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| **Attachment 1 -** **Request for Information Application Form** |
| **Endometriosis and Pelvic Pain Clinic (EPPC)** |
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RFI Application Form

# 1. Applicant details

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| **1.1** | **Name of the Practice**  *(The legal entity which would contract with NWMPHN)* |  | |
| **1.2** | **Trading Name** |  | |
| **1.3** | **Entity Type** | Choose an item. | |
| **1.4** | **ABN** |  | |
| **1.5** | **ACN (if applicable)** |  | |
| **1.6** | **Registered for GST** | Yes / No | |
| **1.7** | **General Practice address** |  | |
| **1.8** | **Postal Address** |  | |
| **1.9** | **Telephone number** |  | |
| **1.10** | **Email address** |  | |
| **1.11** | **Authorised Person**  *(This is the person with the authority to submit this application, such as the Chief Executive Officer or General Manager)* |  | |
| **1.12** | **Contact Person** | **Name** |  |
| **Phone** |  |
| **Email** |  |
| **Position** |  |

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| 2. Clinic details  |  |  | | --- | --- | | **Opening Hours** | Mon:  Tues:  Wed:  Thur:  Fri:  Sat  Sun: | | **GP practice health care team (tick all that apply)** | General practitioner  Female gender general practitioner  General practitioner with advanced credentialling  relevant to application (provide details)  Psychologist  Pelvic physiotherapist  Physiotherapist  Dietitian  Nurse  Nurse practitioner  Pharmacist  Social worker  Aboriginal health worker  Bi-cultural health worker  Sonographer  Other (provide details) | | **Women’s health care services provided at the GP practice (tick all that apply)** | Endometriosis diagnosis and management  Pelvic pain management  Perimenopause and menopause management  Contraceptive care and advice  LARC insertion and removal  Sexually transmitted infection diagnosis and  management  Fertility care and referral  Cervical cancer screening  Pre-conception care  Medical termination of pregnancy  Other (provide detail) | | **Telehealth capability** | Yes – phone and video  Yes - phone  No | | **Patient gender composition (tick box)** | Female  0% to 25%  26% to 50%  51% to 75%  76% to 100%  Other  0% to 25%  26% to 50%  51% to 75%  76% to 100% | | **Patient age demographic** | 0 to 11 years  12 to 25 years  26 to 45 years  45-60 years  61 years and above | | **Equipment** | In-clinic ultrasound ☐ Yes ☐ No ☐ willing to purchase  Gynaecological examination bed ☐ Yes ☐ No ☐ willing to purchase  Multidisciplinary clinic space ☐ Yes ☐ No |  3. Assessment criteria |
| **Section 1: Practice Capability** | |
| **Practice details & capacity** | |
| 1. Provide information on the practice including infrastructure, patient demographics, services offered, current geographical reach, current patient volumes for women’s health conditions. | |
| **Applicant response (max. 200 words):** | |
| 1. Describe your model of care and experience in management of endometriosis and pelvic pain, perimenopause and menopause symptoms. | |
| **Applicant response (max. 200 words):** | |
| 1. Explain the process that you would use to accommodate patients referred by other GPs and how you would scale clinic operations to meet potential demand. | |
| **Applicant response (max. 150 words):** | |
| **Practice capability** | |
| 1. Explain your approach to supporting priority populations e.g. First Nations people, culturally and linguistically diverse communities, people from low socioeconomic background and people with diverse sexual orientation, general identify or sex characteristics. How will you ensure equitable access and culturally appropriate care? | |
| **Applicant response (max. 150 words):** | |
| **Core services provided** | |
| 1. Please outline how you enable access to the following services:  * GPs specialising in women’s health and pain management, including contraceptive advice and onsite insertion of Long-Acting Reversible Contraception (LARC) if required * Practice nurses/nurse practitioners who specialise in women’s health * Allied health – dietitians, women’s health physiotherapists, social workers, psychologists (either on site or via established referral pathways) * Self-management tools and resources * Community support groups or networks, including peer support of bicultural health workers where appropriate. | |
| **Applicant response (max. 200 words):** | |
| **Additional services** | |
| 1. Outline the clinics current capability to provide advice, diagnosis, treatment and management and referral in the following areas, broad sexual and reproductive health including management of STIs and preconception advice, infertility, patients who have experienced trauma or sexual violence. | |
| **Applicant response (max. 150 words):** | |
| **Referral Pathways** | |
| 1. Describe the current established referral pathways to other primary and tertiary services for endometriosis, pelvic pain, perimenopause and menopause, including links with local hospitals, pain management and psychological services. | |
| **Applicant response (max. 200 words):** | |
| **Education and training** | |
| 1. How will you utilise a ‘train the trainer’ approach to support training for the multidisciplinary care team. | |
| **Applicant response (max. 200 words):** | |
| 1. Please list engagement with relevant professional bodies and practitioner in support network that would support the clinic in implementing an EPPC. | |
| **Applicant response:** | |
| **Equipment details** | |
| 1. Detail on how the clinic utilises digital health to support patient care (including My Health Record, telehealth and secure messaging). | |
| **Applicant response (max 150 words):** | |
| **Section 2. Extended response questions** | |
| 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 capacity, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports. | |
| **Applicant response (max 400 words):** | |
| 1. 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. | |
| **Applicant response (max 400 words):** | |
| 1. Provide a short overview of the GP practice’s capability 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 people, people from low socio-economic backgrounds. | |
| **Applicant response (max. 200 words):** | |
| 1. 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. | |
| **Applicant response (max. 200 words):** | |
| 1. How will funding be utilised to build capability and capacity to manage and provide primary care support for people with endometriosis and pelvic pan and perimenopause and menopause patients. | |
| **Applicant response (max. 200 words):** | |
| 1. Provide any further information to support the application against the selection criteria. | |
| **Applicant response (max. 200 words):** | |

# 4. Risk and compliance criteria

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| **RISK AND COMPLIANCE CRITERIA** | **RISK ASSESSMENT** |
| **Insurances**  The applicant must maintain and comply with the following insurance requirements:   * **public liability:** minimum $20 million per claim * **medical indemnity for the practice:** minimum $20 million per claim      * **medical indemnity for all medical practitioners working in the facility:** minimum $20 million per claim * **workers’ compensation** | Public liability evidence attached to this application  Medical indemnity evidence(s) attached to this application  Workers’ compensation evidence attached to this application |
| If you cannot meet insurance requirements, please provide a detailed response explaining why.  **Applicant response:** | |
| **Accreditation**  Does the applicant hold current accreditation against the RACGP Standards for General Practice under the National General Practice Accreditation Scheme? This is a requirement for nomination. | ☐ Yes - RACGP Standards accreditation evidence attached to this application.  ☐ **No – You are not eligible for nomination** |
| **Conflict of interest declaration**  Are you aware of any perceived, potential or actual conflict of interest to declare which may have an impact on your ability to deliver the proposed services? For example, do you or any of your organisation’s personnel have a person or business relationship with any of NWMPHN staff?  In the event of any such conflict NWMPHN at its absolute discretion shall decide the appropriate course of action. Any perceived, potential or actual conflict of interest must be disclosed at NWMPHN as soon as it becomes apparent. | Yes  No |
| If you answered Yes to the question above, please provide a detailed response addressing:  a) the particulars of any conflicts; and  b) details of the process and procedures used to manage or resolve them.  **Applicant response (max. 250 words):** | |

# 5. Additional information

Please provide any other information you believe is relevant to your application, such as letters of support, community testimonials, or innovative approaches not already covered (optional, max 200 words).

# 6. Required attachments

* Evidence of practice accreditation
* Evidence of relevant insurance certificates
* Letters of support or references (if available)
* Financial statement (summary page only)
* Any additional relevant documentation

Declaration

I make the following statements on behalf of the applicant:

I have reviewed and responded to all criteria in this RFI application form.

I declare that all information provided in this RFI application form is true, correct and accurate.

I confirm that I meet all eligibility requirements, as outlined in this RFI.

I understand the issue of this RFI does not oblige NWMPHN to issue a contract in relation to the subject matter of the RFI.

I undertake not to withdraw or vary any aspect of my RFI application for a period of 120 days after the submission deadline.

If I become aware that any aspect of my RFI application is no longer true and accurate, I undertake to advice NWMPHN promptly.

I confirm that I have read and understood the General Terms, as outlined in Part C of this RFI, and that I am the named authorised person as listed in Attachment 1 of the Request for Information application form.

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| **Name:** |  |
| **Position:** |  |
| **Signature:** |  |
| **Date:** |  |

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.

