

12 November 2018

Mr David Lloyd
Chief Executive Officer, Jean Hailes Foundation
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Email: david.lloyd@jeanhaires.org.au

Dear Mr Lloyd,

Re: National Women's Health Strategy for 2020 to 2030

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback and comments on the *National Women's Health Strategy for 2020 to 2030*.

The primary healthcare needs of women constitute a significant proportion of the general practice healthcare services, and requires general practitioners (GPs) to develop and maintain skills in the areas of sexual and reproductive health, pregnancy care and mental health, and in the recognition and provision of support to women who are victims of abuse and violence.

As the female patient's first point of contact and the coordinator of their care, GPs are able to establish lasting and effective clinical relationships with their patients in all stages of their life. This relationship is vital as patients' age and the complexity in their healthcare increases, especially in the advent and increasing prevalence of multimorbidities.

The RACGP would like to make the following specific comments on the draft Strategy.

Access barriers

The RACGP recognises the significant access barriers that female patients can experience. For example, while we are encouraged to see the addition of eating disorders to this Strategy, it must be highlighted that access to support services and early intervention is difficult. The difficulty is especially evident in children and young women, where access to child psychiatry is almost impossible publicly and privately.

Significant barriers also exist for women who wish to access termination of pregnancy services. Low and no-cost pathways through hospitals and other settings must be more transparent and accessible for these women.

Overdiagnosis

The RACGP recommends the introduction of a discussion on the risk of overdiagnosis regarding screening activities. Patients need to be made aware that the benefits of some screening activities have not been clearly shown to outweigh the harms. It is important that these patients receive appropriate counselling from their GPs regarding these tests.

Additional information should be added to monitor and consider the effects of overdiagnosis and potentially inappropriate emerging screening services (eg new definitions of gestational diabetes, highly sensitive tests for cancers that detect slow growing and early cancers). These screening-detected cancers can lead to harmful treatments for tumours that will never have caused any symptoms.

We recommend that all preventive activities be carried out in line with the RACGP's [Guidelines for preventive activities in general practice \(Red Book\)](#) and [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people](#).

Violence

Intimate partner violence (IPV) is prevalent in Australia, affecting approximately 17% of all women; it is estimated that 25% of women have experienced emotional abuse from a partner. GPs may be seeing up to five women per week who are experiencing IPV, one to two of whom will have experienced severe violence.

GPs are therefore well-positioned to recognise red flags that indicate family violence may be occurring and take appropriate actions to minimise patient risk. Individuals may present on one or several occasions with 'suspicious' signs, such as unexplained/inadequately explained bruising or recurrent injuries.

The role of the GP is essential in not only recognising people who have experienced or are experiencing abuse and violence, but providing continuity of care, support and appropriate referrals in order to optimise long-term health and wellbeing and minimise the impacts of associated traumas.

Research

The RACGP is pleased to see the inclusion of research actions in the Strategy. However, we would call for further funding for research on primary care health services that would look across the lifespan of gender-specific health needs in at-risk populations (eg Aboriginal and Torres Strait Islander peoples) and models of care that may look at novel approaches to what currently exists.

Thank you once again for the opportunity to provide feedback and comments. We look forward to hearing about the progress and outcomes of this consultation. For queries on the RACGP's submission, please contact Mr Stephan Groombridge, Manager, eHealth and Quality Care on 03 8699 0544 or at stephan.groombridge@racgp.org.au

Yours sincerely,



Dr Harry Nespolon
President

cc: Preventive.Policy@health.gov.au