



Family,
Planning
Tasmania.

31 March, 2023

SUBMISSION
to the Tasmanian
Parliament
Joint Sessional
Committee
on Gender and
Equality

fpt.org.au

1. INTRODUCTION

Family Planning Tasmania (FPT) is a community-based, not for profit organisation providing sexual and reproductive health (SRH) clinical, education and advocacy services. FPT operates primary care clinics in Glenorchy, Launceston and Burnie as well as outreach services across Tasmania.

FPT provided 16,900 healthcare appointments in 2022. 96% of the patients receiving these services either identified as female or were assigned female at birth. The services provided by FPT are essential healthcare for women or people assigned female at birth and include contraception (28% of all our appointments), gynaecology (28%), pregnancy and termination services (17%) and cervical screening (7%).

Our entire state-wide medical workforce of 25 doctors and 8 nurses is female. As such, Family Planning Tasmania is well placed to provide insight into the impact of gendered bias in healthcare, as well as provide practical solutions to address some of the most pressing issues.

Gender bias in healthcare

It is well established that gender bias in healthcare is widespread and has a serious impact on health outcomes, including in Tasmania. Key issues (with links to further research) include:

- **Cost and pay inequity:** the Australian Medicare Benefits Scheme (MBS) incentivises short consultations, effectively penalising doctors for spending more time with patients. Short consultations are incompatible with the often complex needs of women's healthcare, particularly relating to contraception, pregnancy and termination. Complex consultations are one reason why female doctors are more likely to spend [more time with patients](#) than male doctors, resulting in women in healthcare earning less than men ([20% gender pay gap](#)) as well as what amounts to a "tax" on women's health as either the patients or doctors themselves cover the additional cost of providing longer consultations. In Tasmania, out of pocket fees for appointments with GPs specialising in women's health (outside of Family Planning Tasmania) are between 50% - 100% higher than a standard GP appointment. This additional cost is on top of the Australian [gender pay gap of 13.4%](#) that means women are less able than men to afford their medical and healthcare costs to begin with.
- **Stereotypes about gender:** these affect how doctors treat illness and approach their patients. Women's pain is [more likely to be treated as a product of a mental health condition](#) than a physical condition. The same study shows that women with chronic pain are seen as emotional or hysterical compared with men, who are seen as brave or stoic. When doctors don't take patient's symptoms seriously, it can lead to later diagnosis. [This study](#) found that in 72% of cases, women wait for longer for a diagnosis than men.
- **Lack of research:** gender bias exists in healthcare research with male bias affecting clinical studies and only 2.5% of publicly funded research dedicated to reproductive health, [despite 1 in 3 women suffering from a reproductive or gynaecological health issue](#).
- **Lack of availability of women's healthcare:** the majority of male GPs – and some female GPs - simply don't provide many of the services that women need, including cervical screening, contraceptive procedures (Implanon and IUD inserts) and medication abortion. This is a particular issue in rural and remote Tasmania where many communities rely on locum doctors. Women living in most remote and regional communities of Tasmania have little or no direct access to women's sexual and reproductive health services. Tasmania has 87 population centres with an Accessibility/Remoteness Index of Australia (ARIA+) score of over 2.40. Analysis undertaken by FPT has found that women in all these localities (with the exception of the Derwent Valley) have highly restricted or no access to specialised women's health.

Family Planning Tasmania is aware that other organisations are undertaking broad analysis of these issues across Tasmania's healthcare sector. Rather than duplicate this work, Family Planning Tasmania will focus this submission on the issues specific to our practice in the area of sexual and reproductive health.

2. Examples of gendered bias encountered at Family Planning Tasmania

With an entirely female clinical workforce and 96% patients identifying as female, Family Planning Tasmania (FPT) encounters cases of gender bias in healthcare on a daily basis. Major issues include:

- **Inadequate remuneration for women's health consultations results in high out of pocket costs for women. For example:**
 - o Medication termination: a high quality Medication Termination of Pregnancy (MTOP) service such as that provided at Family Planning Tasmania takes over 180 minutes of medical practitioner time to provide. Medicare (via MBS) will cover 40 minutes of this - and at a rate that is not sufficient to cover a GP's salary. The nurse time spent on MTOP (75 minutes) is not rebated by Medicare at all.
 - o Antenatal care: the Medicare rebate for an Antenatal appointment is just \$42.40, despite the fact these appointments overwhelmingly require a 30 minute consultation. This rebate is less than a regular consult for over 30 minutes (\$76.95), effectively penalising pregnant women (or the doctors that treat them).
 - o Lack of rebate for nurse services: at FPT nurses provide most cervical screening tests but are unable to claim Medicare rebates for their time (item numbers for nurses previously existed but were withdrawn by MBS). This is effectively a financial penalty for women to undertake what is an essential preventative health/screening service.
 - o Contraception costs: women bear the brunt of the cost for preventing pregnancy. Intra-uterine devices (IUDs) and contraceptive implant ("Implanon") are the most reliable forms of available contraception but both involve additional GP training and lengthy procedures. Once again, Medicare rebates fail to cover the cost of providing these services, meaning high out of pocket cost are passed on to patients by all GPs.
 - o Ultrasound: a lack of publicly available ultrasound in Tasmania results in high out of pocket costs for the ultrasounds that are required to evaluate many common gynaecological conditions.
- **Lack of GPs providing women's health services**
 - o Many patients come to FPT because they are unable to access quality women's health care in General Practice. In particular, typically only female GPs provide cervical screening tests, Implanon inserts/removals and Intrauterine Device (IUD) inserts. Very few GPs (male or female) provide medication termination of pregnancy (MTOP), in part because it is time consuming and financially unsustainable to deliver and these GPs have not undertaken additional training and qualifications to understand the complexity in women's health.
 - o This problem is particularly bad in rural and remote parts of Tasmania. Family Planning Tasmania is contacted frequently by medical services in rural and remote regions requesting women's health outreach. While FPT has doctors who are keen and willing to provide outreach (and have in the last 6 months carried out successful outreach to St Helen's, which was funded by the requesting organisation), FPT is not funded to provide this and cannot cover the costs through the Medicare rebate. The lack of GPs providing women's health services results in women forgoing essential screening services such as cervical screening.

What do Family Planning Tasmania doctors and nurses say?

We consulted FPT's all-female clinical workforce on gendered healthcare. Feedback we received includes:

- *"Common issues I encounter as a doctor on the NW Coast include patients reporting seeing multiple GPs repeatedly about severe menorrhagia (menstrual bleeding that lasts more than 7 days) and dysmenorrhea (painful periods due to menstrual cramps) and being told 'it's just part of being a woman' or, 'that's something women have to put up with' and not being offered any solutions or further care. I have lost count of how many women have told me this."*
- *"I often hear about women seeking termination either being outright denied a referral for a termination, or being sent for repeated investigations without any referral or acknowledgement of their request for a termination. A terrible example recently was a young person being told that she was in the prime age group to have a healthy pregnancy and would regret having a termination."*

- *“Personally, as a female GP I find it frustrating seeing a bigger burden of complex conditions, mental health, and longer consults, all of which are poorly funded and contribute to the gender pay gap in general practice.”*
- *“The rebate for IUD insertion, a procedure never performed on men, is just slightly higher than a consultation longer than 6 minutes yet this procedure takes 30-45 minutes of doctor time and so the woman bears the cost of grossly inadequate Medicare rebate not covering the cost of the procedure.”*
- *“Women have more complex medical needs with the need for around pregnancy preparation and during a pregnancy where the health risks for women are high. Monitoring and education requires significant health resources and is inadequately funded.”*
- *“I have never in my experience had a pregnant patient being reviewed for antenatal care take less time than 30 minutes for an appointment and yet the Medicare item number for antenatal care has a rebate amount less than a standard 20 minute consultation.”*
- *Many women have postponed or cancelled expert ultrasound services (necessary for the evaluation of many gynaecological conditions) because they can't afford it. I have lost count of how many. For women who do not hold a Health Care Card the gap at the specialist women's imaging service is in the order of \$180.*

What do patients say about their experience with women's health in Tasmania?

Patients often provide us with feedback that reflects their inability to access good women's healthcare services outside of FPT. De-identified feedback provided over the last 6 months includes:

- *I cannot tell you how much better I feel after talking with your doctor. I've been debilitated for well over a year and I finally fell like someone is listening and there is an end to the suffering I've been going through with my menopause.*
- *Really good service and felt no pressure to "consider my future/effect of having children in the future" (complications were mentioned but wasn't pressured to rethink unlike other GPs I have gone to).*
- *Not once have I felt judgement, and I have always been respected for my decisions and what I am there for. I have struggled to find a GP that makes me feel the above for a long time.*
- *The doctor provided a treatment plan when all other Drs I have visited in GP centres have dismissed me.*
- *The nurse took the time to really understand the history of my situation. She educated me on the strain of HPV that I have (something no other healthcare worker has ever took the time to do in the 5 years I have been positive).*

What does the community say?

FPT consulted with the broader community on access to sexual and reproductive healthcare services in 2022. Many of the responses focused on continuing gender bias in healthcare:

- *Medical termination medications and appointments including ultrasound are expensive and outside most people's financial capacity.*
- *The cost [of MTOP] is an added worry for women in [an] already very stressful situation. We should follow the UK where the cost of abortion is covered by the NHS.*
- *There are problems with the cost and accessibility of pregnancy and termination Services on the North-west coast. Many women travelling to hospitals and clinics which provide these services...have problems with the cost of transport, either petrol or bus/coach especially those from rural areas such as the west coast and Smithton and King Island. By the time they get around to getting appointments with doctors who are trained and sensitive to reproductive and termination services they have few options available to them.*
- *The cost of contraceptives can be prohibitive, with many having ongoing costs and/or requiring medical services (again possibly ongoing) to continue access to the contraceptive. During the cost-of-living crisis, contraception may be viewed as a luxury item in the household budget. Free contraception for all is a possible solution and would remove associated power and control issues that are sometimes seen in [family violence] situations.*
- *Patients in regional and remote areas of the state must travel a long way for these services. Part time or "Pop Up" clinics in regional towns may work to improve accessibility and outcomes.*

3. THREE PRACTICAL, LOW-COST INITIATIVES PROPOSED BY FPT

FPT has developed three proposed initiatives that address many of the issues raised in this submission. Initiatives 1 and 2 are being considered by the Tasmanian Government as part of its 2023-24 budget processes.

3.1 Extension of FPT clinic services to regional and remote Tasmanian community health centres and GP practices, via a cost-effective 'local hosting' model.

The current problem

Women living in most remote and regional communities of Tasmania have little or no direct access to women's sexual and reproductive health services. Tasmania has 87 population centres with an Accessibility/Remoteness Index of Australia (ARIA+)¹ score of over 2.40. Analysis undertaken by FPT has found that women in all these localities (with the exception of the Derwent Valley) have highly restricted or no access to specialised women's health.

The *Tasmanian Health and Wellbeing for Women Action Plan 2020-23* acknowledges that Tasmanian women "continue to face barriers in health care access, particularly in relation to reproductive and sexual health" and that "specific issues in relation to maternal, sexual and reproductive health exist for...women living in rural and remote areas".

The *National Women's Health Strategy 2020-2030* acknowledges that women and girls from rural and remote backgrounds experience compounding disadvantage: for example, by being more likely to have a lower socio-economic status, and more likely to have experienced gendered violence and/or abuse, which singularly and collectively impacts their health needs.

One of four goals in the *Tasmanian Women's Strategy 2022-27* is that "women and girls have equal opportunities for good health and wellbeing". The current lack of access to women's health services in regional and remote areas of Tasmania prevents this goal being achieved, and places additional pressure on over-stretched rural GPs.

Lack of effective access to basic sexual and reproductive health services for women in remote and regional areas of Tasmania leads to greater costs for the Tasmanian health system, including:

- More referrals to public hospitals, instead of sexual and reproductive health issues being dealt with in the primary care system
- Increased referrals for more costly surgical terminations, resulting from limited access to contraception and medication termination
- Increased demand and pressure on GPs in regional and remote locations, contributing to burnout, turnover and service disruption.

The solution

FPT currently employs doctors with the qualifications, expertise and motivation to provide women's sexual and reproductive health services to regional and remote parts of Tasmania. FPT can provide quarterly, bulk-billed (no 'out of pocket expenses') outreach clinics in regional and remote communities, in partnership with local services that have existing facilities, and strong engagement with local women.

The cost to government of FPT providing quarterly clinics in each remote/regional community is less than \$10,000 per year.

¹ The Accessibility/Remoteness Index of Australia (ARIA+) is an index of the accessibility of places to service centres, or remoteness of places. Geographical areas are given a score between 0 to 15. An ARIA+ score of 2.40-5.92 indicates that a place has 'significantly restricted accessibility' to goods, services and opportunities for social interaction. A score from 5.92 to 10.50 indicates 'very restricted accessibility'; and over 10.50 indicates 'very little accessibility'.

3.2 Fully funded (no 'out-of-pocket payment') Medication Termination of Pregnancy (MTOP) procedures for all Tasmanian women

The current problem

There are cost barriers to Tasmanian women accessing Medication Termination of Pregnancy (MTOP). Perversely, it is now more affordable for many Tasmanian women to access Surgical Termination of Pregnancy (STOP), than MTOP.

Access to STOP in Tasmania has improved greatly since the service was introduced in Tasmania's public hospitals in October 2021. STOP is now free for all women, including non-Medicare card holders. This approach is strongly supported by FPT.

Nonetheless, non-invasive MTOP is the preferred abortion alternative for many Tasmanian women. FPT provides approximately 400 MTOPs per year in a primary care setting. MTOP is also provided by some GPs.

FPT is not specifically funded to provide MTOP, and therefore currently needs to charge 'out of pocket' costs for women who are not eligible for State Government funding. Out of pocket costs for health consumers of MTOP are required because the service requires significant patient preparation, monitoring and follow up.

While the costs of MTOP in Tasmania may be reimbursed for people who can demonstrate financial hardship (with government funding administered via Women's Health Tasmania and The Link) this creates a further barrier for MTOP compared to STOP. Medical practices such as FPT must still 'advertise' the cost of MTOP, and consumers have to declare they can't pay in order to access financial hardship support. There is evidence that some clients are unable or unwilling to make this declaration to FPT, including due to feelings of shame and embarrassment. Some of these women unfairly incur the financial hardship of MTOP 'out of pocket' expenses. Others do not proceed with the MTOP at all, and instead access STOP. An unknown number of women may proceed with an unwanted pregnancy.

Women who would prefer to choose MTOP, but cannot due to out of pocket costs, can instead access free STOP in public hospitals at an approximate cost to the health system of \$3,000 per procedure. Conversely, every woman who chooses to access MTOP in a primary health setting, instead of STOP in a public hospital, reduces pressure on the public health system. MTOP also provides options for tele-health delivery that are not possible with STOP, which can be particularly beneficial for women in regional and remote Tasmanian communities.

The solution

FPT proposes to provide equitable access to MTOP for all Tasmanian women by fully funding MTOP through FPT clinics in Glenorchy, Launceston and Burnie, and via FPT outreach to remote and regional parts of Tasmania.

FPT is a proven, high-quality provider of MTOP in Tasmania. FPT has systems, processes, facilities and equipment in place – including nursing support and specialised GP training – to expand on its current provision of 400 MTOP services per year. FPT now provides in-house ultrasound (required prior to some MTOP procedures) and has a focus on providing reliable contraception and support to all MTOP patients to prevent future unplanned pregnancy.

FPT estimates that it could meet current demand for free MTOP in Tasmania for less than \$250,000 per year.

3.3 Advocate that the Commonwealth Government increases rebates for women's health consults and reinstates rebates for nurses to provide essential screening services

The current problem

Female doctors bear a significantly bigger burden of complex conditions, mental health and longer consults, all of which are poorly funded and contribute to the gender pay gap in general practice. Women's health – particularly contraception, pregnancy, termination and menopause – typically require longer appointments for which Medicare rebates are insufficient to cover the cost of providing the service. Endometriosis and pelvic pain are experienced by 1 in 8 women in Australia and also require significant time and GPs to co-ordinate multi-disciplinary care to investigate and manage the chronic pain experienced. All this effectively penalises doctors for providing a high quality service or results in a “women's health tax” where the costs are passed on to female patients.

Related to cervical screening, in the UK, nurses perform up to 85% of cervical screening tests. In Australia, MBS data shows that doctors provide around 80% of all cervical screening tests, despite high out-of-pocket GP fees in many areas and a lack of GPs willing and able to provide the service. The traditional Medicare fee-for-service for a GP attendance funding model has limited the participation of general practice nurses in cervical screening. This restricts access to cervical screening for populations unable to access an affordable GP providing women's health services. Doctor-led cervical screening also imposes higher costs on both Medicare and patients themselves as doctor salaries are higher and the cost recovery needs for a practice are greater.

The solution

The Joint Sessional Committee on Gender and Equality should recommend that the Tasmanian Government advocates for:

1. The reinstatement of rebates at a Commonwealth level (via Medicare) for nurses to provide essential services including cervical screening tests. Registered nurses are typically found in all rural and remote regions in Tasmania and cervical screening is within their scope of practice. A nurse-specific rebate would reduce the pressure on GPs and allow registered nurses to provide an affordable cervical screening service to under-screened or never-screened people on low incomes.
2. Medicare rebate increases for contraceptive procedures, antenatal appointments and longer and more complex consultations to help reduce the gender pay gap and the corresponding women's health “tax”.

For further information about this submission please contact:

Jessica Willis
Clinical Services Manager
Family Planning Tasmania
Ph: 0487 157 298
Email: jwillis@fpt.asn.au

