

Submission

Universal access to reproductive healthcare

Thank you for providing the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG; the College) with the opportunity to respond to the questions on notice from the Senate Community Affairs References Committee Hearing on Universal access to reproductive healthcare.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

Background

In December 2022, RANZCOG made a written submission to the Senate Inquiry into Universal Access to Reproductive Healthcare. Professor Kirsten Black, RANZCOG Fellow and Chair of the RANZCOG Sexual and Reproductive Health Committee, attended the inquiry on behalf of RANZCOG on Tuesday 28 February 2023. Two questions on notice have been received with regard to rural workforce shortages and stillbirth prevention information availability.

RANZCOG would like to provide the following, in response to the two questions received on notice:

RANZCOG responses

Question 1

How does RANZCOG *propose to address the shortfall in obstetric services in rural and regional areas.*

Workforce maldistribution and the lack of consistent upskilling opportunities remain key barriers to enabling and maintaining safe and equitable maternity care in rural and remote areas. O&G workforce data collected from the RANZCOG membership demonstrated that over 80% of the specialist O&G workforce are based in MMM1, and only around 8% are based in MMM 3-7. The few that are in MMM3-7 do not have consistent access to upskilling and training, and also experience isolation due to the lack of networks and support systems around them. GP Obstetricians are the other critical cohort who provide maternity care in the absence of specialists in rural and remote areas. The limited opportunities to undertake regular procedural training make it difficult for GP Obstetricians to maintain their skills and confidence. The number of rural GPs is also reducing, and the limitations around procedural training results in reduced supervision and mentoring capacity. It has been apparent over recent years that the number of medical students entering GP training has also reduced. These issues also make it difficult to undertake succession planning in an effective manner. Trainees are mandated a rural rotation, but undertake this rotation earlier in their program, and then return to metro or major regional hospitals. From a sexual and reproductive healthcare perspective, the lack of service pathways through the public system, limited training opportunities, variations in legislations around aspects of such care, and limited Medicare remuneration lead to inadequate workforce within this space. Limitations to infrastructure in rural and remote areas also have adverse impacts on attraction and retention of qualified healthcare professionals. The absence of work opportunities for partners, inadequate school and childcare arrangements, and the issues in accessing quality healthcare, are all factors that have a negative impact on retention.

The College has undertaken a significant amount of work in this space, through advocacy, engagement, and establishment of supporting initiatives. RANZCOG has been working closely with the Department of Health and Aged Care and other key stakeholders to develop and deliver initiatives that help mitigate some of these challenges in the longer term. Some of these initiatives have been outlined below:

Obstetrics and Gynaecology Education and Training Program: This program provides upskilling and training opportunities in rural and remote hospitals using a hub and spoke model. This initiative was piloted in 2022-23 across four hubs. The hubs are located in Warrnambool, Sunshine Coast, Darwin, and Orange. Between them, the hubs service 15 peripheral sites, providing opportunities for 250+ health professionals to participate in workshops and case-based learning in a multidisciplinary setting. RANZCOG has worked closely with the hubs to contextualise the education on offer to local settings and challenges. We have now extended it by another year, with additional funding to cover more hubs and sites, and to incorporate more simulation, systems testing and scenario-based training into the program.

Mentoring: RANZCOG is piloting a mentoring program that connects advanced trainees and new fellows in rural and remote areas with specialists who are more advanced in their careers. The aim is to enhance the networking and mentoring opportunities for specialists in rural and remote areas outside of traditional supervisory arrangements and training settings. The program, and associated networking events will lend themselves to organic mentoring and peer-to-peer relationships, thereby reducing isolation and improving connectivity between peers and mentors.

Mapping project: The college is working to produce a comprehensive map that documents the geographic coverage and type of obstetrics and gynaecology (O&G) services available across rural and remote Australia, as well as uptake of services by consumers, and barriers to effective service delivery. Once completed, this work will be fundamental for workforce planning, and will help identify current workforce and training gaps and provide targeted recommendations to improve understaffed O&G health services within rural and remote Australia.

Rural training pathway: The College has received funding from the Department to develop a rural training pathway, and to incentivise trainees in the later stages of their training to work in rural and remote settings. It is anticipated that a targeted program and incentivisation that directly supports the trainees will help retain them as consultants in rural and remote areas once they complete their training.

Leadership for Clinicians: RANZCOG is collaborating with RACMA to develop a customised Leadership program for O&G specialists. This is aimed at new and mid-career specialists in rural and remote settings. It is anticipated that the program will enable specialists in rural and remote settings to develop and apply leadership skills that improve the overall capacity of the workforce, and will also enable them to confidently undertake leadership roles in these settings.

Question 2

The information available to obstetricians in both public and private practice around stillbirth prevention and how sufficiently those messages are being communicated by obstetricians.

RANZCOG believes that its members are well informed about the range of interventions available for stillbirth prevention. RANZCOG's approach to stillbirth prevention is guided by the [National Stillbirth Action and](#)

[Implementation Plan](#), (Action Plan) launched by the Australian Government Department of Health and Aged Care in December 2020.

Education is a key component of the Action Plan. Education delivery is being provided by multiple sources including the [Centre for Research Excellence in Stillbirth](#) (based in Queensland and nationally active), individual health jurisdictions led by State Health Departments and other organisations such as [Safer Care Victoria](#), the [Perinatal Society of Australia and New Zealand](#), the [Australian College of Midwives](#), and [RANZCOG](#). The education programs of the aforementioned organisations include the “Safer Baby Bundle”ⁱ and the ‘IMPROVE’ workshopⁱⁱ for perinatal loss care.

For obstetricians, specifically, RANZCOG endorses and/or provides links as useful clinical guidance to the [Stillbirth Centre of Research Excellence Clinical Practice Guideline for Care Around Stillbirth and Neonatal Death](#), the [Sands Australian Principles of Bereavement Care](#), and the Stillbirth Foundation Australia series of best practice guidelinesⁱⁱⁱ.

Furthermore, RANZCOG and the Perinatal Society of Australia and New Zealand (PSANZ) both feature dedicated sessions on perinatal loss at their Annual Scientific meetings. Moreover, individual obstetricians undertake training within their local institutions as part of the broader maternity care team. Thus, RANZCOG notes that Specialist and GP obstetricians are targeted for stillbirth education via a myriad of resources and sources which have resulted in improving awareness amongst doctors providing maternity care.

RANZCOG acknowledges with thanks, the contribution of Professor Jonathan Morris and Dr Scott White for this submission.

Yours sincerely,

Dr Benjamin Bopp
President

References

ⁱ NSW Government. Clinical Excellence Commission. Safer Baby Bundle. 2023. Available at: [Safer Baby Bundle - Clinical Excellence Commission \(nsw.gov.au\)](https://www.nsw.gov.au/clinical-excellence-commission)

ⁱⁱ Stillbirth Centre of Research Excellence. IMPROVE eLearning and Workshops. 2023. Available at: [IMPROVE eLearning and Workshops | The Centre of Research Excellence in Stillbirth \(stillbirthcre.org.au\)](https://www.stillbirthcre.org.au/improve)

ⁱⁱⁱ Stillbirth Foundation Australia. Caring for Families Experiencing Stillbirth. Part 1 diagnosis to birth. Joanna Briggs Institute, Faculty of Health Sciences, the University of Adelaide. 2014. Available at: <https://ranzcog.edu.au/wp-content/uploads/2022/05/Caring-for-Families-Experiencing-Stillbirth-Part-1-Diagnosis-to-Birth.pdf>

Part 2 – The Birth. Available at: <https://ranzcog.edu.au/wp-content/uploads/2022/05/Caring-for-Families-Experiencing-Stillbirth-Part-2-The-Birth.pdf>

Part 3 – Care following birth. Available at: [Caring for Families Experiencing Stillbirth Part 3 of 3 Care Following Birth \(ranzcog.edu.au\)](https://ranzcog.edu.au/wp-content/uploads/2022/05/Caring-for-Families-Experiencing-Stillbirth-Part-3-Care-Following-Birth.pdf)