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## **Submission in response to Protheses List Reforms - Consultation Paper 5 - Bundling of Benefits for General Use Items**

RACS is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

Our Fellows' focus is on ensuring that their patients have the best possible outcomes. This is only achievable if clinicians have access to medical devices best suited to their patients' particular clinical circumstances.

RACS retains the concerns it has expressed previously about the removal from the Protheses List (PL) of 'general use' items.

Ensuring surgeons have the ability to access what is required to successfully complete a case and obtain the best outcome must be of paramount concern in any reform. Funding must be adequate for the general use items without increasing contract disagreements between the payers and hospitals

RACS has communicated with a number of stakeholders in the sector who have argued that the 'bundled benefits' mandatory funding models proposed by the Department on the advice of IHACPA could have a number of undesirable impacts.

These potentially undesirable impacts include reduced availability of particular types of general use items, and hospitals restricting particular types of procedures, or even restricting particular clinicians who may use an above average number of general use items, due to cost pressures.

Similar negative impacts have been predicted once the period during which mandatory bundled benefit payments ends on 1 July 2025.

The potential for these reforms to precipitate the outcomes described should give government pause to seriously consider whether the hoped-for benefits are worth the risk.

RACS is supportive of reforms to the PL which improve the long-term sustainability and cost efficiency of healthcare. RACS recognises that there are likely to be clinicians who use unnecessary types or amounts of general use items. An appropriate reform would be to increase clinicians' focus on choosing wisely in relation to such items, and prosthetic devices more generally. In principle RACS would be willing to work with regulators to educate surgeons and other clinicians about best practice in the use of such items and even provide opinions about different general use items and other disposables & prosthetics.



Committed to  
Indigenous health

If the reforms continue as planned, RACS believes it is crucial that the availability of procedures, and access to, and use of, devices removed from the PL be independently monitored.

Should monitoring find that clinicians believe their clinical choices have been significantly impacted, and/or should monitoring find that hospitals are restricting the procedures they provide due to these changes, then the changes should be revisited.

Your sincerely,

**Professor Mark Frydenberg**  
**Chair, Health Policy and Advocacy Committee**

**Disclaimer: This Royal Australasian College of Surgeons submission is supported by General Surgeons Australia, and the Urological Society of Australia and New Zealand**

