professional group as part of the surgical team – with some being remunerated as independent practitioners, whilst others are part of the salaried staff.

We also note that the setting of MBS rebates has always included a component that recognises the skill and training requirements of those providing a particular service. Enabling non-medically trained surgical assistants to access the same MBS items as a medically trained surgical assistant devalues the additional years of training that is undertaken by a medical practitioner.

The AMA does not consider that remuneration through the MBS is an appropriate mechanism for expanding scopes of practice. The AMA's view is that any action by a non-medical practitioner profession to expand its scope of practice must occur within the auspices and national governance framework of Health Ministers and the Australian Health Practitioners Registration Agency.

This process ensures that:

- there are no new safety risks for patients
- the change to scope of practice is consistent with the evolution of the healthcare system and the dynamics between health professionals who work in collaborative care models
- the training opportunities for other health practitioner groups is not diminished
- the cost to the health care system will be lower than the current service offering, taking into account supervision costs
- the required competencies are predetermined, and accredited training and education programs are available to deliver those competencies
- there are documented protocols for collaboration with other health practitioners.

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