

GP Connect

Keeping GPs informed in the changing primary health landscape



22 August 2019 - In Brief

Medical Misgendering and Misdemeanours

A personal account from Kim Balfour - Transfolk of WA

As a non-binary transgender person, who uses they/she pronouns, the chance of being misgendered has proved to be inevitable. Transgender (trans) and gender diverse people are routinely misgendered and non-binary identities barely recognised, leading to high rates of poor mental health among these groups. Anxieties are especially heightened in health care environments, as I discovered during a GP visit about managing my hormone replacement therapy.

I was highly anxious about my appointment with a new GP and considered cancelling. The previous day a consultant and their manager from a well-known health insurer insisted that, as a trans person, I was mistaken in asking about electrolysis treatment, when what I really needed was "electroconvulsive therapy" (ECT). Nonetheless, I had been assured that my new GP had a long history in transgender care, and I had nothing to worry about.

Misgendering occurs when language is used to address someone in a way that does not match their gender identity, which is a common occurrence among administrative staff and clinicians alike. A trans person can be addressed using conflicting gender pronouns and honorifics by multiple clinical staff in a single visit, negatively impacting the delivery of effective healthcare. Trans people typically have firsthand experience with these issues, heightening fears of and discouraging future visits to health providers.



The medical centre's receptionist said that they had no appointments under my name. I had booked the appointment under my new legal name, but the centre had defaulted to my birth name, my 'deadname'. The waiting room was packed, a cacophony of coughing, sneezing and blaring television news. Palms sweaty and face flushed, I whispered my gendered deadname to the receptionist, who then gestured towards the waiting room.

As I filled out a new patient form, an elderly couple, in a loud whisper, idly mused whether I was a "lady or a man". The patient form asked whether I was 'male' or 'female'. I left it blank. Once inside the GPs room, I explained my situation and asked whether he could oversee my hormone treatment. I emphasised that I'd previously been prescribed topical estrogen due to my migraine with aura. I didn't get far before the GP cut me off mid-sentence to lecture me on the nature of being trans.

The GP spoke in strict gender binary terms, noted my advancing years, and told me that "older people who transition to female just don't look right".

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He noted that I have a child, then launched into another lecture on how to be a capable trans parent. There is no right way to be trans, I wanted to say. I started to speak, but he told me to be quiet and listen. My lived experience and personal circumstances had no value.

I endured, as I needed someone to maintain continuity of my therapy. As the medical system continues to act as a gatekeeper to care required by trans and gender diverse individuals, trans people are often left with few affordable prescribing provider options. The GP prescribed me a fortnight's worth of oral estrogen and told me to come back in a month. I mentioned my migraines with aura, but he said, "you should be fine". I never used his prescription.

My GP experience highlights numerous problems in trans health care, especially misgendering, which can discourage trans people from seeking essential, sometimes urgent, medical assistance. The simple solution is to ask people for their names and pronouns and then coordinate this information across all levels of a medical provider. A visit to a health provider without the fear of being misgendered would reduce anxiety and remove at least one disincentive to seek out medical attention.

Kim Balfour - Transfolk WA

Transgender health training

For those interested in accessing training on transgender health, North Western Melbourne PHN's [Trans GP Module](#) is recommended while WA Primary Health Alliance works towards completing the WA specific module.

HealthPathways will be localising the Gender Diversity and Transgender HealthPathway this year. To register your interest in taking part in the working group please visit https://wa.healthpathways.org.au/Resources/HP_WorkingGroups_OnlineEOI_Form.pdf

References:

1. Smith E JT, Ward R, Dixon J, Mitchell A, Hillier From Blues to Rainbows: Mental health and wellbeing of gender diverse and transgender young people in Australia. Melbourne, Australia: The Australian Research Centre in Sex, Health and Society; 2014.

GP Urgent Care Pilot gears up to launch



Participating GP, Dr Mike Civil at the GP Urgent Care Network Pilot launch with Minister for Health Roger Cook and Premier Mark McGowan (rear L-R).

The GP Urgent Care Network Pilot is a step closer to go live, with over 100 general practices enrolled to take bookings from 10 September.

The model, developed and delivered by WA Primary Health Alliance in partnership with WA Health, uses existing capacity and capability in general practices. It will give greater choice to patients by allowing them to receive urgent care in the general practice setting, thus reducing 'GP type' presentations at emergency departments.

Bookings will be accessible via healthdirect Australia's enhanced National Health Services Directory platform, which is being developed specifically to support this project.

Participating practices will benefit from opportunities for promotion to the public, upskilling in urgent care and further development of practice relationships with emergency departments and diagnostic providers.

Also included in the pilot is behavioural change research being undertaken by Curtin University to understand how to influence patient behaviour to attend a GP Urgent Care Network practice rather than an emergency department.

WA Primary Health Alliance has worked closely with the Royal College of General Practitioners WA Faculty, the Australian Medical Association (WA) and GPs from a range of practice models to inform the development of the Pilot.

Interested practices can still apply to participate. Visit www.wapha.org.au/healthprofessionals/gp-urgent-care/ to find out more and complete an application.

Hospital Liaison GP Updates

Royal Perth Hospital

Tips for endocrinology outpatient referrals

Routine Endocrinology Outpatient Clinic appointment waiting times are extremely long, especially for non-diabetic referrals. Please advise your patients of this prior to referral and offer them other options if possible. Please refer to the recently released HealthPathways for 'Osteoporosis' and 'Thyroid' before referral for these conditions.

Patients living in the Midland catchment can be seen more promptly if referred to local diabetes and endocrinology services. Patients in Armadale have a local diabetes service (but no endocrinology outpatient service) at Armadale Hospital. 360+ offers an endocrinology service in Armadale. See the 'Non-acute Endocrinology Assessment' HealthPathway for more information.

If you do refer to endocrinology, please ensure the referral is comprehensive and all initial investigations are included to facilitate accurate triage. An Endocrinology Consultant will review each referral and where possible, offer the GP advice instead of a patient appointment to enable earlier management decisions.

Dr Jacquie Garton-Smith
Hospital Liaison GP, Royal Perth Hospital
jacquie.garton-smith@health.wa.gov.au
Generally available: Monday and Thursday

Perth Children's Hospital

New multidisciplinary clinic to treat bladder dysfunction in children

The new Bladder Dysfunction Clinic offers patients access to a paediatrician, specialist continence physiotherapist and specialist continence clinical nurse consultant. All patients are seen jointly and undergo uroflow and real time ultrasound of bladder capacity and pelvic floor muscle function. Once the diagnosis is determined, a management plan will be given. Follow up will be primarily by email and telephone. At present the clinic is only seeing patients with daytime urinary incontinence.

GPs need to arrange a renal ultrasound before referral (as in all cases referred for enuresis) and should request a measurement of bladder wall thickness, rectal diameter and post void residual volume. Results (including MSU) should be included with the referral, via the CRS.

Ineligible families are currently:

- Families who require an interpreter or don't have internet access (all our paperwork is in English at present)
- Children with developmental delay, autism or other behavioural disorders (refer to the Pebbles specialist continence team at Therapy Focus)
- Children with constipation and soiling
- Neurogenic bladders
- Those already known to a urologist/incontinence service
- Nocturnal enuresis without daytime symptoms (still forward to the Enuresis Clinic)

Dr Maree Creighton
Hospital Liaison GP, Perth Children's Hospital
maree.creighton@health.wa.gov.au
Available: Tuesday 9am-12pm and Wednesday 12pm-5pm

Clinical Updates

PRODA account now required to access the Australian Immunisation Register

From 31 August 2019, GPs nurse practitioners and other health providers will need a PRODA account to access the Australian Immunisation Register (AIR) and the current authentication file log in method will cease.

Practices can apply for a practice login to get a practice authentication file that can be used to login to the AIR site by completing the IM004 form available online from the Department of Human Services at:

<https://www.humanservices.gov.au/organisations/health-professionals/forms/im004>

For more clinical updates, visit news.wapha.org.au

Education Events

EMHS GP Update

Tackling aging and life-limiting illnesses: Helping our patients to make the most of life

GPs are often on the frontline of assessing and managing the health care of older adults. This workshop may answer key questions including:

- Is there anything new to help patients with osteoporosis, COPD or heart failure to live better lives?
- What might help my frail, older patients to stay at home for longer?

Date: Saturday 31 August

Time: 8:00 AM - 3:30 PM

Venue: Royal Perth Hospital, old Victoria Square Café, Cnr Murray and Victoria Square, Perth

Accreditation:

40 Category 1 RACGP QI&CPD and 30 ACRRM PRDP points.

For more information and to register

<https://www.wapha.org.au/event/tackling-aging-and-life-limiting-illnesses-helping-our-patients-make-the-most-of-life>

More education events

WA Palliative Care Summit 2019

WA Cancer And Palliative Care Network
Saturday 24 August 2019

Spirometry training course - Northam

National Asthma Council Australia
Saturday 24 August 2019

Joint Enterprise: Active Learning Module in Orthopaedics for GPs

WA Primary Health Alliance;
HealthPathways WA
Saturday 24 August 2019



Early Career GP Conference

RACGP

Saturday 7 September – Sunday 8 September

GP & Practice Team: Advance care planning education event - Mandurah

WA Primary Health Alliance
Tuesday 17 September 2019

Satellite GP education event: All about syphilis and gonorrhoea

WA Health

Wednesday 18 September 2019

GP Hubs: Supporting your patient in a complex system - An aged care study

East Metro Health Service and WA Primary Health Alliance; HealthPathways WA
Tuesday 17 September

GP & Practice Team: Advanced care planning education event - Rivervale

WA Primary Health Alliance
Saturday 21 September 2019

Curing Hepatitis C in Primary Care - Karratha

ASHM

Thursday 5 September 2019

Visit [wapha.org.au/events](https://www.wapha.org.au/events)
to find out more or to register.