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Dear Shayne

RACGP Draft National Position Statement on General Practice Multidisciplinary Teams

Thank you for providing a copy of your college's draft national "Position Statement on General Practice Multidisciplinary Teams" and the opportunity for ANZCA to provide feedback.

ANZCA is impressed by the document. Further, ANZCA strongly supports the role of general practitioner (GP) specialists as medical leaders in community care.

The college appreciates that the primary purpose of the document is as a position statement for funding purposes, however if it is accepted, it establishes the multi-disciplinary team (MDT) principles. ANZCA supports this.

The college notes the statement positions GPs, and therefore by extension, medical practitioners as the lead of the MDTs in section 3.2. We hope the position of the medical practitioner as the MDT lead is adopted broadly across the health system and therefore can be extrapolated to other MDT environments, including hospital-based MDTs including those for inpatients. To reinforce medical leadership, we believe the role of the GP as best positioned to lead could be repeated under "multidisciplinary team leader" subsection in 3.2.

ANZCA also supports the assertion of the role of GPs on all primary care MDTs, referred in sections 2.2c (supporting principles) and 4.3 (specialist GPs are primary care experts).

We suggest stating in the document each MDT member practitioner type and role be made clear to the patient. We believe this is an important principle.

Further collaboration with perioperative medicine

While your position statement largely relates to primary care, there are certainly some parallels with perioperative medicine, a growing area of medicine that ANZCA is leading in Australia and New Zealand in collaboration with other colleges including RACGP, as well as ACRRM and RNZCGP.

Perioperative medicine makes surgical care more efficient and effective by integrating and personalising the care patients receive before, during, and after any surgical procedure involving anaesthesia, starting and ending with their primary referrer, usually their GP.

In the perioperative medicine pathway developed by ANZCA (see below and included in the Perioperative Care Framework) patients are referred to a perioperative care team as soon as surgery is planned. One of the doctors on the team, in many cases an anaesthetist, will oversee patient care throughout the pathway. The patient's GP can raise other medical problems, so the perioperative care team can plan for complications and identify risks at the outset.

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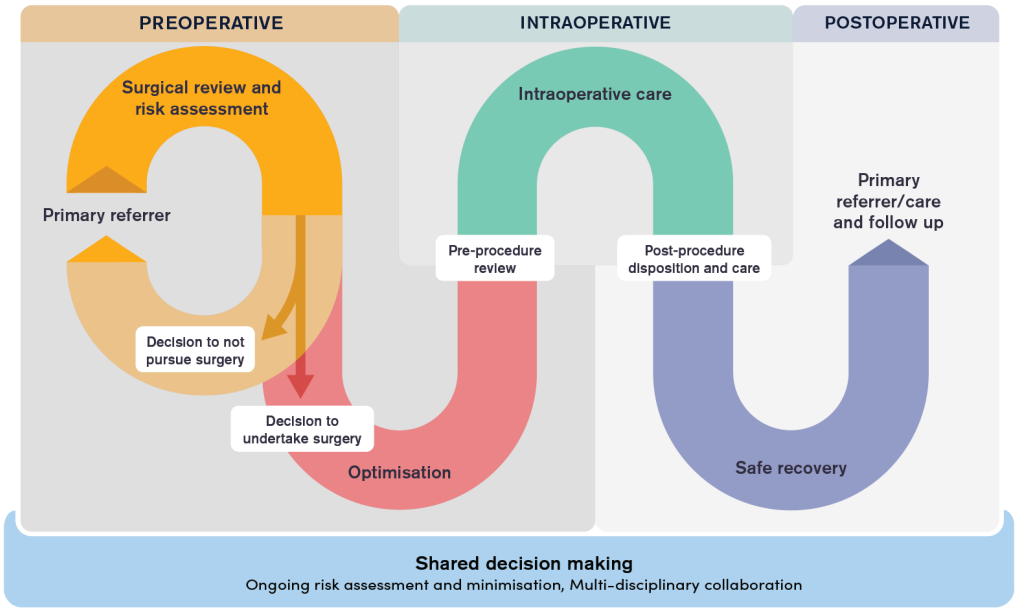
From the contemplation of surgery to optimal outcome



ANZCA recently established two committees, the Chapter of Perioperative Medicine Advocacy and Policy Committee and the Chapter of Perioperative Medicine Education and Assessment Committee to which we have invited representatives of the GP colleges in Australia and New Zealand, including the RACGP, although these positions are yet to be filled.

The development of RACGP's position statement on GP MDTs provides a great opportunity to further discuss shared decision making.

ANZCA's Policy and Communications team will be in touch with you to further explore collaboration and engagement.

Kind regards

Professor Dave Story
President