



# GP News - July 2024

In this latest quarterly edition of GP News, you'll find a wealth of information including resources for GPs and training opportunities.

If you have any feedback or questions, please [email us](#).

## In this edition:

- Public Fertility Care update
- Heavy Menstrual Bleeding: New clinical care standard
- Maternity Referrals: Reminder about what to include
- Cervical screening and self-collection resources
- Early Medical Abortion: New toolkits for primary care clinicians
- Continuous Professional Development opportunities.

## Public Fertility Care update

Public Fertility Care provides Victorians with access to state-of-the-art fertility services, regardless of where they live.

Monash Health is now partnering with the Women's to provide Public Fertility Care for their catchment area.

This is while they wait for their own public fertility lab to be completed and accredited, expected by mid-July 2025.

This change means all referrals for Public Fertility Care services across Victoria should now be sent to the Women's, where they will be triaged.

If your patient is triaged to one of the Women's statewide health service partners, that service will then contact your patient with the details of their first appointment.



### Referrals

You can download a referral form from [the Women's website](#) (Word, 380 KB).

Please ensure the required investigation test results are included with your referral. Please fax referrals to the Women's usual Fast Fax: [\(03\) 8345 3036](#).

### Eligibility

Public Fertility Care is available to people of all genders:

- whose situation or health may prevent or impair fertility or safe conception, and/or
- who have been trying to conceive naturally but have been unsuccessful.

To be eligible, patients will need to:

- be a Victorian resident who holds a Medicare card
- meet age criteria as follows:
  - aged 42 years or younger using their own eggs
  - aged less than 51 years and seeking to use donor eggs (the egg being used must be 42 years or younger at time of collection).

For more information, including a webinar on 'Supporting patients with infertility', visit: [Public Fertility Care](#).



bleeding are:

- offered the least invasive and most effective treatment appropriate to their clinical needs and preferences, and
- able to make an informed choice from the range of treatments suitable to their individual situation.

To download the standard or for more information: [Australian Commission on Safety and Quality in Health Care website](#).

## Maternity Referrals: Reminder about what to include

We wish to remind all GPs of the information that should be included in maternity referrals to the Women's.

This information is vital to ensure:

- effective triage, and
- timely involvement of health professionals from various disciplines.

Factors that may require an early appointment, or the involvement of other health professionals or support, need to be included in your referrals. These include:

### **Demographic:**

- identification of disability or special needs
- English proficiency, need for interpreter (and language)
- Indigenous status.

### **Obstetric history:**

## Heavy menstrual bleeding

### New clinical care standard

An updated clinical care standard aims to improve the quality of care for women with heavy menstrual bleeding.

The standard is a guide for GPs and other health professionals, describing the care patients should expect to receive.

The goal of the standard is to ensure that women with heavy menstrual



- current pregnancy: gravidity, parity, EDC, gestation
- outcome of pregnancies: gestation, birth weight, birth mode and complications (antenatal, partum, postpartum)
- identify if you assess as a high risk pregnancy (and why).

### Medical history:

- allergies
- medication/s and indication for use
- mental health status, current medications and management
- past surgical interventions, outcomes and complications
- family history that may impact obstetric management.

### Social history:

- relevant social history, complications or concerns.

### Clinical:

- Body Mass Index and Blood Pressure.

### Investigations:

- blood group and antibody
- full blood examination
- ferritin
- MSU microscopy and culture
- serology for HIV, Hep B, Hep C, Syphilis, Rubella
- Cervical Screening result (latest result)
- as needed: Thalassaemia screening, Glucose screening, others as indicated
- 12-week ultrasound result (and any others performed)
- Aneuploidy screening result (or if declined or awaiting)
- future order details.

Note: Please ensure pathology screening has been requested and completed during this current pregnancy. If not, please be sure to organise screening for your patient.

Please fax referrals to the Women's Fast Fax: [\(03\) 8345 3036](tel:(03)83453036).

**For more information, visit these pages on the Women's website:**

[Maternity referrals](#)

[Patient care before first appointment](#)

## Cervical screening and self-collection resources

A resource hub has been created so GPs and healthcare providers can find out more about the National Cervical Screening Program.

The hub includes videos, FAQs, a podcast and useful, printable resources including:

- a Cervical Screening Pathway Quick Reference Guide
- an illustrated step-by-step guide on self-collection for patients
- information about cervical screening in pregnancy.



For more information, visit: [The Australian Centre for the Prevention of Cervical Cancer website](#).

For free courses on cervical screening, scroll down to **Continuing Professional Development**.

## Early Medical Abortion

### New toolkits for primary care clinicians

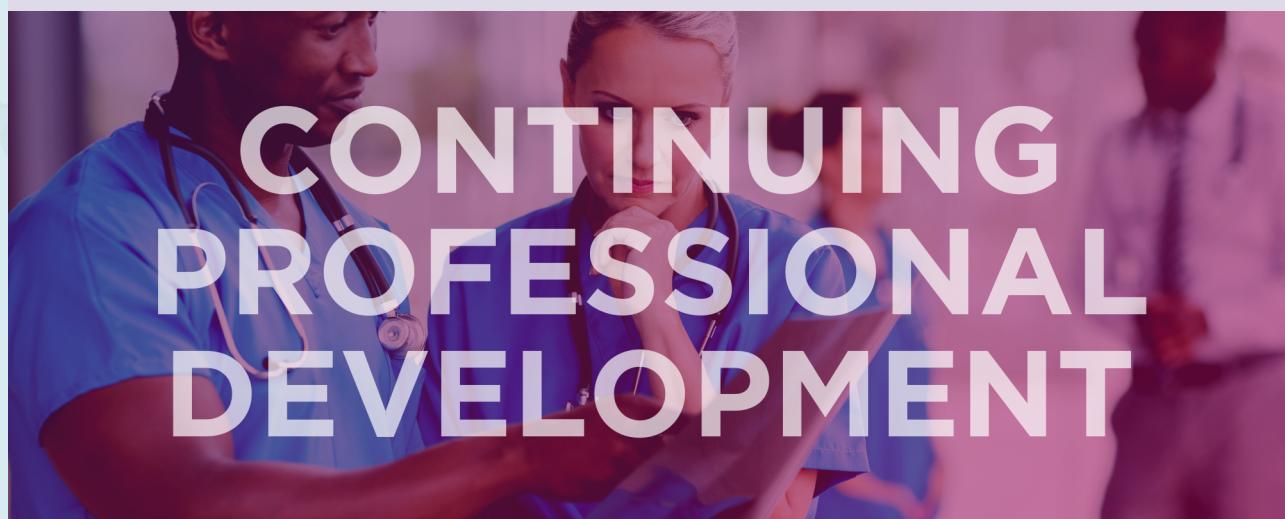
Two toolkits are available to assist health professionals in discussing Early Medical Abortion (EMA) care with patients.

Produced by the Australian Contraception and Abortion Primary Care Practitioner Support (AusCAPPs) Network, the toolkits cover:

- Communicating with patients about medical abortion in primary care. This kit includes:
  - tips on language to use and content to discuss, and
  - recommended resources for patients seeking more information or support.
- MS-2 Step: Frequently Asked Questions. This kit supports clinicians in answering patients' questions about EMA.

AusCAPPs is a national online community of practice designed to help GPs, nurses and community pharmacists to provide EMA and long-acting reversible contraception services.

For free access to these toolkits, join the [AusCAPPs Network](#).



*Online webinar*

### Cervical and breast cancer: risk-based screening and management

**Date:** Tuesday 13 August 2024

**Time:** 6.30pm - 8pm

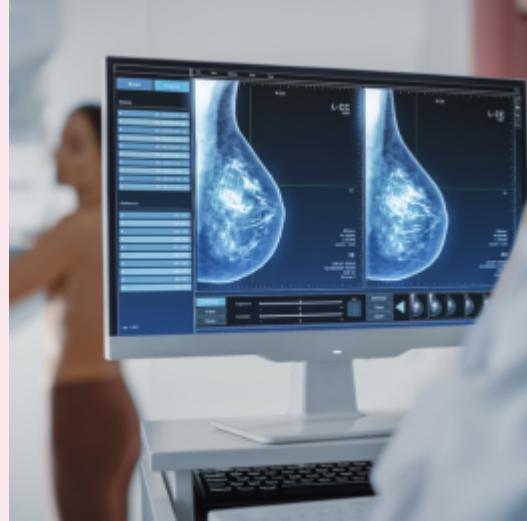
**Cost:** Free

**Description:** This webinar will provide an update on the latest evidence to support GPs in their screening, assessment and referral of people for cancer of the cervix and breast.

You'll learn about: when to screen and which tests are appropriate for people with different risk profiles, including those with familial cancer gene variations or mutations.

**Presenters:** Mr C. David H. Wrede (Consultant Gynaecologist and Lead for Dysplasia at the Women's) and Prof Bruce Mann (Specialist Breast Surgeon at the Women's).

**Registration and more information:** [North Western Melbourne Primary Health Network website](#)



*Online course*

## **Cervical screening, HPV and self-collection**

**Type:** Self-paced online learning course

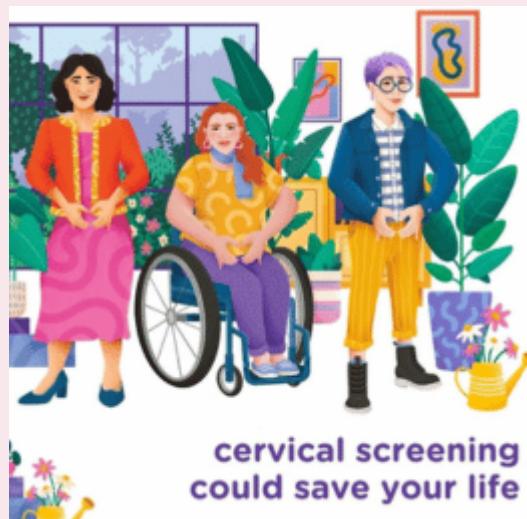
**Cost:** Free

**Description:** This course has a strong focus on HPV self-collection including:

- presenting the latest evidence and the current self-collection policy
- outlining when self-collection is not appropriate, and
- an in-depth look at the screening pathway.

It is a RACGP Continuous Professional Development (CPD) accredited activity.

**Registration and more information:** [GPEX platform](#)



*In-person workshop*

## **Implanon NXT training**

**Dates:** 30 October, 28 November

**Times:** Two hour workshops, held at various times. You only need to attend one workshop.

**Cost:** Free

**Description:** You'll gain the knowledge and skill necessary to safely insert and remove Implanon



NXT through supervised simulated practice.

You'll learn about: clinical information, safe insertion and removal, indications and contraindications, and management of side effects. Suitable for doctors, nurse practitioners, nurses, and midwives.

**Please note:** Completion of online Implanon NXT training is required as a pre-requisite to attend a workshop: [Implanon NXT training](#)

**Registration and more information:** [the Women's website](#).

#### *Online courses*

## **Managing menopause and Polycystic Ovary Syndrome (PCOS)**

**Type:** Self-paced online learning courses

**Cost:** \$75 per course

**Description:** These are two separate courses.

The first aims to help GPs provide well-informed, up-to-date advice and treatment in the care and management of women during menopause.

The second course will help you better understand, diagnose and manage PCOS.

Both courses are RACGP CPD-accredited activities.

**Registration and more information:** [Jean Hailes for Women's Health website](#).



#### *Webinar recordings*

## **Shared maternity care workshops**

Two Shared Maternity Care workshops held in late 2023 are available for viewing on the Women's website: [GP Continuing Professional Development](#).

The workshops cover a range of topics from leading obstetrician and gynaecologist experts.

They were hosted by the Women's, Mercy Hospital for Women, Western Health, Northern Health, and the North Western Melbourne Primary Health Network.



## **Contact us**

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E: [gp.liaison@thewomens.org.au](mailto:gp.liaison@thewomens.org.au)

Fast Fax Referral  
F: [\(03\) 8345 3036](tel:(03)83453036)

GP Quick Access Number  
P: [\(03\) 8345 2058](tel:(03)83452058)

Shared Maternity Care Coordinator  
P: [\(03\) 8345 2129](tel:(03)83452129)  
E: [shared.care@thewomens.org.au](mailto:shared.care@thewomens.org.au)

The Women's Switchboard  
P: [\(03\) 8345 2000](tel:(03)83452000)

The Women's Abortion & Contraception Service  
P: [\(03\) 8345 2832](tel:(03)83452832) (professional line only  
– not for use by women needing the service)



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