#THEINNERCIRCLEAU

Handed to reception on arrival so the attending clinician can read the letter prior to seeing the patient

Dear Doctor

Your patient has downloaded this letter because they are requesting a Cervical Screening Test.

This letter is from The Inner Circle website, a project by ACON, funded by the Cancer Institute NSW and aimed at increasing cervical screening rates in LGBTIQ (Lesbian, Gay, Bisexual, Transgender, Intersex and Queer) populations. www.theinnercircle.org.au

On 1st December 2017 changes were implemented to the National Cervical Screening Program www.cancerscreening.gov.au/cervical. All people with a cervix require regular cervical screening regardless of other sex characteristics, gender identity, gender expression, sexuality or sexual history. We thank you for taking the time to read this letter before seeing your patient and for respecting their identity and testing procedure choices.

Your patient has a history of trauma and/or traumatic experiences with Pap tests in the past and has identified that it is important to employ practices of Trauma-Informed Care. The Blue Knot Foundation has helpful resources for GPs and other health professionals on adopting a trauma-informed approach to healthcare: www.blueknot.org.au

It is important to be aware of the name, gender identity and pronouns that should be used when addressing and discussing your patient, regardless of how they are registered in Medicare:

Name:

Gender identity:

Pronouns:

Please use only the following language to talk about this person's anatomy: _____

Your patient requests (tick all that apply):

- ❍ Self-insertion of the speculum
- ❍ Presence of friend / family member / partner
- ❍ To sit up a little rather than lying down for the test
- ❍ Clinician to stand slightly to the side of the exam table (not at the end)
- ❍ Smallest speculum
- ❍ Safe word to stop procedure entirely _____
- ❍ A quiet space afterwards
- ❍ A detailed description of what you are doing during the test
- ❍ A minimal description only of what you are doing during the test (e.g. notify when starting and finishing)
- ❍ Only minimal, respectful questions about previous Pap test experiences
- ❍ Not to be asked about details of previous Pap test experiences (apart from clinical requirements, e.g. results and date).
  Their last Pap test was on (date): _____

Other requests _____

Your expert clinical care is very much appreciated. If you would like more information on LGBTIQ health please go to www.acon.org.au

Kind Regards,
ACON

SYDNEY
414 Elizabeth Street,
Surry Hills NSW 2010
+61 2 9206 2000
acon@acon.org.au

HUNTER
129 Maitland Rd,
Islington NSW 2296
+61 2 4962 7700
hunter@acon.org.au

NORTHERN RIVERS
27 Uralba St,
Lismore NSW 2480
+61 2 6622 1555
northernrivers@acon.org.au

REGIONAL OUTREACH, SOUTHERN & FAR WEST
+61 2 9206 2114
regionaloutreach@acon.org.au

COFFS HARBOUR
+61 2 6651 6017
mnc@acon.org.au

WWW.ACON.ORG.AU
ABN 38 136 883 915
Authority to Fundraise
CFN/21473

ACON acknowledges the support of its primary funder, NSW Health