



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

QON No.029

**SELECT COMMITTEE ON ESTIMATES 2024-2025**

Ms Nichole Lawder MLA (Chair) Ms Suzane Orr MLA (Deputy Chair) Miss  
Laura Nuttall MLA (Member)

Appropriation Bill 2024-2025 and Appropriation (Office of the Legislative  
Assembly) Bill 2024-2025

Question on Notice (Committee)

**Asked by: Ms Leanne Castley MLA**

**Addressed to:** Minister for Health

**Reference:** Health – Health

**Date:** 25/07/2024

**In relation to:** Canberra Health Services and Endometriosis

**Question Lodgement Date:** 25/07/2024

**Date Answer Due:** 02/08/2024

**Question**

- (1) How many rooms does the CEC occupy?
- (2) How many staff does it currently have? What are their roles?
- (3) How many specialists does it have? Do these specialists have particular expertise with endometriosis?
- (4) How many women are on the waitlist for this Centre to see
  - (a) a specialist
  - (b) a physio?
  - (c) How many are overdue, by category?
- (5) What is the average or median waiting time for a consultation?
- (6) How many years was Melissa Parker at the Canberra Endometriosis Centre?
  - (a) What was her role?
  - (b) Why did she leave?

(c) When did she leave?

(d) Has she been replaced?

(7) Did the federal government commit \$175k/yr over 4 years for the Sexual Health and Family Planning Clinic to help run an endometriosis and pelvic pain clinic?

(a) What is this funding being spent on?

(b) Who decides how this funding is spent?

(c) Was any gap analysis done before it was decided how to spend this funding?

(8) Does the Sexual Health and Family Planning Clinic receive any additional funding from the ACT Government specifically for endometriosis and pelvic pain: if so, how much?

(9) How many people present to Emergency Departments with endometriosis or acute pelvic pain?

(a) Does DHR pick up these categories?

(10) Do public patients in the ACT with endometriosis have to go to interstate for

(a) diagnosis

(b) surgery

if so, what percentage?

**Minister Stephen-Smith: The answer to the Member's question is as follows: –**

- 1) The Canberra Endometriosis Centre (CEC) is a service operated from the Gynaecology Outpatient Department at the Centenary Hospital for Women and Children, as such there are no specific rooms that the CEC occupies.
- 2) The CEC has a Nurse Coordinator. Registered Nurses are currently employed to work across the Gynaecology Outpatient Department and multiple nurses are upskilled to support the Endometriosis and Pelvic Pain Clinics. Currently there are three nurses who are trained to run the nurse-led clinics in addition to their other duties within the Gynaecology Outpatient Department. This is a sustainable model to ensure services can continue when team members leave Gynaecology Outpatients or are on leave. Physiotherapists and Gynaecologists are available upon referral. A specialist clinic for complex or high-grade endometriosis is run once a month.
- 3) All gynaecologists are trained and skilled in providing care to women with endometriosis.
- 4) There is no separate wait list specifically for patients with endometriosis, or for specific nurse and physio clinics in the outpatient waiting list data. As of 25 June 2024, there were approximately 2,061 patients on the CHS Gynaecology appointment waiting list.
- 5) This information is unavailable due to the reasons outlined under Q4.
- 6) The Canberra Endometriosis Centre is a service within the Gynaecology Outpatient Department. In 2009, a dedicated Endometriosis Nurse Coordinator position was established. Historically the Nurse Coordinator position has been vacant for periods of time when the nominal occupant has

been on leave or in other roles. Individual employment arrangements are between the employee and the health service. CHS is unable to comment on specific staff as this is a breach of personal privacy.

Registered Nurses are currently employed to work across the department and there are three nurses who are trained to run the nurse-led clinics in addition to their other duties within the Gynaecology Outpatient Department.

- 7) ACT Government is unable to comment on specific funding, or arrangements for that funding, provided directly to a non-Government organisation by the Commonwealth Government.

However, information about the Commonwealth’s investment is available on the SHFPACT website here: <https://www.shfpact.org.au/index.php/news/330-new-pelvic-pain-and-endometriosis-service-funding-for-the-canberra-community-at-shfpact>.

- 8) The ACT Health Directorate provides funding to SHFPACT for a range of relevant services, but there is not a specific allocation for endometriosis or pelvic pain.
- 9) Data on presentations to the emergency department for endometriosis and pelvic pain-related principal diagnoses is below.

**Table 1: ACT public hospital emergency department presentations with endometriosis and pelvic pain-related principal diagnosis, by month for the first six months of 2024**

Month	Endometriosis (N80)	Abnormal vaginal or uterine bleeding (N93.9)	Acute pain in abdomen (R10.0)	Pain in upper abdomen (R10.1)	Pain in lower abdomen (R10.3)	Other abdominal pain (R10.4)
2024-01	9	34	0	40	23	630
2024-02	10	47	0	28	33	664
2024-03	9	31	<5	37	35	758
2024-04	11	54	0	30	40	660
2024-05	14	46	0	28	23	640
2024-06	8	49	0	27	25	678

Note:

1. The current extract draws data from the ACT Non-admitted Patient Emergency Care data collection. This has been extracted from the ACT Data Holdings under the methodology specified in the National Minimum Data Set (NMDS) outlined in METeOR. Data reflects clinical information recorded at the time the submissions and extract used for this analysis were created.
2. Presentations are included if the principal diagnosis relates to endometriosis or pelvic pain in the Emergency Care ICD-10-AM Principal Diagnosis Short List (codes N80, N93.9, R10.0, R10.1, R10.3 & R10.4).
3. ED presentation for endometriosis, and other reported diagnoses, were identified using methodology outlined by the AIHW for the identification of endometriosis and pelvic pain-related ED presentations. Available here <https://www.aihw.gov.au/reports/chronic-disease/endometriosis-in-australia/contents/technical-notes>.
4. Small numbers <5 have been suppressed to reduce the risk of attribute disclosure.
5. A diagnosis other than Endometriosis (N80) may be indicative of endometriosis symptoms but cannot be definitively associated with a diagnosis of endometriosis. As such this data likely overestimates ED presentations for endometriosis.

- 10) Patients can be diagnosed and managed in the ACT for endometriosis and are not required to travel interstate for care. However, the ACT Government is aware that some women and people with uteruses do travel interstate to access care, including to larger centres where private specialists may be more accessible or affordable.

Approved for circulation to the Select Committee on Estimates 2024-2025

Signature:



Date:

8/8/24

By Minister for Health, Rachel Stephen-Smith