

# Action for Equity

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## Increasing access to affordable contraceptives and fertility control throughout Melbourne's west (MTOP project)

### PROFESSIONAL DEVELOPMENT WORKSHOP EVALUATION SUMMARY

June 2017



## MTOP Forum – 27th February, 2017

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Action for Equity: A Sexual and Reproductive Health Plan for Melbourne's West 2013-2017 incorporates primary prevention and service coordination initiatives that work to achieve health equity. The Action for Equity partnership is led by Women's Health West and includes fifteen partners from state and local government, community and women's health services, hospitals, a primary health networks and specialist statewide services. One of the plan's objectives is to increase access to affordable contraceptives and fertility control throughout Melbourne's west, including increasing the provision of medication termination of pregnancy (MTOP).

On 27 February 2017, a professional development workshop was delivered at the Melton Library and Learning Hub in Melton. The workshop was delivered by Women's Health West in partnership with The Royal Women's Hospital and the North West Melbourne Primary Health Network (PHN). This was the fourth workshop of its kind delivered by Women's Health West and the partnership. The evening included an overview of:

- The history of Mifepristone and Misoprostol (the two medications used for MTOP)
- MTOP considerations and training requirements for general practitioners (GPs) and pharmacists  
Strategies to de-centralise abortion services in Victoria and Melbourne from the CBD to outer regions
- Drug side effects – with a particular focus on comparisons to surgical abortion
- Exploration of case studies
- Question and answer opportunities

Attendees were invited to complete a needs analysis survey at the beginning of the event, and an evaluation form at the conclusion. The purpose of the needs analysis was to determine the clinical and professional support practitioners currently have or require to further support pathways and provision of MTOP in their clinic or pharmacy. The evaluation form also measured levels of satisfaction with the workshop.

## Results

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Twenty one medical professionals attended the workshop. Nine attendees completed the needs assessment form and 17 completed an evaluation. Attendees included 11 general practitioners (one of which was also obstetrics trained), two pharmacists, one pharmacy technician, six practice managers/nurses and one women's health promotion worker.

Most of the attendees practiced in the west, including nearby regional areas. Areas included:

Melton	Kingsville
Point Cook	Craigieburn
Wyndham Vale	Bacchus Marsh
Gisborne	Ballarat
Hoppers Crossing	Daylesford
Caroline Springs	Geelong

Two attendees, a pharmacist and pharmacy technician, were already providers of MTOP. These individuals both currently practice in Point Cook (Wyndham local government area).

## Needs Analysis

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### Professional Development Training Needs Analysis

#### **Nine needs analysis forms were completed:**

- Six GPs (including one trained in obstetrics)
- One Nurse
- One Pharmacist
- One Pharmacy Technician

#### **Current care and referral pathways**

Professionals were asked to state their current care and referral pathways for pregnant women seeking counselling for pregnancy options and abortion. It was evident that practitioners had already established well-informed referral pathways for private and centralised clinics, including The Royal Women's Hospital, Marie Stopes and the Fertility Control Centre. Some practitioners also named local gynaecologists/obstetricians.

#### **Ideal care and referral pathways**

Health professionals were asked to list their ideal care and referral pathways if they were to become an MTOP provider. This question required respondents to outline which pathology, ultrasound and pharmacy services they would utilise in MTOP provision, as well as where they would refer in the instance of MTOP complications, follow-up and aftercare services.

The majority of respondents were able to identify which pathology, ultrasound, pharmacy and emergency department they would use in their ideal referral pathway. This is likely a reflection of existing referral patterns for other services they provide their patients. A number of practitioners were unable to identify where they would refer a patient if they were experiencing MTOP complications. This suggests that prior to the workshop, attendees were unfamiliar with the services that could offer this support, including nurse hotlines and local emergency services.

#### **Professional development and learning needs**

None of the respondents were able to identify where they would access information and training on MTOP for their own professional development and learning needs. Similarly, respondents were unable to identify how they would approach or capitalise on existing networks in order to discuss MTOP work and experiences, or to increase their knowledge in this area. This highlights the opportunity for local community and women's health services to continue to deliver training opportunities in partnership with primary health networks and clinical experts, to support practitioners in the development of strong referral networks and pathways and to support ongoing professional need.

## Current MTOP availability in the west and willingness to prescribe

Just over one third of participants believed that there was insufficient MTOP and surgical abortion access in the west. A further one third believed that access was appropriate, and the remaining attendees were unsure.

Barriers to MTOP provision in Victoria as identified by respondents included cultural beliefs, lack of emergency support, concern of side effects, long waiting lists at public hospitals, limited community knowledge regarding the procedure, cost, medical indemnity insurance and education.

GPs described the barriers they face in providing MTOP in their own practice; this included a perceived lack of supporting hospitals within their respective regions, education and training, time management, cost, and the beliefs of their colleagues:

*No supporting hospital in the area - Bacchus Marsh had this provision, but not anymore. Need more education and ongoing learning. No support from colleagues due to their own religious beliefs.*

(GP and prospective MTOP provider, Melton)

Six of the nine practitioners outlined what they believed to be essential resources in enabling them to provide MTOP in their practice or pharmacy. For two of the respondents, this involved counselling services, three made reference to training surrounding MTOP administration and processes and one respondent viewed support from their practice and information for patients as vital.

*A back-up hospital in case a STOP is required for bleeding/incomplete MTOP. Specific counselling services. More education for health professionals and myself.*

(GP and prospective MTOP provider, Melton)

Motivating factors for GPs to provide MTOP included the physical and mental health of the patient, an appropriate referral pathway, adequate supports and training, safety, increased choice, accessibility, cost, decentralisation, potential to intervene earlier in pregnancy, the less invasive nature of the procedure and consideration for the circumstances of conception.

Responses included:

*Women should be able to make their own choice regarding a pregnancy. A lot of teenage girls fall pregnant in the area and unfortunately end up having to continue with their pregnancies - their lives and children suffer. MTOP is done at less than nine weeks and is safer, less invasive.*

(GP and prospective MTOP provider, Melton)

*We have a lot of young girls requesting MTOP. Easy access to patients. Continuity of care for my patients.*

(GP and prospective MTOP provider, Caroline Springs)

## Evaluation Results

### Workshop satisfaction

Overall, the workshop was well received by attendees and met their learning needs. All attendees who completed an evaluation form felt that the workshop enhanced both their understanding of the training requirements for providing MTOP, as well as their understanding of MTOP procedures (Table 1).

Table 1: Summary of MTOP workshop satisfaction

Learning Outcomes:	Entirely met n (%)	Partially met n (%)	Not met n (%)
Increased understanding of the training requirements for providing medical termination of pregnancy	17 (100)	0 (0)	0 (0)
Increased my understanding of medical termination of pregnancy procedures	17 (100)	0 (0)	0 (0)
Increased my understanding of the referral pathways for GPs who provide medical termination of pregnancy for their patients <sup>1</sup>	14 (87)	2 (13)	0 (0)
Quality of Workshop:			
The content was relevant to my learning needs as a practicing GP/health professional	15 (88)	1 (6)	1 (6)
Overall the workshop provided a quality learning experience	16 (94)	1(6)	0 (0)
The speaker/s communicated effectively with the group	17 (100)	0 (0)	0 (0)
There was plenty of opportunity for active participation	17 (100)	0 (0)	0 (0)
The venue and catering was suitable and convenient	16 (94)	1(6)	0 (0)

<sup>1</sup> One attendee did not complete this question

The most useful aspect of the forum as identified by attendees related to an increase in knowledge of MTOP processes and referral pathways:

*Mechanics and proper use of MS2Step*  
*The fact that MTOP is becoming more easily accessible*  
*Back up facility, risks and benefits*  
*Method to become a registered prescriber*

The majority of the practitioners in attendance (88 per cent) had no feedback on how the event could be improved, but the remaining 12 per cent suggested that the venue and lack of take-home information could be taken into consideration for future workshops. Just over one third were open to a webinar format, and a further one third stated that they would not have attended if it was web-based. Webinars have proven a successful way to reach a larger audience for information sharing (including those in isolated areas), but the delivery of such a method would need to include support and access information for attendees beforehand, and opportunity for further support post-session.

Most of the attendees were made aware of the event through the NWMPHN Newsletter (n=7), two found out about the event through both the NWMPHN newsletter and Women's Health West, three were notified via email, four were informed by a colleague, and one through a regional health service.

## Professional Development and Networking

Fourteen of the seventeen participants who completed an evaluation form (82 per cent) chose to subscribe to updates from the NWMPHN, and thirteen chose to subscribe to the Women's Health West newsletter (76 per cent). Fourteen participants (82 per cent) identified that they were happy to be contacted following the session in order to discuss MTOP in further detail, identify future opportunities for engagement and to inform planning processes.

## Conclusions and recommendations

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Overall, the results from the evaluation suggest that the workshop was well-received and met the learning needs and expectations of participants. Each of the seventeen attendees that completed an evaluation form outlined that they had an increased understanding of the training requirements for MTOP provision, as well as an increased understanding of MTOP procedures, demonstrating that the workshop provided comprehensive and relevant information to participants.

Prior to the training, the majority of those who completed a needs analysis form were able to identify multiple providers in their ideal MTOP referral pathway. However the majority of these services are located in the Melbourne CBD or inner suburbs, are at a significant cost to women, have large waiting lists and are generally less accessible for women (than MTOP provided by a local GP in a primary care setting). This highlights existing gaps in MTOP provision in primary care settings and suggests that GPs in general are unaware of certified MTOP providers in their area.

Gaps were evident when identifying who would support women experiencing MTOP complications. It can be inferred from the evaluation results that there was increase in knowledge in this area, with 82 per cent of respondents outlining that the workshop increased their understanding of referral pathways for MTOP. It is recommended that professionals continue to build networks in their respective areas in order to establish and facilitate a clear MTOP pathway for their patients.

The ways in which participants found out about the event varied significantly and demonstrates that a multi-faceted approach to advertisement is necessary for future workshops to target health professionals who may receive their information from different sources. Women's Health West will continue to use a multitude of strategies in conjunction with project partners to ensure that health professionals are being engaged via accessible platforms.

The inability of respondents to identify a source for MTOP information and training opportunities, as well as the inability to nominate a professional network of colleagues for MTOP work, highlights an opportunity to establish a community of continuous learning for MTOP provision in the west. This is an area that Women's Health West has already identified, and is something that will be considered in future planning processes in addition to the continuation of information dissemination to health professionals.

Feedback on the ability to provide take-home information to attendees is something that will be incorporated into the next MTOP workshop, which will be taking place on 26 June in Parkville. This suggestion also reinforces the need for ongoing training and access to information for GPs and health professionals who are often time-poor and have limited capacity to actively seek out these opportunities.

## Future work

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Women's Health West, in partnership with the North Western Melbourne Primary Health Network, Royal Women's and Women's Health in the North, will be delivering a fourth MTOP workshop to medical practitioners practicing in the north/west region. This will take place in Parkville on 26 June 2017. Since late 2015, Women's Health West have been conducting an MTOP service audit of local general practice and pharmacies in the western region. This is an active process that will continue through 2017 to assess and monitor changing MTOP availability in Melbourne's west. Women's Health West will also continue to engage with previous workshop attendees to assess their current MTOP provision status post-workshop and how we can support their learning and networking needs.

Women's Health West will be presenting on the results from the four MTOP workshops and service auditing at the upcoming Children by Choice conference in Brisbane in August 2017. This is a valuable opportunity to promote the project findings and recommendations to an audience of medical practitioners, reproductive rights advocates and health promotion experts. Women's Health West also welcomes the opportunity to continue to work with the North Western Melbourne Primary Health Network, the Royal Women's and other supporters in the abortion advocacy space.