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Senate Community Affairs Committees

Inquiry into the factors affecting the supply of health services and medical professionals in rural areas

Submission of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) welcomes the opportunity to provide this submission to the Senate Community Affairs Committees.

Executive Summary

In 2005 the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) made a submission to the Productivity Commission in its Review of the Health Workforce and in 2008 a submission was made in relation to the Audit of Rural and Regional Health Workforce. It is sobering to read the 2005 submission, prepared by the Chair of the RANZCOG Provincial Fellows Committee at that time, Dr Diane Mohen, and realise that the list of issues and concerns has not changed in the intervening years; rather, it would seem to have deteriorated further.

Rural Australians, like their counterparts in metropolitan centres, deserve a locally trained and skilled healthcare workforce, with specialist obstetricians and gynaecologists, and midwives provided with incentives comparable to those offered and accessed by the general practitioners they work alongside in rural and remote Australia. The RANZCOG is of the view that the double-standard in healthcare for rural and remote, and metropolitan women must be addressed; the lack of skilled and available healthcare professionals in rural communities results all too often in inadequate antenatal care that they are unable to access, with these issues extending beyond antenatal care to other areas of women's health, such as contraception, termination services and screening programs.

Attracting well trained health professionals to work in rural areas requires proper training in all aspects of the medical profession (including an understanding of cultural issues), adequate support from metropolitan and regional centres, reliable remuneration for services provided by rural and remote healthcare practitioners and assurance that future career prospects are enhanced, not jeopardised, by providing such service. For its part, the RANZCOG trains and supports rural practitioners through various measures, including in its training programs, as well as offering resources that can be specifically tailored to meet the needs of these practitioners and the communities that they serve.

The RANZCOG is optimistic that the government will have the political will to address the plight of rural and remote communities throughout Australia and the healthcare afforded to their women and families. It is time for not just an understanding, but a genuine acceptance by all governments that, on a head-for-head basis, rural health service provision will inevitably be more costly than that for metropolitan populations.

RANZCOG Priorities:

The RANZCOG sees the following as matters of priority:

- All rural women should be able to access the quality of maternity care that is offered to those in metropolitan centres.
- Introduction of incentives for rural specialist obstetricians and gynaecologists, and midwives, which are consistent with those offered to general practitioners working in rural and remote Australia through the Medicare Benefits Scheme and other such measures.

RANZCOG Recommends:

THAT the disincentive to rural practice associated with the Commonwealth Medicare Benefits Scheme and the Safety Net be reviewed to ensure that all specialists in RA 2 to 5 receive a rural loading.

THAT the rural incentive payments available to general practitioners be extended to specialists in RA 2 to 5.

Introduction

The RANZCOG is the peak body in Australia and New Zealand with responsibility for training, accrediting and recertifying specialist obstetricians and gynaecologists, and General Practitioner (GP) obstetricians. The College is committed to ensuring that women living and working in rural and remote Australia, like their counterparts in metropolitan centres, receive high quality obstetric and gynaecological healthcare throughout any pregnancy and their lives.

The provision of rural obstetric health services is, however, becoming more challenging as the standards and services expected by the community rise, and the lifestyle and safety and quality expectations of healthcare providers and their families change. Low population density and large distances present a significant challenge to providing the same range of services to women who live and work in rural and remote Australia, as are available to women who live in large metropolitan centres. These challenges are not, however, insurmountable.

The RANZCOG notes the breadth of the Inquiry's terms of reference, but will limit its submission to areas: *(a) the factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities as compared with major regional and metropolitan centres*; and (*c) current incentive programs for recruitment and retention of doctors and dentists, particularly in smaller rural communities.* This submission relates to the provision of specialist and GP obstetric and gynaecological healthcare across Australia, while also acknowledging that obstetric care is often provided in a collaborative context of midwifery led care and services, and General Practitioners with, in some cases, no additional skills or qualifications in women's healthcare.

With careful planning and recognition of the factors that are dissuading healthcare workers from providing maternity healthcare services, RANZCOG would argue that it should still be possible to provide high standard care that is acceptable at the community level to those living in rural and remote Australia.

Factors limiting the supply of health services and medical, nursing and allied health professionals to small regional communities

The decline of health services in rural and remote Australia has not happened in isolation and the RANZCOG has identified a number of factors, all of them interlinked, that are thought to limit the supply of women's healthcare services in rural and remote Australia, namely:

- recruitment;
- retention;
- incentives;
- locum support;
- continuing professional development (CDP) opportunities;
- teamwork; and
- health administration, closure of small maternity units and failure to upgrade rural facilities.

Recruitment and Retention

The RANZCOG is of the view that there is no longer the prospect of a satisfying professional career for doctors, nurses, dentists and other health professionals in the communities that once would have supported them. Typically, the hours on call and the expectations of the population are greater, while the remuneration and opportunities for ongoing professional development have diminished.

The work ethic of healthcare providers has undergone a major generational change. Modern graduates are less likely to see their career as a profession that requires service to their community, while placing greater emphasis on work-life balance than may have been the case in previous generations. The realities of practice in rural and remote communities are largely inconsistent with this and the RANZCOG would encourage government and those seeking to address this issue to respond to this societal shift and make provision for this change when developing packages for rural placements.

Attracting health professionals to large regional centres is very difficult and one of the reasons commonly heard is the lack of employment opportunities for partners and the lack of educational opportunities for children. These problems are exaggerated in smaller communities. Although difficult to address, provision could be made through local bodies such as councils, schools and community organisations, to find employment for partners and suitable schooling either in the town, a nearby regional centre or at a boarding school for children.

The ability to practice in a broad range of clinical aspects has lessened with the closure of maternity units and operating theatres across the country, which reduces obstetric and surgical services, and, in turn, professional satisfaction.

Professional isolation is acknowledged as a contributing factor in the retention of health professionals. Limited capacity to engage with peers for advice on clinical matters, fewer facilities for ongoing education, less available cover for time off and less access to the support that colleagues give one another in times of difficulty are all aspects of this. There are, however, a range of measures that could assist in addressing this problem; for example, the implementation of Telehealth is eagerly anticipated as a mechanism of providing isolated practitioners and their patients with easier access to regional and city based colleagues and specialists. RANZCOG is of the view that consideration should be given to establishing formal and ongoing support from larger regional centres by way of cover for leave and professional development activity attendance by rotating doctors based in those centres out to the more remote locations in the area.

The cornerstone of rural obstetrics has always been the procedural GP and the RANZCOG supports the need for a General Practitioner in all towns with a population of 10,000 or more. GP obstetricians support and complement the specialist workforce, and need to be encouraged to stay in obstetrics, as well as more young GPs being trained to deliver babies. The main reasons why GPs cease to provide obstetrics care are often attributed to low pay for the stress and hours involved (which RANZCOG acknowledges has largely been addressed for private obstetrics), the intrusive nature of obstetrics on personal and professional life, and the ongoing risk of litigation resulting from outcomes that fail to meet patient expectation(s).

The medical workforce in rural communities has become increasingly dependant on International Medical Graduates (IMGs). Whilst many have made great contributions to their communities, they are often unprepared for life in small rural communities, and are left feeling culturally and professionally isolated. RANZCOG would support the implementation of programs and development of resources that would support these practitioners and aid their retention in these communities.

Locum Support and Opportunities for Continuing Professional Development

Closely associated with the issue of professional isolation is the difficulty many practitioners in rural and remote areas encounter in arranging suitable cover when they wish to take periods of leave, whether this be to attend workshops, conferences and other such professional development activities, or spend time with family away from their clinical responsibilities. Schemes such as the Specialist Obstetrician Locum Scheme (SOLS) program, which is supported by Commonwealth government funding and is discussed in more detail later in this submission, have a demonstrated role to play and the RANZCOG would welcome and encourage the expansion of such projects.

Current incentive programs for recruitment and retention of doctors and dentists

Although there are special payments for doctors to relocate, such as the General Practice Rural Incentive Program, giving differential payments to these practitioners, either through lump sums, increased Medicare payments or tax deductions, may go further in offsetting this disparity.

If such assistance is given, there needs to be a means of identifying those sites of need. The current tool, the Australian Standard Geographical Classification – Remoteness Areas classification (ASGC-RA) has been demonstrated to have many deficiencies, with some major centres having the same RA classification as small rural communities. The Rural Doctors Association (RDA) has been highly critical of ASGC-RA and, RANZCOG understands, is trying to modify this instrument. This college supports their criticisms and supports them in their attempts to resolve this matter.

Current Disincentives to Rural Practice

The RANZCOG has set out above some of the factors it considers to impinge upon the supply of healthcare providers in rural and remote settings. Attention is, however, drawn to the following four matters that are considered to actively detract from working in rural and remote settings.

The Medicare Safety Net

The RANZCOG has concerns as to whether the Medicare Safety Net and the structure underpinning it has achieved the benefits it sought to provide for healthcare professionals working in rural and remote Australia. In particular, at present, it fails to incentivise rural and remote work, given that the counterparts

of a rural and remote healthcare providers working in a metropolitan location can charge significantly more than what is charged in a rural or remote setting.

Commonwealth Medicare Benefits Scheme (CMBS)

As around 80% of rural obstetrics and gynaecology is public, with low fees in CMBS, rural Fellows are severely disadvantaged, compared to city Fellows; Rural Loading must be put in place. The changes to the CMBS could be off set by modifications to the Safety Net structure.

Medical Indemnity

The cost of indemnity for specialist obstetricians working in rural and remote Australia is considered to be another factor in the decline in the workforce. Even with Federal government assistance, many rural obstetricians have indicated that the costs of practising private obstetrics are prohibitive and many have given up their private practice.

Health Administration and Declining Facilities

Rural specialists frequently report that their relationship with health administration(s) can at best be characterised as poor and is often attributed by RANZCOG Fellows working in rural and remote Australia to unsympathetic and sometimes antagonistic State health departments. The RANZCOG is concerned by reports that the focus of many public sector administrators is short-term cost cutting, with little or no consideration of the long term impact of their actions on the local workforce or quality of health care provided. As such, it would support any measures that may result in a reversal of this trend.

Healthcare facilities in a number of rural centres have not been maintained. To recruit and retain health practitioners requires a certain standard of facility with the necessary spaces, utilities and staff. Some Councils and communities have provided these; however, many are unable to do so and the RANZCOG would encourage assistance from government when and where it is needed to help redress this.

Current RANZCOG programs and projects

A number of projects to support rural and remote specialist obstetricians and gynaecologists are currently being undertaken by the RANZCOG, many of which are supported by funding from the Commonwealth Department of Health and Ageing (DoHA). The RANZCOG appreciates the government's support for these programs and is hopeful that this will continue in the future as we strive to support the rural specialist obstetrician and gynaecologist, and GP obstetrician. Two such programs are outlined below as they illustrate initiatives that successfully assist and support College Fellows, and which have the potential to be further expanded.

Specialist Obstetric Locum Scheme (SOLS)

This project has been very well received by rural specialists and GP obstetricians. SOLS has enabled rural and remote specialists to take a break from the demands of practice, whether this be to attend a professional development workshop, conference or other activity, as well as providing a break from on-call commitments, by establishing a network of individuals who are able to provide locum cover, whether it be for one or two days or longer periods.

The major challenge for SOLS in the current environment is finding sufficient suitably qualified and indemnified specialists and GP obstetricians to meet the demand for locums, and the RANZCOG would welcome further support in this regard.

Rural Health Continuing Education

The Rural Health Continuing Education (RHCE) program has recently replaced the Support Scheme for Rural Specialists and provides rural specialists with access to high quality continuing professional development activities and resources. Many of the RHCE projects provided by RANZCOG have engaged practitioners from other specialist groups (e.g. surgery, anaesthetics, paediatrics and pathology). The opportunities provided for interdisciplinary networking and support have been readily acknowledged, and are appreciated by participants.

Multidisciplinary Workshops

In addition to the specific matters addressed above, the RANZCOG would welcome measures to address the need for initiatives that will support the maternity team as a cohesive unit, rather that the individual craft groups. Currently, there are a number of incentives for rural GPs for up-skilling, procedural grants, rural item numbers, relocation allowances, and practice nurses. At the same time, specialists have access to RHCE and SOLS funding, and midwives can access the $6,000 payment to nurses who are willing to resume practice.

There is, however, nothing to encourage team work or improved work practices to enable the three segments of the maternity care workforce to undertake CPD together. Funding to enable rural maternity teams to participate in on-site CPD such as the PRactical Obstetric MultiProfessional Training (PROMPT) course and the RANZCOG Fetal Surveillance Education Program would be welcomed as they provide valuable educational opportunities whilst also enhancing team work.

Concluding remarks

As outlined above, the RANZCOG sees the following as matters of priority:

- All rural women should be able to access the quality of maternity care that is offered to those in metropolitan centres.
- Introduction of incentives for rural specialist obstetricians and gynaecologists, and midwives, which are consistent with those offered to general practitioners working in rural and remote Australia through the Medicare Benefits Scheme and other such measures.

The RANZCOG is optimistic that the government will have the political will to address the plight of rural and remote communities throughout Australia and the healthcare afforded to their women and families. It is time for not just an understanding, but a genuine acceptance by all governments that on a head-for-head basis, rural health service provision will inevitably be more costly than that for metropolitan populations.

To recruit, train and retain specialists in regional and remote areas the incentives must outweigh the disincentives. Positive action is required to address the imbalance between rural and metropolitan practice.