

Do not Increase the Mental Health Care Plan Rebate

The MBS rebates for non referred medical consultation services have been groups A1 (vocational registered) and A2 since 1989. Items in A2 were last indexed in 1991. Currently schedule fee for item 53 (less than 25 minutes) is \$21 , item 54 (more than 25 but less than 45 minutes) \$38 and item 57 (over 45 minutes) \$61.

As a 1984 UWA medical graduate I was grandfathered onto the Vocational Register in 1993 because of my history in General Practice, as were many thousands of my colleagues in General Practice. As a consequence of an attempt to pursue specialist qualification , I had to relinquish the VR status in 1999. The RACGP will only allow renewed access to the VR if I work a majority of time in “General Practice” as defined by the RACGP. I choose to work in Primary Skin Cancer and can not get accepted by the RACGP onto the VR list so Medicare will not allow me to access items in group A1 of the MBS. I pay the same indemnity and registration as colleagues who refer cases to me. I have presented at International Conferences and have been a co author peer reviewed papers in leading academic journals.

Some colleagues who have obtained the FRACGP and who work full time in special interest clinics in primary care and NOT in General Practice are not fulfilling the RACGP definition of “General Practice” , but retain access to A1 rebates because they hold an FRACGP. Other VR colleagues without a FRACGP also work a majority of time in special interest primary care and retain access to A1 rebates also.

Last year I diagnosed over 40 malignant melanoma and excised 295 lesions suspected of being melanoma for which 40 were confirmed as being melanoma. The average GP in Australia excises about 25 to 30 lesions to yield a melanoma and sees about 1 to 2 per year per 5000 patients (published date). The majority of the melanoma I removed were at the pre invasive CURABLE insitu phase.

The Government rightly should reduce the Mental Health Plan rebate because a more equitable share of Medicare funds should come to Primary care practitioners such as myself who on an hourly base, accrue less in rebates (2.2 x item 54) than a Nurse Practitioner (3 x 20minutes).

AHPRA has this year increased my registration by the CPI . The varied Governments since 1991 have increased my consultation rebates by ZERO percent every year.