

Response to the Senate Community Affairs References Committee Report - Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia.

List of recommendations	FPAA response
Recommendation 1	
The committee recommends that the Therapeutic Goods Administration reviews its approval processes to ensure that Australian consumers have timely access to the latest and safest contraceptive methods available internationally.	FPAA welcome this review.
Recommendation 2	
The committee recommends that the National Scope of Practice Review considers, as a priority, opportunities and incentives for all health professionals working in the field of sexual and reproductive healthcare to work to their full scope of practice in a clinically safe way.	<p>FPAA welcome this review.</p> <p>FPAA support nurse-led models of care to improve access to reproductive healthcare. FPAA Primary Member Organisations have capacity to pilot nurse-led provision of intra-uterine contraceptive devices (IUDs), contraceptive implants (Implanon) and early medical abortion within their clinics to examine safety, acceptability, and feasibility these models of care.</p> <p>FPAA Primary Member Organisations also deliver professional development for nurses in sexual and reproductive health; and have capacity to train and mentor nurses to trial nurse-led models of care.</p>
Recommendation 3	
The committee recommends that state and territory governments work towards aligning supply quantities of Pharmaceutical Benefits Scheme (PBS) and non-PBS oral contraceptive pills allowed under state and territory emergency supply legislation.	FPAA welcome this work.
Recommendation 4	
The committee recommends that the Australian Government reviews, considers and implements options to make contraception more affordable for all people.	<p>FPAA welcome this review.</p> <p>A Contraceptive Fund held by state and territory FPAA Primary Member Organisations could target people in most need.</p>

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<p>Recommendation 5</p> <p>The committee recommends that the Australian Government ensures that there is adequate remuneration, through Medicare, for general practitioners, nurses, and midwives to provide contraceptive administration services, including the insertion and removal of long-acting reversible contraceptives.</p>	<p>FPAA welcome this work.</p>
<p>Recommendation 6</p> <p>The committee recommends that the Department of Health and Aged Care and the Pharmaceutical Benefits Advisory Council work with the pharmaceutical industry to consider options to improve access to a broader range of hormonal contraceptives that are not currently Pharmaceutical Benefits Scheme subsidised, including newer forms of the oral contraceptive pill, the emergency oral contraceptive pills and the vaginal ring.</p>	<p>FPAA welcome this work.</p>
<p>Recommendation 7</p> <p>2.157 The committee recommends that the Department of Health and Aged Care considers and implements an option to subsidise the non-hormonal copper intrauterine device to improve contraceptive options for people with hormone-driven cancers and people for whom hormonal contraception options may not be suitable.</p>	<p>FPAA welcome this work.</p>
<p>Recommendation 8</p> <p>The committee recommends the Australian Government works with the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to improve access to workforce training for the insertion and removal of long-acting reversible contraceptives to support their increased utilisation in Australia.</p>	<p>FPAA welcome the intent to increase access, and we support RACGP in continuing to accredit CPD.</p> <p>However, FPPA Primary Member Organisations clinicians currently undertake significant direct delivery of this training, as well as ongoing professional development, underpinned by state government funding.</p> <p>We are concerned that the Australian government is only committing scaling up this work with medical colleges, which may duplicate education programs already in place within FPAA Primary Member Organisations across Australia.</p> <p>FPAA would be pleased to provide further advice.</p>

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<p>Recommendation 9</p> <p>The committee recommends that the Australian Government considers the continuation of funding for the Australian Contraception and Abortion Primary Care Practitioner Support Network (AusCAPPs) to provide ongoing support and professional development for practitioners.</p>	<p>FPAA support the continued funding of AusCAPPs. Several FPAA health practitioners offer their expertise to AusCAPPs and we regard as a highly valuable initiative.</p>
<p>Recommendation 10</p> <p>The committee recommends that the Australian Government considers and implements a separate Medicare Benefits Schedule item number for contraceptive counselling and advice for all prescribers, including midwives.</p>	<p>FPAA welcome this work.</p> <p>See FPAA response to Recommendation 2. FPAA support nurse/midwife-led models of care for safety, acceptability and feasibility.</p>
<p>Recommendation 11</p> <p>The committee recommends that the Australian Government and/or relevant organisations support research into the availability and development of contraceptive options for males.</p>	<p>FPAA support further research on contraceptive options for males.</p>
<p>Recommendation 12</p> <p>The committee recommends that the Australian, state, and territory governments ensure that maternity care services, including birthing services, in non-metropolitan public hospitals are available and accessible for all pregnant women at the time they require them. This is particularly important for women in rural and regional areas.</p>	<p>FPAA welcome this work.</p> <p>We also recommend post-natal access to contraception.</p>
<p>Recommendation 13</p> <p>The committee recommends that the Australian Government implements outstanding recommendations made by the Participating Midwife Reference Group to the Medicare Benefits Schedule (MBS) Review Taskforce regarding midwifery services and continuity of care. xix</p>	<p>FPAA welcome this work.</p>
<p>Recommendation 14</p> <p>The committee recommends that the Australian Government works with the sector to increase birthing on country initiatives and other culturally appropriate continuity of care models.</p>	<p>FPAA support the principle and practice of Aboriginal babies being born into Aboriginal hands.</p>

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<p>Recommendation 15</p> <p>The committee recommends that all public hospitals within Australia be equipped to provide surgical pregnancy terminations, or timely and affordable pathways to other local providers. This will improve equality of access, particularly in rural and regional areas and provide workforce development opportunities.</p>	<p>FPAA support this work.</p> <p>FPAA agree that all public hospitals must be equipped to provide surgical terminations of pregnancy.</p> <p>And that 'or timely and affordable pathways' should mean 'free' and not be a loophole for public hospitals operated from church owned properties.</p>
<p>Recommendation 16</p> <p>The committee recommends that the Australian Government develops an implementation plan for the National Women's Health Strategy 2020–2030 with annual reporting against key measures of success. This could include establishing a taskforce as part of the implementation plan.</p>	<p>FPAA support this work and would be pleased to provide further advice.</p> <p>FPAA also ask that the Australian government require each state and territory to develop their own state-based Women's Health Action Plans as a response, and report back to the NWHs national monitoring group.</p> <p>To examples already exist where states have already made efforts to integrate sexual and reproductive health policy:</p> <ul style="list-style-type: none"> - Queensland Sexual Health Framework - Victorian Sexual and Reproductive Health and Viral Hepatitis Strategy <p>These could include commitments to Recommendations from this report, particularly where national/state responsibilities intersect, or states provide funding underpinning existing work.</p>
<p>Recommendation 17</p> <p>The committee recommends that the Australian Government, in consultation with state and territory governments, implements a national support, information, and referral model for sexual and reproductive healthcare services.</p>	<p>FPAA support this conceptually.</p>

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<p>The committee envisages that such a national telephone service would leverage the experiences of existing initiatives, such as 1800 My Options and healthdirect, to ensure that it is fit for purpose, delivers accurate local information, and builds on the experiences of services operating in those jurisdictions.</p>	<p>However, FPAA suggest that the existing state/territory based sexual and reproductive health lines be considered as the foundation and scale up these existing services.</p> <p>These include: WA – Sexual Health Quarters Sexual Health Helpline SA – SHINE SA Sexual Healthline SA Health - SA Health Pregnancy Advisory Centre.</p> <p>Therefore, FPAA suggest this recommendation also consider strengthening existing services as they already have well established services with local knowledge and referral relationships.</p>
<p>Recommendation 18</p>	
<p>The committee recommends that the Australian Government reviews the existing Medicare arrangements which support medical termination consultations with the aim of ensuring adequate remuneration for practitioners to deliver these services while also ensuring patient privacy.</p>	<p>FPAA support this review.</p> <p>However, developing fully funded nurse-led models with FPAA clinics would be more cost effective, and more likely to reach underserved and complex patients than Medicare billed services in general practice targeting the whole population.</p> <p>FPAA Primary Member Organisations would be pleased to undertake piloting of nurse-led models targeting underserved and complex populations.</p>
<p>Recommendation 19</p>	
<p>The committee recommends that the Australian Government continues current Medicare Benefits Schedule telehealth items for sexual and reproductive healthcare, including pregnancy support counselling and termination care.</p>	<p>FPAA support this recommendation.</p>
<p>Recommendation 20</p>	
<p>The committee recommends that the Therapeutic Goods Administration and MS Health review barriers and emerging evidence to improve access to MS-2 Step, including by:</p>	<p>FPAA support this review.</p> <p>FPAA would be pleased to undertake piloting of nurse-led models.</p>



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<ul style="list-style-type: none"> allowing registered midwives, nurse practitioners, and Aboriginal Health Workers to prescribe this medication—including pain relief where indicated; and reducing training requirements for prescribing practitioners and dispensing pharmacists. 	
<p>Recommendation 21</p>	
<p>The committee recommends that the Australian Government, in consultation with relevant training providers, reviews the availability, timing, and quality of sexual and reproductive healthcare training in undergraduate and postgraduate tertiary health professional courses, including vasectomy procedures, terminations and insertion of long-acting reversible contraception.</p>	<p>FPAA support this review.</p> <p>FPAA Primary Member Organisations are leading providers of health professional training in sexual and reproductive healthcare, including when invited to contribute to undergraduate courses.</p> <p>For example: Sexual Health and Family Planning ACT (SHFPACT)</p> <ul style="list-style-type: none"> Senior Medical Officers provide lectures at the ANU to 1st year students and provide rural third year students with practical training in SHFPACT clinics. Clinical Nurse Educators also deliver lectures to midwifery students, some of who do placement in SHFPACT clinics. <p>FPAA is available to consult with universities regarding competency requirements and training needs across health professions.</p>
<p>Recommendation 22</p>	
<p>The committee recommends that the Australian Government commissions work to improve its collection, breadth, and publication of statistical data and information regarding sexual and reproductive healthcare, particularly in relation to pregnancy terminations, both medical and surgical, and contraceptive use across Australia.</p>	<p>FPAA support this recommendation. This data is critical to monitoring outcomes as well as informing further workforce and service development across Australia.</p>
<p>Recommendation 23</p>	

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<p>The committee recommends that the Department of Health and Aged Care works closely with its state and territory counterparts to consider the effectiveness of local programs providing free menstrual hygiene products.</p>	<p>FPAA support this work.</p> <p>FPAA are already involved with state governments advocating for, advising on, and promoting these local programs.</p> <p>Where states are not currently implementing, we proposed using FPAA existing state-funded schools' programs as a foundation.</p> <p>We would also promote through our well-established social media channels in each state, that are already targeting young people.</p> <p>We also suggest that the Australian government consider wide-scale free condom distribution as well as period products.</p>
<p>Recommendation 24</p> <p>The committee recommends that the Australian Government work with the relevant medical and professional colleges to support the development and delivery of training to health practitioners providing sexual, reproductive and maternal healthcare on:</p> <ul style="list-style-type: none"> • engaging and communicating with people with disability; • providing culturally aware and trauma-informed services to culturally and linguistically diverse migrants and refugees; and • ensuring culturally safe healthcare for First Nations people in mainstream non-community-controlled organisations, by ensuring practitioners are aware of intergenerational trauma, cultural norms and taboos. 	<p>FPAA support the intent of expanding training for health practitioners.</p> <p>However, FPAA Primary Member Organisations are currently the major provider of sexual and reproductive health care training, to doctors, nurses as well as teachers, community workers, disability workers, CALD workers, volunteers, peer workers and vulnerable groups such as sex workers and Aboriginal community groups in the community.</p> <p>Our medical training programs are accredited by the RACGP.</p> <p>Education programs in FPAA Primary Member Organisations are typically integrated into clinical (in-clinic)</p>

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	<p>training, health promotions campaigns, sexual health advice lines and schools' programs. This work is (underfunded) by state governments, and we agree it needs to be expanded to close the gaps highlighted in this report. Therefore, we are concerned this recommendation only speaks to working with medical and professional colleges.</p> <p>FPAA suggest our Primary Member Organisations be included as part of the government's response to this recommendation.</p>
<p>Recommendation 25</p> <p>The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the 'Health in My Language' program.</p>	<p>FPAA support this consideration and would be pleased to provide further advice.</p> <p>At face value, we feel this recommendation needs to also go further than an information service, with deeper peer-led community development approaches, working in partnership with CALD communities and building trusted linkages to sexual and reproductive health services.</p>
<p>Recommendation 26</p> <p>The committee recommends that the Department of Health and Aged Care consider sexual and reproductive healthcare for LGBTIQ+ people in the context of the 10-year National Action Plan for the Health and Wellbeing of LGBTIQ+ people.</p>	<p>FPAA support this recommendation.</p>
<p>Recommendation 27</p> <p>The committee recommends that the Australian Government consult with people with innate variations of sex characteristics regarding surgical interventions in the context of the 10-year National Action Plan on the Health and Wellbeing of LGBTIQ+.</p>	<p>FPAA support this recommendation.</p>
<p>Recommendation 28</p>	

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The committee recommends that the Australian Government commissions research into reproductive coercion and abuse with a view to developing clinical guidelines, resources and training for primary care providers.	FPAA Primary Member Organisations work daily with people experiencing reproductive coercion and would be interested in developing guidelines, training and resources for primary care providers.
<p>Recommendation 29</p> <p>The committee recommends that the Australian Government works with the sector to develop sexual and reproductive health education programs and resources for people with disability and their families and carers that are accessible, disability inclusive and empowering for young people with disability.</p>	<p>FPAA agrees this is an urgent issue.</p> <p>Several FPAA Primary Member Organisations deliver comprehensive counselling and education programs for people with disability and their families/carers.</p> <p>We suggest building on existing comprehensive relationships and sexuality education programs in each state, as well as community education programs to further develop this area of work.</p> <p>We suggest this Recommendation be implemented in conjunction with Recommendation 34.</p>
<p>Recommendation 30</p> <p>4.111 The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.</p>	<p>FPAA agrees this is an urgent issue.</p> <p>FPAA Primary Member Organisations would be pleased to pilot nurse-led models.</p>
<p>Recommendation 31</p> <p>4.112 The committee recommends that the Australian Government work with relevant overseas health insurance providers to amend Schedule 4d of the Overseas Student Health Cover Deed to abolish pregnancy care related wait periods.</p>	<p>FPAA agrees this is an urgent issue for international students both at the secondary and tertiary level.</p> <p>Our own discussion with insurers has revealed that abortion is currently the second largest claim item after mental health services, but likely the largest health issue due to underclaiming.</p> <p>We also suggest this recommendation go further and give consideration to other sexual health issues and services</p>

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	<p>that should be integrated with pregnancy care such as STI's, HIV and other blood borne viruses. This is particularly relevant for students from countries with higher prevalence of HIV and other BBV's</p> <p>While access to services is essential, we also feel we have responsibility to undertake prevention/education/community development in partnership with educational institutions as this is a complex issue that has multiple levels e.g:</p> <ul style="list-style-type: none"> - international students from countries with low sexual health literacy being preyed upon by others in the campus environment - fear of accessing their insurance as their parents pay the policy and see the claims - secondary students are living with host parents who have a reluctance/fear of discussing reproductive and sexual health issues with high school students residing in their homes. <p>FPAA would be pleased provide advice and to facilitate a national pilot program with secondary schools and the large universities across Australia.</p>
Recommendation 32	
The committee recommends that the Australian Government explores the feasibility of Medicare rebates for in vitro fertilisation (IVF) services for cohorts not currently eligible for subsidised services.	FPAA support this recommendation.
Recommendation 33	
The committee recommends that the Australian Government implement the recommendations of the Medicare Benefits Schedule Review regarding removal of the exclusion of in vitro fertilisation (IVF) services for altruistic surrogacy purposes.	FPAA support this recommendation.
Recommendation 34	
The committee recommends that the Australian Government work with jurisdictions to improve the quality of sexual health and relationships education in schools including building capabilities of educators to deliver this training.	FPAA support this recommendation and would be pleased to provide further advice.

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	<p>This is pivotal prevention work with wide-ranging long term program outcomes being delivered across multiple portfolios and national strategies.</p> <p>What you propose is achievable and already underway in some states. However currently there is some conflation occurring (in the community and at national and state levels) with other sub-elements such as 'child protection curriculum', 'relationships education' and 'consent education'. All of these things are included in comprehensive relationships and sexual health/sexuality education programs.</p> <p>FPAA Primary Member Organisations already have well-established state (under) funded evidence-based school programs needing expansion and ongoing evaluation, that could be readily scaled up to achieve this national goal.</p> <p>Ideally this work would also be linked to:</p> <ul style="list-style-type: none"> - the scaling up of reproductive health services in the primary healthcare sector - increased clinician/health worker education - Recommendation 35 as public awareness and sexual health literacy campaigns should also flow into school communities via teacher resources. - all other recommendations related to clinical education, as curriculum and classroom resources need to be evidence-based, developed with the assistance of sexual and reproductive health clinicians. - all other recommendations related to service delivery as young people in schools need to be aware of where to go for services and supports.

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<p>Recommendation 35</p> <p>The committee recommends the Department of Health and Aged Care work with jurisdictions and the health sector to implement options for targeted public awareness and sexual health literacy campaigns in target communities, including for the LGBTIQ+ community, community-led initiatives for First Nations and culturally and linguistically diverse groups, and sexually transmitted infections campaigns in vulnerable cohorts.</p>	<p>FPAA welcome this recommendation and ideally this work would be linked to Recommendation 34 so public awareness and sexual health literacy campaigns can flow easily into schools, communities and resources.</p> <p>However, FPAA also recommend this go deeper and include public awareness and sexual health literacy campaigns on sexual and reproductive health and rights which includes:</p> <ul style="list-style-type: none"> - health literacy - reproductive coercion - contraception - pregnancy options - STIs and BBVs. <p>For best value and impact this work could also be integrated with Recommendation 34.</p>
<p>Recommendation 36</p> <p>The committee recommends that the Australian Government considers commissioning research and policy responses on the impact of reproductive health on women's participation in the workforce and the adequacy of existing leave entitlements under the National Employment Standards</p>	<p>FPAA welcome this recommendation, particularly as most of our workforce are women.</p>