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AMA Submission to MBS Genetic Counselling Working Group Draft Final Report

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The AMA welcomes the approach taken by the Genetic Counselling Draft Final Report in taking on board the feedback from the AMA and other stakeholders in **not recommending** the establishment of an MBS item at this time.

The AMA reiterates our previously stated position of sharing many of the concerns identified by the Genetic Counselling Working Group (GCWG). It is the view of the AMA that retaining a multidisciplinary model will ensure the best outcomes for patients and their families.

Referrals to counselling services should come from a GP or a non-GP specialist, and it is essential that information is shared back with the referrer and a multidisciplinary model is supported.

The AMA supports increased access to genetic counselling services for patients where it is requested by doctors. This could be provided through a combination of expanding the current public genetic counselling services and through expanded private access. However, given the rapidly expanding genetic testing landscape, we restate our view that this needs to be part of a much more considered conversation.

Any future funding model for supporting genetic counselling (including the possibility of an MBS item) needs to be based on sound data and planning. This would need to take into account parameters such as:

- Demand
- Existing waiting times
- Workforce supply
- Geographic access
- Fees and out of pocket costs for consumers
- Potential for encouraging low value care.

Care will also need to be taken to avoid unintended consequences such as potentially undermining existing collaboration and multidisciplinary models of genetic screening, and counselling and management of conditions.

The AMA would like to see this discussion framed within the broader plans to integrate genomic medicine through the health system, supporting integrated delivery of care. Clearly there is

strong focus in the space, but we still lack whole of system thinking and planning in how this is all intended to function.

While the AMA does not support the establishment of MBS items for genetic counselling, we would welcome the opportunity to participate in broader strategic planning to better integrate genetic counselling into the health system and ensure that services are accessible and appropriately used.

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