

GP Connect

Keeping GPs informed in the changing primary health landscape



11 April 2024

The new abortion legislation – what do GPs need to know?

From the Office of the Chief Health Officer, WA Department of Health

Major amendments to WA's abortion legislation will result in a change of practice for general practitioners now that the new law has come into effect (27 March 2024). In Western Australia, approximately 80 per cent of abortions occur at less than 9 weeks gestation, and involve general practitioners (GPs) in the pathway of care.

This article describes the most significant changes to the abortion legislation in WA and how this will affect GPs and their practice. Detailed information is available at www.health.wa.gov.au/Abortion

Changes in access to abortion services

Under the new laws only one health practitioner needs to be involved in abortion care provision up to 23 weeks.

This means that a GP may now provide information, do the appropriate clinical assessment, and commence early medical abortion processes or provide a referral for a surgical procedure, in the first consultation, when a patient presents requesting abortion.

Alternatively, a person requesting abortion may now self-refer to a private abortion provider without needing to consult a GP and obtain a referral. Referrals may be required if referring to a hospital for abortion care, check the [local referral pathway](#).



Changes to gestational limits for abortion

- The gestational limit for abortions without additional requirements has increased from 20 to 23 weeks' gestation. Above 23 weeks, additional legislated requirements apply.
- Up to 23 weeks' gestation, only one medical practitioner is needed to agree to perform an abortion; after 23 weeks (ie from 23 weeks + 1 day), 2 medical practitioners are required to agree to the abortion.
- GPs should note that at higher gestations, the procedures required are more complex and offered at fewer services. Referral to day clinics or hospitals will be needed. Of particular note is that from 22 weeks' gestation, RANZCOG recommends feticide, so additional procedures are needed. GPs are advised to review the [local referral pathway](#) and make timely contact with the nominated specialist team to co-ordinate care, particularly at later gestations.

Counselling no longer mandatory for informed consent

The legal requirement for GPs to provide mandatory counselling so that the patient can provide specific consent for an abortion is removed now the legislation is in effect.

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Discussions about abortion and consent will be managed as per any other healthcare consultation and usual [professional practice standards](#) apply.

Unintended pregnancy counselling is still available to those considering pregnancy options and is fully funded if accessed via WA Department of Health contracted providers. Telehealth options are available.

Consent for adults without capacity to consent

Where a pregnant adult is unable to make reasonable judgements about abortion care, the law enables relevant parties to apply to the State Administrative Tribunal (SAT) to make a decision on their behalf.

A guardian previously appointed to the pregnant adult under the Guardianship and Administration Act 1990 (WA) is not permitted to give consent to an abortion on the pregnant adult's behalf. A specific application to the SAT is required to seek decision and consent for an abortion. For complex cases, advice can be sought from the Pregnancy Choices and Abortion Care service at Women's and Newborn Health Service (08 6458 2222).

Early medical abortion in the community

Under the new laws, medical practitioners, nurse practitioners and endorsed midwives may prescribe the medical abortion medicine (MS-2 Step) as part of the care management pathway for early medical abortion and if it is within their scope of practice and training.

Amendments to [TGA restrictions](#) on prescribing MS-2 Step in 2023 mean that early medical abortion will be able to be prescribed by a prescribing healthcare practitioner with appropriate qualifications and training, without the need for certification or inclusion on a register. Pharmacies will be able to stock and supply the medication, if prescribed by a doctor, nurse practitioner or endorsed midwife. Whilst training is no longer mandated to prescribe MS-2 Step, it is highly recommended for those undertaking abortion care.

Note that under [TGA Authority](#) medical abortion using MS-2 Step is authorised up to 63 days (nine weeks) gestation. Beyond 63 days, patients will require either surgical or medical abortion in a facility, rather than in the community (refer [RANZCOG guidelines](#) for discussion of options).

Abortion care over 23 weeks

Requests for abortion over the gestation of 23 weeks have additional legal and medical requirements, including agreement between 2 medical practitioners after assessment of the individual's circumstances. Approval by a Ministerial Panel is no longer required.

GPs are advised to review the [local referral pathway](#) and make timely contact with the nominated specialist team to co-ordinate care as procedures above 23 weeks can be complex.

Mandated requirements for conscientious objectors

The new legislation allows health practitioners to conscientiously object to provision of abortion care. However, they are required to immediately tell the patient that they have a conscientious objection and then transfer the patient's care or provide information, approved by the Chief Health Officer (CHO), on where to access that care.

The [information sheet](#) provided by the CHO is to be given to the patient if a GP conscientiously objects to providing care.

A useful resource is [AHPRA Medical Board Good Medical Practice: A Code of Conduct](#)

Duty of care: The provision to conscientiously object does not alter the duty required of a medical practitioner or prescribing practitioner to perform, assist with, make a decision about, or advise a patient about a termination of pregnancy in an emergency, where it is their duty to assist.

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What if I am unable to perform an abortion?

Medical practitioners, nurse practitioners or endorsed midwives who are unable to perform or refuse to perform an abortion (for reasons other than conscientious objection) are required to:

- refer the patient to a health practitioner or health service that they reasonably believe can provide the abortion service sought; or
- provide the pregnant patient with information approved by the Chief Health Officer for this purpose.

This may occur if a practitioner feels that they do not meet essential qualification or training requirements or the facility in which they work does not offer the service or does not have appropriate equipment. Note, the above 'duty of care' still applies.

Where can I get more information?

For further information please visit www.health.wa.gov.au/abortion

A list of useful resources is available [here](#)

Clinical Updates

WA free Influenza Vaccination Program

The WA Health Minister recently announced the free Influenza Vaccination Program would return for the 2024 flu season. In the months of May and June only, the flu vaccine will be provided for free for anyone over the age of 6 months.

[Read the statement](#) and find out more in the latest WA Department of Health's [Vaccine Update newsletter](#). Refer to [WA Immunisation Schedule](#) and the Influenza chapter on the [Australian Immunisation Handbook](#) for detailed advice, vaccine dosage, and contraindications.

WA Primary Health Alliance will share more information with providers when available.

EMHS direct access endoscopy referrals – allocation to hospital with shortest wait time

To ensure care is received as soon as possible, East Metropolitan Health Service (EMHS) allocates direct access endoscopy referrals to the EMHS Hospital with the shortest wait time.

When referring patients living in the EMHS catchment for direct access endoscopy:

- Please advise patients that they may not receive care at the hospital closest to home, but at the EMHS hospital with the shortest wait time. EMHS hospitals include Royal Perth Hospital, Bentley Health Service, Armadale Health Service, Kalamunda Hospital and SJOG Midland Public Hospital.
- If your patient has specific needs that inhibit travel or make it difficult to attend a hospital that is not near the patient's home, please specify this on the referral.

More useful resources

If there is a concern with referral allocation after the referral has been accepted by an EMHS hospital, patients can telephone the hospital the referral has been allocated to and request the Elective Surgery Waitlist Department to directly discuss their needs.

Register now for a live HealthPathways WA demo

The HealthPathways WA team is providing live demonstrations facilitated by a GP clinical editor on how to integrate HealthPathways into your clinical practice and maximise user experience. Learn key functionalities and how to access condition specific tools and resources, available referral access criteria, GPbook Specialist Directory and specialist regional rosters.

The following sessions have been approved for 1 RACGP CPD hour:

- Tuesday 28 May 2024 8.00- 8.45am
- Wednesday 28 August 2024 12.30 - 1.15pm
- Thursday 14 November 2024 12.30-1.15pm

Find more information or register [here](#)

RACGP redefines general practice to improve equity and access

For the purpose of accreditation, RACGP has launched a new definition of general practice, with the aim to inclusively accredit innovative models of general practice care.

The previous definition has been in place since 2013 and has limited the accreditation of innovative general practice models which cater to specific patient cohorts such as aged care and disabled patients or operate without traditional physical premises. The new definition does, however, retain the requirement a practice be comprehensive, continuous, and GP-led.

The updated definition and information on requirements for accreditation are available on RACGP's [website](#), with an [interpretative guide](#) for accreditation agencies and surveyors also available. Members and other stakeholders are encouraged to provide [feedback](#) on how the interpretive guide for implementation of the Standards' requirements is working in your practice.

The new definition does not impact practices that are currently accredited.

WA based study reveals almost one-in-five suffering from long COVID

A study of more than 11,000 Australians who tested positive to COVID-19 in 2022 has revealed almost one-in-five were still experiencing ongoing symptoms three months after their initial diagnosis, according to new research from The Australian National University.

The study was conducted in Western Australia, with participants drawn from the almost 71,000 adults who tested positive to COVID-19 in WA between 16 July 2022 and 3 August 2022.

Read more in [The Medical Journal of Australia](#)

New mandatory criteria for referring to WA public outpatient services

To improve access for those most in need, and ensure every appointment adds value, WA Health is introducing mandatory referral access criteria (RAC) for public rheumatology (adult) and endocrinology and diabetes (paediatric) outpatient services. The new RAC will be effective Monday 13 May 2024.

Developed by specialist heads of department, consultants and GPs, RAC outline the mandatory history, examination and investigations required to support effective outpatient triaging and maximise the value of your patient's first outpatient appointment.

Each RAC includes examples of presenting issues, a list of excluded outpatient conditions and indicative triage categories for various conditions.

Referrals missing mandatory information may not be accepted. WA Health requests that an explanation for missing information be included in the body of the referral.

RAC are being introduced in a staged approach for public outpatient specialties and are also mandatory for ENT (adult and paediatric), direct access gastrointestinal endoscopy, urology, neurology, ophthalmology. Find out more and access the RAC on the [WA Health website](#).

New and NCIRS updated FAQs on most common respiratory diseases

The National Centre for Immunisation Research and Surveillance (NCIRS) has published a suite of FAQ resources on three of the most common respiratory diseases in Australia: influenza, COVID-19 and respiratory syncytial virus.

Authored by NCIRS specialists and designed to support both immunisation providers and patients, the resources are based on the latest expert research and Australian Technical Advisory Group on Immunisation (ATAGI) advice.

[Access the downloadable FAQs](#)



Updated osteoporosis guidelines for GPs

The RACGP 2024 guide to [Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age](#) is designed to provide clear, evidence-based recommendations to support clinical judgement in managing patients over 50 years of age with poor bone health, including osteopenia and osteoporosis.

An update of the 2017 edition, this guide addresses the accumulation of high-quality evidence supporting changes to clinical practice over the past five years, the need for expert consensus and opinion, and new developments in the pharmacological management of osteoporosis, especially the role of osteoanabolic therapies.

Find out more and download the guide [here](#).

Updated patient fact sheet on adult physical activity and sedentary behaviour guidelines

The Australian Government Department of Health and Aged Care (DHAC) has published an updated factsheet providing information and advice for adults about how much physical activity they should do each day, and about minimising sedentary behaviour.

Download a copy of the [fact sheet for adults aged 18-65 years](#). Access the full collection of physical activity and sedentary behaviour guidelines for each age group and during pregnancy [here](#).

CSIRO report highlights 'extraordinary era' of Artificial Intelligence in healthcare

A surge in the amount of digital data in the health sector, together with increases in computer power and the availability of new artificial intelligence (AI) tools is leading to an explosion of AI being used in healthcare, according to a new report from CSIRO, Australia's national science agency.

[AI Trends for Healthcare](#) identifies the opportunities and challenges facing the continued and inevitable integration of AI in Australia's health care sector; from clinical decision support to administrative tasks. The report also notes that the digitalisation of Australia's hospital records system, or electronic medical records, is rapidly expanding.

Find out more and download the report [here](#).

New resources for supporting victim-survivors of sexual violence and child sexual abuse in primary care

The National Centre for Action on Child Sexual Abuse (National Centre) has launched a new set of resources to strengthen the capability of the primary health care workforce to better respond to children and adults who have experienced sexual violence and child sexual abuse.

The new resources include two, brief reference guides and a short video exploring lived experience and general practice perspectives in working with victim-survivors of sexual violence and child sexual abuse.

Further resources to support GPs and the primary care workforce will be launched by the National Centre in the future.

The resources are available on the [National Centre website](#). Email practice@nationalcentre.org.au for more information.

Support for rural and remote families impacted by stillbirth and miscarriage

Rural Health Connect has launched a new service providing telehealth psychology sessions to women and families who have experienced stillbirth and miscarriage.

The program will be bulk-billed or available at low cost, for target population groups including;

- First Nations families.
- People living in rural and remote Australia.
- Migrant and refugee groups.
- Women under 20 years of age.

More information for GPs, including how to refer, is available [here](#) or at info@ruralhealthconnect.com.au

A Mental Health Treatment Plan is required for patients to access Medicare rebates. Interpreters are available upon request.

Stillbirth prevention resources for First Nations and migrant and refugee women

The Stillbirth Centre of Research Excellence has developed resources that aim to reduce stillbirth in First Nations and migrant and refugee women.

The resources have been co-designed with target communities to be culturally appropriate. Messages address:

- Avoiding exposure to cigarette smoke.
- Monitoring baby's growth through regular antenatal appointments
- Being aware of baby's movements
- Sleep on your side after 28 weeks of pregnancy.
- Discussing the best timing for baby's birth with the doctor or midwife.

For more information visit the Stillbirth CRE [Safer Baby Bundle](#) webpage. Stillbirth CRE resources for First Nations communities can be accessed [here](#) with more culturally adapted resources available [here](#).



Virtual peer support network for patients living with heart disease

The MyHeart MyLife community is an online group moderated by the Heart Foundation's Healthcare Programs team, providing a safe space for people living with a heart condition and their carers to connect.

Being part of the community with others on a similar recovery journey can help people to feel reassured and less isolated while providing a forum to share their experience of living with a heart condition. The community comes with support from the Heart Foundation to learn how to lead a heart-healthy life.

Learn more about the benefits of the MyHeart MyLife community for your patients [here](#).

Life in Mind disaster recovery resources

Natural disasters and other traumatic events can have a profound effect on the mental health and wellbeing of affected communities, emergency services, first responders and those tasked to assist in the recovery effort.

A new resource available from Life in Minds has been developed to help you to support your patients during stressful times, along with a collation of relevant services and resources to support those affected by floods, bushfires, drought and COVID-19.

Find out more and download resources [here](#)

GP Education and Events

Free depression management and suicide prevention training

GPs are often the first point of contact for people seeking help with their mental health. To support GPs and GP registrars with managing depression and suicide prevention in patients, WAPHA is partnering with Black Dog Institute to offer a suite of free, online training sessions, delivered by subject matter experts on topics including:

- Talking about suicide in general practice
- Dealing with depression
- Dealing with depression in rural Australia
- Advanced training in suicide prevention

CPD hours are available for the online training sessions. For more information, dates and registration links, visit [WAPHA's suicide prevention webpage](#).

GP Certificate of Skin Cancer Medicine - April 2024

***Delivered through a combination of online learning over four weeks (26 April 2024 to 24 May 2024), followed by a practical face-to-face workshop in Perth 25 May 2024.**

A starting point for GPs wanting to expand their knowledge and skills in primary care skin cancer medicine from [Skin Cancer College Australasia](#). Participants will learn to recognise and describe both melanoma and non-melanoma skin cancers, plus benign lesions. Techniques for diagnosis are covered including clinical examination, assessing risk factors for skin cancer, basic dermoscopy, and biopsy (shave, punch and excision). Both surgical and non-surgical management options are explored including elliptical surgery and basic suturing techniques.

Find out more and register [here](#) or phone 1300 754 676.

Paid GP training - The Initial Assessment and Referral Decision Support Tool guide to mental health referrals

The Initial Assessment and Referral Decision Support Tool (IAR-DST) helps general practitioners and clinicians to recommend the most appropriate level of care for a person seeking mental health support. It is designed to be used alongside a comprehensive, holistic mental health assessment to gather information and guide referrals. WAPHA is providing GPs in WA with paid IAR-DST training covering two workshops in one online session.

Find out more [here](#) or register via the links below:

- [Monday 15 April 2024 – 7am](#)
- [Friday 19 April 2024 – 11:30am](#)
- [Tuesday 23 April 2024 – 6:30pm](#)

*With the exception of GPs who are already being paid for their time by a Commonwealth funded service

MBS bulk billing incentives: Am I billing correctly?

RACGP will be hosting a webinar (for members and non-members) presented by the DHAC on the tripled Medicare BBI payments introduced last November for select patients and services provided in general practice. The webinar will cover:

- Tripled BBI item numbers by level of remoteness and eligible services.
- Eligibility scenarios for the new tripled BBIs.

Specific questions you would like addressed by DHAC during the webinar can be emailed to healthreform@racgp.org.au.

Date: Wednesday 24 April 2024

Time: 5pm - 6pm - Online

Find out more and register [here](#).

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