

## Endometriosis and Pelvic Pain GP Clinics Assessment Criteria

| Proposed assessment criteria | Type of information sought  |
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| Practice details             | <p>General details about the GP practice, focus on women's health, existing infrastructure, estimated patient catchment area of the identified location (including outreach and patient demographics e.g. CALD, Indigenous, gender, age range), socioeconomic (SEIFA) status of the area, the number of requesting practitioners available and other key available medical services.</p> <p>Demonstrated capacity and willingness to accept new patients evidenced by a GP-led multidisciplinary team with expertise in the management of endometriosis and pelvic pain.</p> <p>Processes for triaging patients referred from other GP practices should be evidenced, including continuity of care records to primary GP.</p> <p>Demonstration of scalability of the GP practice to meet potential increase in demand.</p> <p>The GP practice is an accredited practice against RACGP standards and has the relevant insurance.</p> |
| Practice capability          | <p>The capability of the GP practice to accommodate and demonstrate:</p> <ul style="list-style-type: none"> <li>• Geographical reach</li> <li>• Patient volumes to warrant specific investment in the clinic</li> <li>• Women-led care, acknowledging that many women prefer to see a female practitioner</li> <li>• Cultural competency and support for priority populations – e.g. First Nations people, culturally and linguistically diverse (CALD) communities, people from low socioeconomic backgrounds and people with diverse sexual orientation, gender identity or sex characteristics.</li> <li>• The provision of affordable patient support services via varying means including via bulk billing.</li> </ul>   |
| Core Services Provided       | <p>Demonstrate capability to provide endometriosis and chronic pelvic pain diagnosis, treatment, management, referral and support.</p> <p>At a minimum, GP practices must be able to demonstrate access, or ability to gain access, to some or all the following services and resources, as needed for each patient:</p> <ul style="list-style-type: none"> <li>• GPs specialising in women's health and pain management, including contraceptive advice and onsite insertion if required.</li> <li>• Practice nurses / nurse practitioners who specialise in women's health</li> <li>• Allied Health – dietitians, women's health physiotherapists, social workers, psychologists (either in the clinic or linked to the clinic)</li> <li>• Educators and self-management resources</li> </ul>   |

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|   | <ul style="list-style-type: none"> <li>• Community support groups or networks, including peer support or bicultural health workers where appropriate</li> <li>• Staff to support culturally competent practice or CALD appropriate practice including First Nations health care workers and onsite translation services if required</li> <li>• Capacity and capability to support training and continuing professional development for GPs, nurses and allied health practitioners.</li> </ul>   |
| Additional services – to support local community need (not mandatory) | <p>Demonstrate capability to provide diagnosis, treatment and management, and support services in the following area:</p> <ul style="list-style-type: none"> <li>• Broader sexual and reproductive health services to complement endometriosis and pelvic pain care including management of STIs and preconception advice.</li> <li>• Infertility support and referral</li> <li>• Management for patients who have experienced trauma or sexual violence</li> </ul>  |
| Referral pathways   | <p>GP practices must demonstrate established active referral pathways to local and other primary and tertiary care services including Aboriginal Community Controlled Health Services and dedicated women's health services. This may include but is not limited to specialist gynaecological, radiological, surgical, endocrinological, paediatric, multidisciplinary pain management, fertility, mentor support (e.g. 1800 Ask Endo) and psychological support services. This may include use of telehealth, where appropriate.</p>  |
| Education and training  | <p>GP practices must demonstrate a commitment to staff education, training and professional development in women's health, particularly endometriosis and pelvic pain. For example, the Endometriosis and Pelvic Pain course through the Australian College of Nursing or the Endometriosis Online Learning Resource developed by RANZCOG.</p> <p>GP practices must demonstrate a commitment to support the implementation of 'train the trainer' educational programs. This is to include training for the GP, nursing and allied health workforces who are part of the multi-disciplinary care team.</p> <p>The term 'train the trainer' should focus on nominated clinics committing to being actively involved in GP, nursing and allied health training. A proposal to become one of these clinics would involve making available additional skills based training opportunities for GPs, nursing and allied health professionals wanting to learn more about endometriosis and pelvic pain management.</p> <p>Engagement with relevant professional and practitioner support networks will be considered favourably.</p> |
| Equipment Details   | <p>GP practices may have:</p> <ul style="list-style-type: none"> <li>• Integrated up-to-date IT and data linkage systems</li> <li>• Ability to support MyHealth record upload</li> <li>• Availability of in-clinic ultrasound, gynaecological examination bed, sufficient multi-disciplinary clinic space.</li> </ul>  |