RACGP
Royal Australian College of General Practitioners

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Ms Nicola Bunt
Senior Project Officer, Clinical Care Standards
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
Sydney NSW 2001
Via email: ccs@safetyandquality.gov.au

Dear Ms Bunt

Thank you for the invitation to provide a response to the consultation on the Draft Heavy Menstrual Bleeding Clinical Care Standard. As acknowledged in the consultation draft, heavy menstrual bleeding affects a significant percentage of women of reproductive age and the Royal Australian College of General Practitioners (RACGP) commends the Australian Commission on Safety and Quality in Health Care (ACSQHC) for their work in producing the Draft Standard.

The RACGP provides comments relating to some of the quality statements below:

Quality statement 1: Assessment and diagnosis

The RACGP agrees with this quality statement. Thorough patient history should include:

- establishing an understanding of co-morbidities
- medication history, including over-the-counter (OTC) and complementary and alternative medicine (CAM) treatments
- previous treatments and their outcomes.

Recommendation:
Additionally, this conversation should explore the patient's thoughts, concerns and expectations, including whether the patient would like to keep options for future pregnancy open.

Quality statement 2: Informed choice and shared decision making

The RACGP agrees with this quality statement. Informed choice should include discussions with the patient about potential out-of-pocket costs and any after care required, including the ongoing burden of treatment and management.

Quality statement 3: Initiating medical management

The RACGP partially agrees with this quality statement. In general practice, the assessment and diagnosis as stated in Quality Statement 1 must first be completed, and management will commence at the second visit.

This is because patients presenting in general practice with heavy menstrual bleeding require a thorough history, physical examination and initial investigations to exclude pregnancy and to assess the extent of associated conditions, such as iron deficiency and anaemia. Therefore, while timely initiation of medical management is important, it is not safe or practical at first presentation, as indicated in this quality statement.

Recommendation:
Clarify that the assessment and diagnosis as stated in Quality Statement 1 must first be completed before medical management is initiated.

Quality statement 4: Quality ultrasound

The RACGP agrees with this quality statement.

Quality statement 5: Intrauterine hormonal devices

While the RACGP agrees with this statement, this is not a quality statement but a clinical practice guideline recommendation. There are references associated with the recommendation, but it is unclear to the reader what exactly is the strength of the evidence and the recommendation, and what evidence-to-decision criteria has been used. As an example, the RACGP is moving towards the Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) framework as a method of describing how recommendations are made.

Additionally, as part of the process of making clinical practice guideline recommendations, there should be clearly defined and followed conflict of interest statements that align with Disclosures Australia and other registries of real or perceived conflicts.

Any reference to the product brand name should be removed, and instead referred to as '52mg levonorgestrel-releasing intrauterine device (LNG-IUD)', as written on page 23, line 23.

Recommendations:
- Review if this is to be presented as a quality statement or clinical recommendation
- Ensure conflicts are recorded
- Remove references to product brand names

Quality statement 6: Specialist referral

The RACGP agrees with this quality statement. Services providing specialist review should ideally take the duration of symptoms into account when prioritising appointments. Excessive wait times for an initial appointment (longer than six months) can result in GPs referring their patient earlier to ensure that they get a place in the queue. This is wasteful and can exacerbate the issue.

Recommendation:

The list of risk factors for endometrial cancer are qualified with odds ratios or are clearly indicating which are high-level / low-level risk factors. This will be useful for clinicians to prioritise appropriately and effectively.

Quality statement 7: Uterine-preserving alternatives to hysterectomy

The RACGP agrees with this quality statement.

Recommendation:

Consider including a short statement about the potential option of office-based alternatives to hysteroscopy and biopsy, such as office-based endometrial biopsy.

Quality statement 8: Hysterectomy

The RACGP agrees with this quality statement.

Appendix A: General principles of care

Recommendation:

- The definition of informed consent should include financial consent about any potential out-of-pocket costs for any treatments, procedures and/or ongoing care.

RACGP endorsement and approval process

We appreciate your request for endorsement, however, RACGP endorsement usually applies to clinical practice guidelines and resources. This Clinical Care Standard focusses on describing best practice for non-GP health services and clinicians. As such this Clinical Care Standard is not directly relevant for GPs.

We suggest the ACSQHC considers producing a parallel resource that focusses on components in the Clinical Care Standard relevant to GPs. The RACGP could then assess this as a potential Accepted Clinical Resource. For further information on the criteria, levels of endorsement and approval processes, please visit Endorsement of Clinical Resources.

Thank you again for the opportunity to provide comment on the Heavy Menstrual Bleeding Clinical Care Standard. If you have any questions about our response, please contact Stephan Groombridge, National Manager, e-Health, Quality Care and Standards at stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President