College Submission

February 2024

Feedback to the Senate Community Affairs Committee on Menopause/Perimenopause

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is **the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care**. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Initial Comments

Thank you for inviting the Australian College of Rural and Remote Medicine (ACRRM) to make a submission to the Inquiry into issues relating to menopause and perimenopause. This submission addresses the issues included in the scope of this inquiry of particular pertinence to our College and its rural doctor members.

General Comments

The College notes that *menopause* refers to the last or final menstrual period of a woman. The average age of menopause in Australia is 51 years and the normal age range is 45-55 years.[i] When a woman has had no periods for 12 consecutive months, she is considered to be *postmenopausal*. At menopause, loss of ovarian follicles, follicular development and ovulation results in cessation of cyclical oestrogen and progesterone production.[ii] [iii]

Australian women live around one third of their lives after menopause, and it is therefore increasingly important that they can access the treatment and support they need to optimise their physical and

mental health during these years: not only from the perspective of managing symptoms, but also ensuring biological changes are addressed. The College recognises that there is scope for improvements to clinician knowledge and focus, access to services, and research in this area and would welcome positive initiatives to achieve this, especially for the benefit of women in remote and rural areas.[iv]

- Irrespective of symptoms, menopause causes silent biological changes that may increase women's risks of cardiovascular disease, diabetes, osteoporosis, and some cancers.[v]
- Hot flushes, night sweats, low wellbeing, anxiety, depressive symptoms, and disturbed sleep are common symptoms of menopause.
- Moderate to severe hot flushes/night sweats are experienced by 28% of post-menopausal women younger than 55 years.[vi]

The Rural and Remote Context

ACRRM focusses on improving healthcare outcomes for rural and remote and Aboriginal and Torres Strait Islander people by utilising a locally-based Rural Generalist workforce which is appropriately trained and supported to deliver high quality health care. The Rural Generalist (RG) practitioner is a clinician able to meet the health care needs of his/her/their community through a broad scope of practice which includes comprehensive primary care, public health, and advanced skills as appropriate for community need, delivered within the unique circumstances and context of rural and remote medical practice.

More information about ACRRM and Rural Generalism is available through the College website.

ACRRM training

ACRRM Fellowship qualifies doctors for national registration as specialist general practitioners and certifies that College Fellows (FACRRMs) have attained the skillset for proficiency in the RG scope of practice. This includes the capacity to practise safely and confidently in the rural and remote setting, and treat a wide range of undifferentiated presentations in a range of settings, including private general practice and rural hospitals.

As part of their Fellowship training, all FACRRMs complete nationally accredited postgraduate training and assessment in recognising and providing and advice and treatment to women experiencing menopause including:

- The immediate symptoms of the menopause.
- Long term risks of the menopause.
- Management options, including lifestyle, hormonal and non-hormonal.
- Risks and benefits of the use of hormone replacement therapy (HRTvii).
- HRT options, combinations, delivery methods and appropriate investigation, if required.
- Alternative options to HRT.

The College also delivers a Menopause session during a 3-day virtual workshop which includes live interactive sessions delivered to all registrars as part of the national education program.

Accessing treatment and support

Rural and remote women deserve a standard of primary care that is equitable to their regional and metropolitan counterparts, however unfortunately many have difficulty in accessing timely care,

especially for the diagnosis and treatment of menopausal symptoms, where longer consultations and ongoing follow-up care may be required.

Rural Generalists and specialist General Practitioners (GPs) are ideally placed to provide front line management of menopause and associated issues at a primary care level [viii], including assessment, treatment, and support:

> ***"Ideally, women at perimenopause or menopause should have a comprehensive assessment in primary care, including evaluation and management of risk of future diseases, updating relevant screening activities, and offering appropriate lifestyle advice. For women with symptoms, an individualised discussion about MHT (menopause hormone therapy) and other treatment options should occur."*** [ix]

College members are aware of the importance of timely provision of appropriate treatment and support, and the associated difficulties that many rural and remote women experience in attempting to access care. However, their capacity to respond and consequently improve outcomes for these women is often undermined by significant workforce shortages and funding challenges.

These ongoing challenges must be addressed as part of any strategy to improve access and outcomes for remote and rural women.

Funding and Workforce Support

The general practice sector in Australia is grossly underfunded and this is particularly the case in rural and remote areas, where there are increased difficulties in recruiting and retaining skilled practice staff; operational and infrastructure costs are higher; and workloads are often far heavier and more challenging. This has resulted in a decline in the number of early-career doctors entering general practice training.

From a workforce perspective, the College is heartened by increased interest in the ACRRM training program and in rural generalism more broadly. The College is optimistic that in the future, there will be a new cohort of enthusiastic and skilled RGs working to meet a wide range of community needs and ultimately improving access to services and health care outcomes.

However, to support this RG workforce, additional resources, training and support will be required. This is particularly relevant for management of complex and chronic menopause and perimenopause issues, which similarly to the ongoing management of complex and chronic disease, is currently underpaid and clearly undervalued compared with the income which can be generated by a high-volume throughput of patients.

The College believes that blended funding models which promote longer term continuity of care would be one effective strategy to provide realistic reimbursement for general practice. These models provide supplementary funding sources in addition to the current Medicare arrangements, which tend to result in care based on throughput rather than continuity, and which often do not recognise the complexity of care and longer consultations which may be required.

The MyMedicare initiative is a step in the right direction in terms of recognising the importance of continuity of care; the complexities which can be involved in the provision of this care; and the need to provide funding models which support these needs.

Training, Research and Education

Training -Menopause should be included in all undergraduate medical, nursing, and allied health degrees, and embedded in specialist training curricula for gynaecologists, endocrinologists and psychiatrists as well as for specialist GPs and RGs.

Upskilling – RGs in remote and rural areas, have significant needs in terms of training and upskilling and many struggle to meet these needs due to their relative isolation; difficulties in arrangement of locum relief during their absence; and the higher cost of accessing training and upskilling programs. ACRRM recommends that there be further consideration of how RGs wishing to upskill or undertake further training can access appropriate incentives, funding, and support to do so. RGs should be supported to undertake further additional training in menopause to manage more complex cases, early menopause and menopause following certain cancer treatments.

Clinical Practice - further research is needed in areas such as the safety of menopausal hormone therapy (MHT) and the role of hormones in treatment of mood disorders at perimenopause and menopause. This research should include the needs and circumstances of rural and remote women and their families.

Economic impacts - the impact of menopause on women's work engagement in Australia is not known. Research is needed to determine the impact of menopause on employment and the work performance of women in paid and unpaid employment, including roles as carers and volunteers.[x] Industry experts have suggested that menopause could be costing Australian women a collective loss of $15.2 billion in foregone income and super for every year of early retirement.[xi]

Education – studies demonstrate that evidence-based education reduces fear and stigma for women and equips them to optimise their health at menopause,[xii] and education is key to improving the lives of women at menopause and beyond. Better menopause education can ensure that women understand changes in their fertility, improve quality of life during perimenopause, and present a more positive narrative of life post menopause.[xiii] Public information campaigns, improved sexual and reproductive health education and accurate information in the media would assist.

RGs, working individually or within a broader health care team, working in rural general practice clinics, hospitals, Aboriginal and Torres Strait Islander healthcare services, and aged care facilities, are uniquely placed to support rural and remote women with education, preventive measures, and support to enable them to take a proactive role taking a proactive role in treatment and the management of their symptoms. It is ACRRM's view that the RG practitioner is the most appropriate health practitioner to provide care for menopausal and post-menopausal women, in collaboration with other members of the rural health team including Nurse Practitioners, practice nurses and visiting non-GP specialists.

Literacy and consumer engagement initiatives should be designed to ensure they can be easily adapted to the rural and remote context. Health promotion and education activities should be tailored to the specific needs of each community and should be culturally responsive and safe for those from Aboriginal and Torres Strait Islander or culturally and linguistically diverse backgrounds.

ACRRM welcomes the opportunity to contribute to this Inquiry. The College is happy to continue to contribute to, and be engaged with, this important issue for rural and remote and Aboriginal and Torres Strait Islander women.

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.

[i] https://www.menopause.org.au/hp/information-sheets/what-is-menopause

[ii] Advancing Menopause care in Australia, barriers and opportunities, Davis SR and MacGraith K. Med J Aust 2023; 218 (11): 500-502 || doi: 10.5694/mja2.51981

[iii] The College recognises that some individuals who undergo menopause may not identify as women. For the purposes of this discussion, we have used the words "woman", "women" and associated pronouns to refer to all individuals in the context of discussion of menopause.

[iv] Advancing Menopause care in Australia, barriers and opportunities, Davis SR and MacGraith K. Med J Aust 2023; 218 (11): 500-502 || doi: 10.5694/mja2.51981

[v] Davis SR, Baber RJ. Treating menopause - MHT and beyond. Nat Rev Endocrinol. 2022 Aug;18(8):490-502. doi: 10.1038/s41574-022-00685-4. Epub 2022 May 27. PMID: 35624141.

[vi] Moderate to severe vasomotor and sexual symptoms remain problematic for women aged 60 to 65 years, Gartoulla P, Worsley R, Bell Rg, Davis SR, Menopause 2015; 22:694-701

[vii] Also commonly referenced as Menopausal Hormone Therapy MHT

[viii] Advancing Menopause care in Australia, barriers and opportunities, Davis SR and MacGraith K. Med J Aust 2023; 218 (11): 500-502 || doi: 10.5694/mja2.51981

[ix] Advancing Menopause care in Australia, barriers and opportunities, Davis SR and MacGraith K. Med J Aust 2023; 218 (11): 500-502 || doi: 10.5694/mja2.51981

[x] Advancing Menopause care in Australia, barriers and opportunities, Davis SR and MacGraith K. Med J Aust 2023; 218 (11): 500-502 || doi: 10.5694/mja2.51981

[xi] Australian Institute of Superannuation Trustees, Pre Budget Submission 2023-24 https://treasury.gov.au/sites/default/files/2023-03/c2023-379612-australian_institute_of_superannuation_trustees.pdf

[xii] Bellot E, Rouse N, Hunter MS. Reclaim the Menopause: A pilot study of an evidence-based menopause course for symptom management and resilience building. Post Reprod Health. 2018 Jun;24(2):79-81. doi: 10.1177/2053369117752087. Epub 2018 Jan 10. PMID: 29320950 and https://www.mja.com.au/journal/2023/218/11/advancing-menopause-care-australia-barriers-and-opportunities,

[xiii] Why menopause education is needed, Harper et al, Human Reproduction Vol 389, Issue Supplement 1, June 2023 P-568 https://academic.oup.com/humrep/article/38/Supplement_1/dead093.902/7203500