



Endometriosis and Pelvic Pain Clinics Expansion

Primary Health Network nomination process New Endometriosis and Pelvic Pain Clinics

The Australian Government is committed to women's health by supporting those experiencing endometriosis and pelvic pain, and perimenopause and menopause symptoms. These conditions can have significant effects on an individual's health, education and employment.

The Endometriosis and Pelvic Pain Clinics

On 9 February 2025, the Australian Government announced funding of \$19.6 million (GST exclusive) over three years (2025-26 to 2027-28) to support the establishment of 11 new Endometriosis and Pelvic Pain Clinics (EPPCs) in primary care settings and provide funding extension of 2 years to the existing 22 EPPCs. This measure will expand the network of EPPCs from 22 to 33 across Australia.

The intention of these EPPCs is to maximise the role of GP/nurse led multidisciplinary care teams to embed the management of endometriosis and pelvic pain, and treatment of perimenopause and menopause symptoms as a core part of the care pathway for these conditions, optimising primary care.

This nomination form is to be used for New Endometriosis and Pelvic Pain Clinics.

EPPC objectives include:

- improve access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain
- improve access for patients to care, treatment, management for perimenopause and menopause
- increase access to allied health and support services
- increase access to healthcare for patients from priority populations, particularly those in underserved communities
- provide access to new information, care pathways and networks
- provide an appropriately trained workforce with expertise in endometriosis, pelvic pain, perimenopause and menopause.

New Endometriosis and Pelvic Pain Clinics

Funding of \$770,000 over three years will be provided to a maximum of 11 existing GP practices to enhance capability and capacity to manage patients with endometriosis and pelvic pain, and perimenopause and menopause symptoms. This funding will be targeted to GP practices which currently deliver services focused on women's health, including endometriosis, pelvic pain management, perimenopause and menopause, to become specialised EPPCs. It is expected that these clinics will enable appropriate endometriosis care and management, leading to improved diagnosis timeframes and appropriate pain management for impacted patients.



Australian Government

Department of Health, Disability and Ageing

For perimenopause and menopause patients EPPCs will provide care, support, treatment and management of symptoms.

The successful EPPCs will be formally commissioned by their local Primary Health Network (PHN) with reporting and management requirements associated with the funding. Funding will commence in the 2025-26 financial year. This funding may be used for a wide range of services including but not limited to, advanced training qualifications, further study, additional practice staff (e.g. allied health, nurse navigators), enhanced referral pathways with local providers, equipment purchase, education resources and activities for patients, their families and carers.

Selection and commissioning process

The department is seeking nominations from PHNs for existing GP practices in its region, specialising in women's health, that would meet most of the selection criteria at [Attachment A](#).

The PHN program model is designed to provide funding to the PHN to commission services based on their knowledge of the sector and the capability to deliver outcomes required for the department. This grant opportunity will deviate from the PHN Model to ensure consistency with the original Endometriosis and Pelvic Pain Clinic grant opportunity in 2022 and allow for ongoing evaluation of this expansion. PHNs are expected to utilise their commissioning capabilities to select suitable GP practices to nominate for funding.

The form at [Attachment B](#) is to be completed for each nominated GP practice (**a maximum of 2 nominated practices per PHN**). PHNs are encouraged to only apply where a GP practice meets most of the assessment criteria, or where the PHN has identified genuine need in the local area and a GP practice is able to demonstrate how it could utilise the funding to meet the assessment criteria. Given the local knowledge and expertise of PHNs, it will be at the PHNs discretion how information on eligible GP practices is collected and how local practices are engaged in the process. A PHN may choose to conduct an expression of interest process or engage directly with GP practices known to provide these services. Any PHN process will need to meet the timeframes outlined in the grant opportunity guideline application to be submitted to the department.

Submission of an application is not a guarantee that a GP practice will be selected to receive funding. PHNs will not be responsible for decisions on final EPPC locations, funding amounts or assessment activities. PHNs may be engaged by the department to seek further information from a GP practice or to provide supplementary information on local needs and services to support an application. Applications will be evaluated against the assessment criteria by a departmental panel.

The application process will be open from XX XX 2025 to 2pm, XX XX 2025. PHNs will submit the application and GP practice nominations via Grants Connect.

Outcomes from this application process will be communicated to PHNs in second half of 2025. It is expected that commissioning of selected GP practices will occur early in the 2025-26 financial year. Current planning anticipates GP practices will be commissioned and operational by the end of 2025.

Applications are to be submitted through Grants Connect by 2pm XX XX 2025.



Ongoing PHN role

PHNs will have an important role to commission the participating GP practices following the department's assessment process.

Regular engagement between the selected EPPC and the PHN will be required, primarily to support ongoing reporting from the EPPCs to the department, future planning activities and local communications and cross promotional activities.

The PHN will also be required to engage with the EPPC to provide regular data and performance outcomes to the department. The data requirements will be included in the PHN schedule variation, with key performance indicators extracted from patient management systems. Additional information that may be required to be provided to the department includes initiatives that are delivering health professional and consumer education and training, and patient information such as case studies or patient surveys.

The PHN will also be required to engage with the EPPC and department to support ongoing evaluation of the EPPCs, following the initial evaluation of the program that is due for completion in August 2025. This continued evaluation will enable the department to review implementation, impact and viability of the EPPCs into the future.

Further information

PHNs may contact the department for further information or advice via Grant.ATM@health.gov.au.



Attachment A: Endometriosis and Pelvic Pain Clinics Assessment Criteria

Proposed assessment criteria	Type of information sought
Practice details	<p>General details about the GP practice, focus on women's health, existing infrastructure, estimated patient catchment area of the identified location (including outreach and patient demographics e.g. CALD, Indigenous, gender, age range), socioeconomic (SEIFA) status of the area, Modified Monash Model (MMM), the number of requesting practitioners available and other key available medical services.</p> <p>Demonstrated capacity and willingness to accept new patients evidenced by a GP-led multidisciplinary team with expertise in the management of endometriosis and pelvic pain, and perimenopause and menopause symptoms.</p> <p>Processes for triaging patients referred from other GP practices should be evidenced, including continuity of care records to primary GP.</p> <p>Demonstration of scalability of the GP practice to meet potential increase in demand.</p> <p>The GP practice is an accredited practice against RACGP standards and has the relevant insurance.</p>
Practice capability	<p>The capability of the GP practice to accommodate and demonstrate:</p> <ul style="list-style-type: none">• Geographical reach• Patient volumes to warrant specific investment in the clinic• Women-led care, acknowledging that many women prefer to see a female practitioner• Cultural competency and support for priority populations – e.g. First Nations people, culturally and linguistically diverse (CALD) communities, people from low socioeconomic backgrounds and people with diverse sexual orientation, gender identity or sex characteristics.• The provision of affordable patient support services via varying means including by bulk billing.
Core Services Provided	<p>Demonstrate capability to provide endometriosis and pelvic pain diagnosis, treatment, management, referral and support.</p> <p>Demonstrate capability to provide care, treatment, management, referral and support for perimenopause and menopause symptoms.</p> <p>At a minimum, GP practices must be able to demonstrate access, or ability to gain access, to some or all the following services and resources, as needed for each patient:</p> <ul style="list-style-type: none">• GPs specialising in women's health and pain management, including contraceptive advice and onsite insertion of Long-Acting Reversible Contraception (LARC) if required.



Australian Government

Department of Health, Disability and Ageing

	<ul style="list-style-type: none"> Practice nurses / nurse practitioners who specialise in women's health Allied Health – dietitians, women's health physiotherapists, social workers, psychologists (either in the clinic or linked to the clinic) Educators and self-management resources Community support groups or networks, including peer support or bicultural health workers where appropriate Staff to support culturally competent practice or CALD appropriate practice including First Nations health care workers and onsite translation services if required Capacity and capability to support training and continuing professional development for GPs, nurses and allied health practitioners.
Additional services – to support local community need (not mandatory)	<p>Demonstrate capability to provide advice, diagnosis, treatment and management, and support services in the following areas:</p> <ul style="list-style-type: none"> Broader sexual and reproductive health services to complement endometriosis and pelvic pain care including management of STIs and preconception advice. Infertility support and referral Support for patients who have experienced trauma or sexual violence.
Referral pathways	<p>GP practices must demonstrate established active referral pathways to local and other primary and tertiary care services including Aboriginal Community Controlled Health Services and dedicated women's health services. This may include but is not limited to specialist gynaecological, radiological, surgical, gastroenterological, endocrinological, paediatric, multidisciplinary pain management, fertility, mentor support (e.g. 1800 Ask Endo) and psychological support services. This may include use of telehealth, where appropriate.</p>
Education and training	<p>GP practices must demonstrate a commitment to staff education, training and professional development in women's health, particularly endometriosis, pelvic pain, perimenopause and menopause. For example, the Endometriosis and Pelvic Pain course through the Australian College of Nursing or the Endometriosis Online Learning Resource developed by RANZCOG; Menopause education program training offered by Jean Hailes for Women's Health; or accredited Menopause Essentials training offered by the Australasian Menopause Society.</p> <p>GP practices must demonstrate a commitment to support the implementation of 'train the trainer' educational programs. This is to include training for the GP, nursing and allied health workforces who are part of the multi-disciplinary care team.</p> <p>Engagement with relevant professional and practitioner support networks will be considered favourably.</p>
Equipment Details	<p>GP practices must demonstrate they have:</p> <ul style="list-style-type: none"> Integrated up-to-date IT and data linkage systems Ability to support MyHealth record upload Ability to offer telehealth to support those in rural and remote locations Availability of in-clinic ultrasound, gynaecological examination bed, sufficient multi-disciplinary clinic space.



Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	
Trading name	
Primary Health Network	
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	
Registered for GST	Yes / No (please circle response)
General Practice address	
Postal address	
Contact person	
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: Tues: Wed: Thurs: Fri: Sat: Sun:
GP practice healthcare team (check all that apply)	<input type="checkbox"/> General Practitioner <input type="checkbox"/> Female Gender General Practitioner <input type="checkbox"/> General Practitioner with advanced credentialling (provide details_____) <input type="checkbox"/> Psychologist <input type="checkbox"/> Pelvic physiotherapist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Dietician <input type="checkbox"/> Nurse <input type="checkbox"/> Nurse practitioner <input type="checkbox"/> Pharmacist <input type="checkbox"/> Social worker <input type="checkbox"/> Aboriginal health worker <input type="checkbox"/> Bi-cultural health worker <input type="checkbox"/> Sonographer <input type="checkbox"/> Other (provide details_____)
Accredited for RACGP Standards (this is a requirement for nomination)	<input type="checkbox"/> Yes <input type="checkbox"/> No



Australian Government

**Department of Health,
Disability and Ageing**

Does the GP practice comply with the following minimum insurance requirements (check all that apply)	<input type="checkbox"/> Public liability: minimum \$20 million per claim <input type="checkbox"/> Medical indemnity (for the practice): minimum \$20 million per claim <input type="checkbox"/> Medical indemnity (for all medical practitioners working in the facility): minimum \$20 million per claim <input type="checkbox"/> Workers' compensation
Telehealth capability	<input type="checkbox"/> Yes – phone and video <input type="checkbox"/> Yes – phone <input type="checkbox"/> No
Patient gender composition (check box)	Female: <input type="checkbox"/> 0% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100% Other: <input type="checkbox"/> 0% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> 76% to 100%
Patient age demographic	<input type="checkbox"/> 0 to 11 years <input type="checkbox"/> 12 to 25 years <input type="checkbox"/> 26 to 45 years <input type="checkbox"/> 45 to 60 years <input type="checkbox"/> 61 years and above
Women's healthcare services provided at the GP practice (check all that apply)	<input type="checkbox"/> Endometriosis diagnosis and management <input type="checkbox"/> Pelvic pain management <input type="checkbox"/> Perimenopause and menopause management <input type="checkbox"/> Contraceptive care and advice <input type="checkbox"/> LARC insertion and removal <input type="checkbox"/> Sexually transmitted infection diagnosis and management <input type="checkbox"/> Fertility care and referral <input type="checkbox"/> Cervical cancer screening <input type="checkbox"/> Pre-conception care <input type="checkbox"/> Medical termination of pregnancy <input type="checkbox"/> Other (Provide detail _____) _____
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Extended response questions

<p>1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).</p>	
<p>2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).</p>	
<p>3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)</p>	



<p>4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)</p>	
<p>5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)</p>	
<p>6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)</p>	