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RACP Submission

Senate Community Affairs Committee inquiry into universal access to reproductive healthcare

December 2022

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 30,000 physicians and trainee physicians across Australia and New Zealand. The College represents a broad range of medical specialties including addiction medicine, general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, and geriatric medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.

RACP Submission

Thank you for the opportunity for The Royal Australasian College of Physicians (RACP) to provide a submission to the Senate Community Affairs Committee inquiry into universal access to reproductive healthcare.

We note that submissions are to address some of or all the following Terms of Reference:

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

a) cost and accessibility of contraceptives, including:
   i. PBS coverage and TGA approval processes for contraceptives,
   ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and
   iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions;
b) cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;
c) workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;
d) best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;
e) sexual and reproductive health literacy;
f) experiences of people with a disability accessing sexual and reproductive healthcare;
g) experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare;
h) availability of reproductive health leave for employees; and
i) any other related matter.

This submission has been led by the RACP's Australasian Chapter of Sexual Health Medicine (AChSHM) in consultation with relevant committees. The AChSHM plays a leading role in shaping policy and advocacy in the areas of sexual and reproductive health for improved public and population health outcomes. Sexual Health Medicine Physicians collaborate with a multidisciplinary team to improve the sexual health outcomes of the community by identifying and minimising sexual health issues through education, behaviour change, advocacy, screening, clinical service provision, surveillance and research.

The RACP acknowledges the importance of ensuring equitable and universal access to quality sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies, and to addressing the barriers to achieving this.

1. Barriers to achieving priorities under the National Women's Health Strategy for universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies.

The RACP provides the following recommendations:

- Geography is a significant barrier to achieving the priorities. To better represent and meet the access needs of people in rural/remote and regional areas, there at least needs to be more access to telehealth services for people in these areas, and changes to relevant Medicare and Pharmaceutical Benefits Scheme (PBS) items need to be considered (see section 2 for more detail).

- The scope of practice for publicly funded sexual health clinics needs to be clear and focused on achieving the priorities for universal access to reproductive and sexual health. There should be provision and improvement of access to publicly funded sexual and reproductive health sexually transmitted infections (STI) clinics. Victoria has recently announced a new sexual and reproductive health strategy that includes a strategy for ensuring that Victorian women, girls and gender diverse

people will have access to comprehensive sexual and reproductive health services and information.[1] Nationally, there needs to be adequate public funding for sexual health clinics, including increasing funding to provide additional reproductive health services. Currently, staff are likely to have the correct skills but may not be funded to provide these services as they continue to support general practices.

- It is unclear what the current funding model is for practice nurses who provide reproductive and sexual health treatments and services. For example, it is unclear if practice nurses are being reimbursed under the public funding scheme for contraceptive implants such as implanons, and depot injections.

- There needs to be adequate funding of family planning organisations to provide reproductive and sexual health services, especially in rural/remote and regional areas, including ensuring provision of these services to youth and young people, and ensuring relevant expertise is provided as part of ongoing training for clinicians not working in reproductive and sexual health. There also needs to be access to or co-location of sexual and reproductive services at youth services.

2. Cost and accessibility of contraceptives, including: PBS coverage and TGA approval processes for contraceptives; awareness and availability of long-acting reversible contraceptive and male contraceptive options; and options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions.

The RACP provides the following recommendations:

- Consider the provision of longer prescriptions and adding telehealth for improving access/accessibility.

- A safety net is needed for online access services including oversight for these. Pharmacists may have a role for referral of people to online access services, however the benefits of options to improve access to contraceptives need to be assessed against any risks to women's health.[2]

- Publicly accessible clinics need to be provided and ensure the availability of pop-up or outreach clinics.

- Train and incentivise the workforce to improve access to contraceptives.

- Highly effective long-acting reversible contraception (LARC) is globally advocated by governments as a key strategy to reduce unintended pregnancy. While uptake of LARCs in Australia is gradually increasing, the rate of LARC use in Australia is well below that for other OECD countries.[3] There are several contributing factors to the low rates of uptake:
  - Low levels of awareness and/or misperceptions around LARCs (Advertising of oral contraceptives to GPs may be contributing to low level of use of LARCs. Advertising of contraceptives needs scrutiny, particularly contraceptive options not covered by PBS. There is possible overuse of non-PBS oral contraceptive pills relative to the cost).
  - Challenges in meeting demand (low remuneration for primary care providers to manage LARCs and limited training opportunities)
  - The cost of long-acting reversible contraception (LARC) can be prohibitive for many women, for example, Medicare rebates cover less than half the cost of an IUD insertion
  - Many clinics offering contraception are not comprehensive, for example they may offer only the doctor review/contraception prescription, and consumers then need to go elsewhere for the LARC to be inserted.

3. Cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas.

[1] Victorian sexual and reproductive health and viral hepatitis strategy 2022–30 | health.vic.gov.au
[2] Notice of interim decisions to amend (or not amend) the current Poisons Standard (oral contraceptive substances) (tga.gov.au). Australian Government Department of Health Therapeutic Goods Administration, 2021.
[3] Bateson DJ, Black KI, Sawleshwarkar S. The Guttmacher–Lancet Commission on sexual and reproductive health and rights: how does Australia measure up?. The Medical Journal of Australia. 2019 Apr 1;210(6):250-2.

The RACP provides the following feedback and recommendations:

- The RACP supports moves to reform the law to decriminalise and regulate abortion, and supports uniform access to safe, legal, accessible, and affordable abortion services across Australia with both medical and surgical options for women who do not choose to continue their pregnancy.[4]

- The RACP's position is based upon evidence that criminalising abortion does not decrease abortion but simply increases unsafe practices and the burdens of ill-health experienced by women and children in Australia and internationally. Termination of pregnancy is a safe procedure for which major complications and mortality are rare whilst the evidence shows that the non-availability of termination of pregnancy services increases maternal morbidity and mortality.

- The RACP acknowledges that some medical practitioners have a conscientious objection to termination of pregnancy. In line with guidance from the Medical Board of Australia and the Australian Medical Association, the RACP agrees that personal beliefs should not impede patient access to treatments that are legal and referrals to alternative health professionals should be provided where required.

- Many women face financial and geographical barriers to accessing termination services. The cost of an abortion can vary significantly depending on where it is offered, and whether there are associated travel costs. Most abortions in Australia are performed in the private system, rendering services unaffordable for many women.[5] Additional barriers to accessing pregnancy termination services include stigma, privacy concerns, lack of information, and language barriers. Practitioner attitudes towards termination services, along with a lack of education and training, can also be barriers.

- Health pathways are needed for ensuring publicly funded access to services. Awareness of these services needs to be improved, such as through pharmacists and youth services.

- Women in regional or rural areas, Aboriginal and Torres Strait Islander women, people with disabilities and women who cannot access Medicare due to their visa status all face unique barriers in accessing reproductive healthcare. Those in rural areas may have limited access to GPs who are willing to prescribe contraception and/or trained in IUD insertion services; women who speak languages other than English and Indigenous women may find it difficult to access services that are culturally appropriate; and women with disabilities may find it difficult to access services that meet their needs because of stigma and poor understanding of their reproductive health needs.

- Youth health funding needs to be provided for people who cannot afford sexual and reproductive healthcare and related services.

- There needs to be outreach services to prisons and remand centres to meet the needs of those at risk, including maintaining and increasing these services as needed.

4. Workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals.

The RACP provides the following recommendations:

- Consider the use of other models that have a telehealth component such as outreach practitioner models.

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[4] RACP Submission: NSW Parliamentary Inquiry into the provisions of the Reproductive Health Care Reform Bill 2019 – Standing Committee on Social Issues, August 2019.

[5] Sifris R, Penovic T. Barriers to abortion access in Australia before and during the COVID-19 pandemic. Women's Studies International Forum 2021 May 1 (Vol. 86, p. 102470). Pergamon.

- Key education leadership is needed in this space. Organisations such as the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), the Royal Australian College of General Practitioners (RACGP) and nursing associations could play a coordination role in workforce development.

- Workforce development could benefit from looking at potential increases in education during GP or sexual health training to ensure appropriate care and increasing access to reproductive healthcare services to persons with intellectual and developmental disabilities, including additional training in undergraduate programs.

- Reproductive health care is the core business of maternity departments. Easier access to practitioners skilled in IUD insertion would increase their usage, and better access to use of “quick start” procedures could help people start contraception earlier as needed.

5. Sexual and reproductive health literacy.

The RACP provides the following recommendation:

- Sexual and reproductive health literacy are increasingly important as pornography is so commonly used, providing the sole means of sex education for some young people.[6] [7] [8]

6. Experiences of people with a disability accessing sexual and reproductive healthcare.

The RACP provides the following recommendations:

- This is a significant issue. There are limited public services available for people with disability, no specialist sexual health services, and minimal options for examinations for those who need either a hoist to transfer them from a wheelchair to an examination bed or anaesthetic as their intellectual disability may make it impossible for them to undergo invasive procedures without sedation. The consent process for women with intellectual disability is often poorly understood by clinicians. There are limited supports available for women with intellectual disability to support them with decision making.

- People with intellectual disability are more likely to report they did not have all the sexual knowledge they would like, are more likely to get information from less reputable sources, are more likely to ‘express misconceptions’ regarding anatomy, physiology, sexual health and reproductive health and have less opportunity to learn about sexuality.[9]

7. Experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare.

The RACP provides the following recommendations:

- Ensure that gender competencies are built into undergraduate and medical and nursing courses and prioritise gender competency training for primary care practitioners.

- Build networks of gender-friendly and accessible services. Telehealth is a starting point. Gender-affirming surgical procedures should be available in the public health system.

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[6] Dawson, K, Saoirse Nic Gabhainn & Pádraig MacNeela (2020) Toward a Model of Porn Literacy: Core Concepts, Rationales, and Approaches, The Journal of Sex Research, 57:1, 1-15.
[7] Miller E, Jones KA, McCauley HL. Updates on adolescent dating and sexual violence prevention and intervention. Curr Opin Pediatr. 2018 Aug;30(4):466-471.
[8] Laws, I. Better sex education for children is needed to combat dangers of pornography. BMJ 2013; 347
[9] Greenwood, NW and Wilkinson, J. Sexual and reproductive health care for women with intellectual disabilities: A primary care perspective International Journal of Family Medicine, 2013.

8. Any other related matter.

The RACP provides the following recommendations:

- Women who are overweight may face additional barriers to accessing sexual and reproductive health care, including stigma. Some women in larger bodies believe they are unlikely to become pregnant and may avoid contraception. They may also be concerned about weight gain with hormonal methods of contraception. Women in larger bodies may also receive insufficient contraceptive counselling and care, and insufficient discussion of contraception in the context of bariatric surgery. Body mass index (BMI) cut-offs may apply for accessing IVF; research indicates that women with higher BMIs may have unmet contraceptive counselling and care needs.[10]

- There needs to be adequate support provided to meet the sexual and reproductive healthcare needs of Aboriginal and Torres Strait Islander people including ensuring provision of culturally safe care. Aboriginal and Torres Strait Islander people experience high levels of sexually transmitted infections and blood-borne viruses, teenage pregnancies, hospitalisations for pregnancy complications and cancers of the genital system. Evaluations, particularly among Aboriginal and Torres Strait Islander youth programs, have found programs that engaged the community, were culturally appropriate, flexible and adaptable to local scenarios, were more successful.[11]

- Sexual and reproductive healthcare for Aboriginal and Torres Strait Islander people should be delivered within a culturally sensitive, culturally safe and culturally effective environment, and allow individuals to:
  - make informed and responsible choices about their reproductive health
  - make informed and responsible choices about their sexual behaviour irrespective of age, gender and marital status
  - access health care
  - have access to safe motherhood
  - access services to prevent, or care for infertility.[12]

Should you require any further information about this RACP submission, please contact policy@racp.edu.au.

[10] Boyce TM and Neiterman E. Women in larger bodies' experiences with contraception: a scoping review. Reproductive Health, 2021 2021 Apr 29;18:89

11 Australian Indigenous Health InfoNet, available online at: Reproductive health - Sexual Health - Australian Indigenous HealthInfoNet (ecu.edu.au).

[12] Australian Indigenous Health InfoNet, available online at: Reproductive health - Sexual Health - Australian Indigenous HealthInfoNet (ecu.edu.au).