



30 September 2024

The Office for Women

Via email: WomensBranchInternational@pmc.gov.au

Dear Office for Women Secretariat,

Re: Australia's ninth periodic draft report to the Committee on the Elimination of Discrimination Against Women

The Royal Australian College of General Practitioners (RACGP) thanks The Office for Women for the opportunity to provide feedback on Australia's ninth periodic draft report to the Committee on the Elimination of Discrimination Against Women.

The RACGP acknowledges the reported progress in addressing elimination of discrimination against women in Australia. The National Women's Health Strategy 2020-2030 remains the key commitment from the Australian government to improving outcomes and addressing gaps and priorities to drive change in women's health.

The GP role

General practitioners (GPs) are trained to deliver high quality, comprehensive, whole-person, patient-centred primary medical care. In 2022-2023, females (90%) were more likely to see a GP than males (82%) and received more Medicare-subsidised GP attendances per person (7.3, compared with 5.4 for males).¹ Women's health has a wide scope in general practice, particularly for those practicing in rural and remote areas. GPs are also far better distributed throughout rural and remote areas than other medical specialists and many other health professionals.²

Question 19: Health

In our response to question 19, the RACGP acknowledges the progress made in addressing abortion access, mental health, transgender women and culturally appropriate health services, as outlined in the draft report. While we support these efforts, we would like to see the government's report highlight the important role of GPs in delivering healthcare, along with considerations on how GPs can be further supported.

Abortion services in Australia's states and territories

- Access to safe medical or surgical abortion services is part of a holistic approach to reproductive health. The draft report highlights recent legal reforms that have improved access to abortion across several states. However, access is inhibited by legislative variations between states and territories which GPs must be aware of when offering or referring for medical and surgical termination. Harmonisation of legislation would assist both patients and GPs.
- [We commended the Therapeutic Goods Administration \(TGA\)](#) for its decision to remove several restrictions on health professionals who prescribe and dispense MS-2 Step, including removing the requirement for GPs to undertake mandatory training and registration every three years.
- Rebates for antenatal care and contraception procedures are significantly underfunded, given their complexity, highlighting the need for more funding and support to ensure women receive the care they need when they need it. This funding reduces access to affordable care and increases out of pocket costs for many women. The RACGP has recently proposed a range of measures to improve access to, and affordability of antenatal and contraceptive care. These measures include a request to increase the



Medicare patient rebate for introduction (insertion) of an IUD (MBS Item 35503) from \$77.65 (which is well below the cost of providing this care) to \$222.65. This increase is needed to ensure IUD insertion is affordable for women and truly reflects the cost of providing this service in general practice. This considers that the procedure may involve sedation of a patient and a long consultation duration depending on patient complexity. It will also address embedded MBS medical misogyny by matching the rebate for vasotomy or vasectomy (MBS item 37623 - which has a patient rebate of \$222.65). Both services are classified as Group T8 surgical operations with similar time allocations.

- In 2023, the RACGP welcomed Recommendation 19 from the Senate Community Affairs References Committee report [Ending the postcode lottery: Addressing Barriers to Sexual, maternity and reproductive healthcare in Australia](#), which stated the Australian Government should continue MBS telehealth items for sexual and reproductive health and pregnancy care.
- The RACGP is deeply concerned about state-based expansions of pharmacy prescribing trials without rigorous independent medical evaluation. The Queensland Government's recent decision to expand the Queensland Community Pharmacy Hormonal Contraception Pilot is particularly concerning and puts women at risk. Hormonal contraception is safe and appropriate for most patients, but it has many potential side effects. When pharmacy prescribing of hormonal contraception was considered by the Therapeutic Goods Administration (TGA) in 2021, the TGA declined to down schedule such oral contraceptives, due to the risk of serious adverse health outcomes for women. In its decision the TGA said "consultation with a pharmacist is not sufficient to ensure safety, particularly over extended periods of time".

The TGA is a highly respected cornerstone of Australia's health regulatory architecture tasked with ensuring medicines in Australia are safe for use and that they are appropriately prescribed. Ignoring the TGA's advice is reckless, unsafe and sets a dangerous precedent. Prescriptions exist primarily to keep patients safe. A patient could be taking the same contraceptive pill for years, but potential risks change over time, for instance if a family has a history of early age breast cancer, and new side effects can occur after many years. As the TGA recognised, these medications have potential side effects that are well beyond the scope of pharmacists' training, and [a six-hour course](#) and [minor pharmacy renovation](#) doesn't change that risks women's health.

Question 19a: Mental health

Mental health support nationally

- General practice plays a central role in the provision of mental health care in Australia. Easily accessed without referral, people in distress frequently turn to a general practice team for help. As highlighted in the RACGP position statement [Mental health care in general practice](#), general practice is key to providing equitable access to care for mental health issues.
- The RACGP's 2024 Health of the Nation survey showed GPs are seeing more patients with mental health concerns – 71% of GPs reported mental health in their top reasons for patient consults, up from 61% when the survey started in 2017. The RACGP continues to present the case for [Medicare reform](#) to better support the needs of patients, both face-to-face and/or via telehealth, in accessing evidence-based, cost-effective mental health care. Specifically, we have called for a 20% increase in patients' Medicare rebates for GP mental health and longer consults to cover the cost of providing this care – so patients will pay less out-of-pocket.



Question 19b: Transgender women

Legal recognition of transgender women

- GPs have a significant role to play in respecting and acknowledging those who are transgender and/or non-binary by using correct names and pronouns and providing gender-affirming healthcare. They also need to understand the barriers to patients and advocate for inclusive and individually appropriate healthcare to reduce social and health inequalities experienced by gender-diverse patients.
- The RACGP has incorporated elements into its curriculum but there is a need for appropriate training and resources for GPs to ensure ongoing inclusive and affirming care for transgender and/or non-binary patients.

Question 19c: Culturally appropriate, gender sensitive and non-discriminatory healthcare services and training for Indigenous health professionals

- Ongoing cultural competence training for GPs and strengthening collaborations with First Nations health professionals are important for improving care delivery and ensuring that services are respectful and culturally safe.
- Some examples of RACGP initiatives include:
 - [Yagila Wadamba Program](#) (meaning 'learn to heal'), an annual support program for Aboriginal and Torres Strait Islander GP Registrars.
 - Aboriginal and Torres Strait Islander led medical education leadership structure for GP training including executive, national and regional leadership positions.
 - [The RACGP Innovate Reconciliation Action Plan May 2024 – May 2026](#)
 - Identified roles for Aboriginal and Torres Strait Islander people (all roles currently filled by women)
 - Partnerships and collaborations with [The National Aboriginal Community Controlled Health Organisation \(NACCHO\)](#), [Australian Indigenous Doctors' Association \(AIDA\)](#), [Indigenous General Practice Trainee Network \(IGPTN\)](#) and [Joint Colleges Training Services \(JCTS\)](#).

Additional comments

- Discrimination against women in the health system often arises as an unintended consequence of various policy decisions rather than direct actions. For example, MBS rebates in time-based consultations in general practice act as a driver towards short consultations, which affects women as they are more likely to face conditions that require longer consultations.
- Specifically, women are more likely than men to have chronic conditions which require ongoing care from a GP and longer consultations. Current Medicare funding for women's healthcare isn't enough. Many women are missing out on care they need for common conditions like pelvic pain, endometriosis, polycystic ovary syndrome, perimenopause and menopause because they simply can't afford it. The RACGP has recently recommended to government the expansion of MBS health assessments to these health conditions to ensure more women have access to affordable health care.
- Time-based consultation also present a gender pay gap challenge for women GPs. Data shows women GPs spend more time with their patients and do more longer consultations for mental health and other complex



issues. Nearly 8 in 10 female GPs reported mental health in their top reasons for patient consults, compared to six in 10 male GPs in the 2023 Health of the Nation survey.

This is a pay equity problem because the Medicare subsidy for patients gets smaller the longer their GP spends with them, so women GPs who do more longer consultations are being unfairly penalised, as are their patients. We need to address this disparity. Women GPs should not be disadvantaged for spending the time they need with their patients. Australia is grappling with an epidemic of chronic disease and mental health issues, which require longer consultations for complex, ongoing care – this trend is not going away.

Thank you again for the opportunity to provide feedback. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at stephan.groombridge@racgp.org.au or (03) 8699 0544.

Yours sincerely

Dr Nicole Higgins
President

References

1. Australian Institute of Health and Welfare (AIHW). General practice, allied health and other primary care services. AIHW, 2024. Available at <https://www.aihw.gov.au/reports/primary-health-care/general-practice-allied-health-primary-care> [Accessed 19 September 2024].
2. The Royal Australian College of General Practitioners. General practice Health of the Nation 2022. East Melbourne, Vic: RACGP, 2022. Available at: <https://www.racgp.org.au/general-practice-health-of-the-nation-2022> [Accessed 19 September 2024].