Australian Government
Department of Health

P+C+CPD

14 May 2024

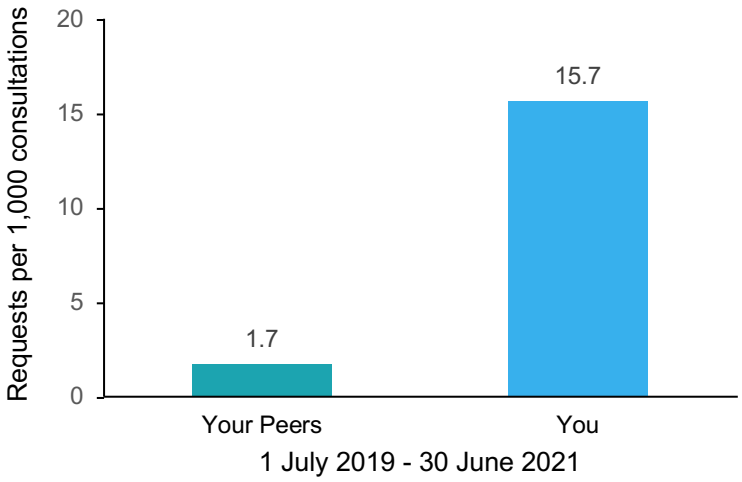
Your reference: «reference»

Dear «title» «surname»

Your rate of requesting of combinations of pathology tests is higher than 90% of General Practitioners (GPs) practicing in similar geographical regions in Australia

You may be aware that overuse of pathology testing has become a problem in Australia. Many requested tests have a low diagnostic value and do not result in a change to patient management. As part of the Department of Health's commitment to the best practice use of pathology requesting, I am writing to you because your requests for certain pathology test combinations are higher than 90% of GPs practicing in similar geographic regions in Australia.

We have identified combinations of pathology tests, rather than specific tests. This is because it is uncommon for a patient to require all these tests at the same time; however, you have repeatedly requested these tests in combination. Your requests for the two-year period between 1 July 2019 to 30 June 2021 are displayed in the table on page 3, while the graph below illustrates your rate of pathology requests for «page1combo» in combination.



GPs play an essential role in ensuring pathology requesting meets clinical guidelines and is limited to only those clinical situations where it has a reasonable likelihood of altering management and supports the sustainability of Medicare. This letter contains information and data to provide you with the opportunity to reflect on your pathology requesting in line with best practice guidance and make changes where appropriate.

For example, the Royal College of Pathologists of Australia (RCPA) recommends that pathology tests only be requested when:

- a patient history and physical examination have been conducted, including a review of previous pathology reports;
- if appropriate, a period of "watchful waiting" has been observed; and

- the patient's presentation indicates a specific clinical need for each individual test requested and default test combinations are avoided.[1]

There are no authoritative guidelines that recommend routine requesting of the pathology combinations noted on page 3 in patients who are well.

The benefits of reducing unnecessary pathology testing include: reducing the potential for false positive results, incidental findings, and unnecessary treatment; decreased patient expectations for future testing; reduced patient anxiety resulting from unnecessary testing; and reduced wastage of healthcare resources, funding, and time.

1 **https://www.rcpa.edu.au/Library/Publications/Common-Sense-Pathology**

Resources to support you

Please visit **https://www.health.gov.au/supporting-quality-pathology** for best practice resources that may be useful for yourself and your patients. You can also access these resources by scanning the QR code on this page. These include but are not limited to:

	Resources for Medical Practitioners	Resources for Patients
RACGP	• Responding to patient requests for tests not considered clinically appropriate	• Appropriate Diagnostic Testing – Patient Information Sheet)
RCPA	• Manual for Pathology Tests	• Pathology: The Facts (pamphlet) • Lab Tests Online (online tool)

Further guidance from RACGP and RCPA on pathology testing is provided on page 4.

We welcome your feedback

If you have any questions or feedback, including suggestions on how we can better support you, please contact my team at **pathology.requesting@health.gov.au**, or on **1800 565 778**.

Please quote your reference number located on the top right corner of page 1 of this letter when contacting my team.

Yours sincerely

[insert signature]
Professor Paul Kelly
Chief Medical Officer
Department of Health

Your Pathology Requesting Data

In the two-year period from 1 July 2019 to 30 June 2021, your requests for the MBS pathology test combinations listed in the table are **higher than 90%** of GPs practicing in similar geographic regions.

Test combination	Number you requested	Request rate of your GP peers	Your request rate	Your percentile	Cost per combination
«highcombo»	«higheps»	«highpeers»	«highrate»	«highpercent»	«highcost»
«midcombo»	«mideps»	«midpeers»	«midrate»	«midpercent»	«midcost»
«lowcombo»	«loweps»	«lowpeers»	«lowrate»	«lowpercent»	«lowcost»

Request rate is calculated per 1,000 consultations. Your request rate is based on «services» consultations you conducted from 1 July 2019 to 30 June 2021. The request rate of your GP peers has been calculated using the median rate of the selected MBS item combinations by GPs.
An individual iron studies test costs $27.70. During the two-year period from July 2019 to June 2021, the total cost of all iron studies conducted in Australia amounted to $446 million. More information on the individual and cumulative costs of pathology testing can be found at **http://www.health.gov.au/supporting-quality-pathology**.

Why am I receiving pathology requesting data?

You are You are receiving this information because from 1 July 2019 to 30 June 2021 you requested the selected pathology combinations more often than 90% of GPs practicing in similar geographic regions in Australia (i.e., population density and remoteness similar to your primary practice address. See our resource page at **http://www.health.gov.au/supporting-quality-pathology** for more information).

We are unable to determine the clinical reason for your pathology requests from MBS data however your request rate is higher than 90% of your peers. We acknowledge that requesting rates are influenced by many factors, including special interest areas of GPs and the demography of their patients, and higher rates of requesting may reflect these factors. The information contained in the letter is provided to support you to review your requesting of these pathology test combinations in line with best practice guidance, and inform improvements to your requesting if necessary.

How did you account for varying patient loads or number of days worked?

The rates in the table are calculated per 1,000 consultations to account for varying patient loads or days worked throughout the year.

Gain Continuing Professional Development (CPD) Points

The Department of Health invites you to attend a CPD-accredited webinar on improving the quality of pathology requesting scheduled for **6 June 2022 7-8pm** (Australian Eastern Standard Time). This webinar is worth **2 CPD points** and has been initiated and funded by the Department of Health. Please register at the website:

https://tinyurl.com/2ssnb67s

or

the QR code

By attending the webinar, you will also be provided with a guide to completing a self-directed review of your pathology requesting. This activity will involve a quality improvement process to:

- identify best practice guidelines;
- collect and analyse data; and
- identify and implement changes/improvement in your pathology requesting.

Completion of this additional Plan Do Study Act activity will allow you to submit a self-directed CPDAA worth **40 points.**

Best practice guidance from RACGP and RCPA on pathology test requesting

The RACGP's position statement on appropriate test requesting:

GPs should only order medical imaging and pathology tests that are clinically indicated.

The RACGP, through Choosing Wisely Australia, recommends:

Don't test thyroid function as population screening for asymptomatic patients.

The RCPA's recommendation on Vitamin D testing:

Routine screening of adults (including pregnant women), healthy infants and children for vitamin D deficiency is not currently recommended.

The RCPA position statement on Vitamin B12, which recommends:

Testing for Vitamin B12 or Folate deficiencies in patients with non-specific symptoms such as weakness and tiredness is not recommended.

The resources page at **https://www.health.gov.au/supporting-quality-pathology** includes RACGP and RCPA guidance on supporting patients presenting with non-specific symptoms such as weakness and tiredness.

Your reference: «reference»