

Inquiry into universal access to reproductive healthcare

Melbourne Hearing – 28 April 2023

Questions on Notice from Senator Tammy Tyrrell
Responses due COB Friday, 5 May 2023

Responses prepared by:

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1. Further to your evidence at the hearing, can you please provide me with responses to the following:

a. Can you give me some figures around the number of Tasmanians you see?

Of 238 active patients, I have three currently residing in Tasmania. In addition, two permanently relocated to Victoria from Tasmania to access ongoing care.

b. Do you collect information on why Tasmanians attend your clinics, and if so, can you give me an indication of what they're saying?

Patients present with complex care needs, which were unable to be met in Tasmania. Two of the three currently residing were teenagers who could not access appropriate adolescent care in Tasmania. They have also experienced difficulty obtaining GP support in their home state. The third patient was unable to access inpatient pain specialist care in conjunction with her endometriosis care needs.

c. From your experience, could there be improvements made in Tasmania in the way endometriosis is dealt with?

There are certainly improvements that should be made to improve access to appropriate, timely care for endometriosis patients in Tasmania. I have outlined these under headings below.

- **Specialist expertise in persistent pelvic pain**

The main teaching hospitals have pelvic pain clinics, but these are small and wait times to access are in excess of twelve months. These are predominantly staffed by Visiting Medical Officers with small fractions in the public sector. Funding should be directed at permanent staff specialist roles in the management of pelvic pain and endometriosis, along with a specialist endometriosis nurse practitioner, pain physician and allied health.

- **Access to specialist Imaging**

Specialist imaging is only available in Hobart. It is impossible to provide quality care for endometriosis if quality imaging cannot be performed. Outside of specialist imaging centres, quality of imaging is highly variable. For specialist ultrasound, patients are required to pay out of pocket (at least \$250 after rebate) and this is unaffordable for many.

- **Access to complex MDT care for Endometriosis**

There is no formalised set-up in Tasmania for multi-disciplinary team care planning for complex endometriosis patients. The team at RHH has discussed establishing this service, but face staffing and training limitations. This requires funding, and training, and incentives for clinicians to work in the public sector. MDT setups are vital to ensure best-practice provision of care for Tasmanians.

- **Increased access to surgeons competent with moderate/severe endometriosis (Level 6 surgeon)**

Endometriosis is often a highly complex surgical disease. When it involves the urinary or gastrointestinal systems, or is close to large blood vessels, the surgeon requires extensive past experience to safely manage the dissection to remove the disease. Tasmania currently has limited access to this surgical expertise, with three gynaecologists across both public and private sectors with the skillset for this disease. A single gynaecology-oncologist used to also provide this surgical service at RHH, but due to demands of patients with gynaecological cancer, has stopped offering endometriosis surgery in the public system. Wait times for access to public clinics are in excess of 2 years, and surgical wait times for complex surgery mirror this.

- **Training and Accreditation**

For Tasmania, like all of Australia, we are obliged to improve the tuition of all healthcare practitioners caring for women with endometriosis and pelvic pain – GPs, Gynaecologists, nurses, pharmacists, physios etc. I gave a talk at the RANZCOG Regional Symposium in Hobart 1/4/23. There were over 200 clinicians in the room, with approximately a third from Tasmania (gynaecologists and GPs mostly). For many, it was the first time they had received dedicated teaching on multidisciplinary pain management for endometriosis sufferers. The federal government needs to continue discussions with RANZCOG, RACGP, AGES and various nursing and allied health colleges, to improve basic training and accreditation in these fields.