



**GREATER GREEN TRIANGLE**

*University Dept. of Rural Health*

# **OBSTETRIC WORKFORCE SURVEY IN VICTORIA – RURAL AND URBAN**

## **EXECUTIVE SUMMARY**

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**Project funded by the Department of Human Services, Victoria**

# OBSTETRIC WORKFORCE SURVEY IN VICTORIA – RURAL AND URBAN

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# Project Team and Steering Committee

## **Project Team:**

- Dr Cameron Loy
- Dr Bruce Warton
- Professor James Dunbar
- Dr Karen Stagnitti
- Ms Lucinda Franklin
- Ms Catherine Reid

The project had the support of the Royal Australian College of Obstetricians and Gynaecologists (RANZCOG), The Royal Australian College of General Practitioners (RACGP), General Practice Registrars, Australia (GPRA).

The Steering Committee invited an interested representative from these three organizations.

## **Steering Committee:**

- Dr Cameron Loy – Chair
- Dr Bruce Warton – Royal Australian and New Zealand College of Obstetricians and Gynaecologists, Victoria
- Dr Catherine Speechly – General Practice Registrars, Australia
- Ms Julie McCormack – Royal Australian College of General Practitioners
- Ms Luisa Abiuso – Workforce Policy Service and Workforce Planning, Department of Human Services, Victoria
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## **Obstetric Workforce Survey in Victoria - Rural and Urban**

Greater Green Triangle University Department of Rural Health – a Joint Venture between Deakin and Flinders Universities - “Greater Health”

## Executive Summary

- In the report, Diplomat and Fellows refers to doctors who are recorded on the Victorian faculty database of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.
- The Greater Green Triangle University Department of Rural Health, a joint venture between Deakin University and Flinders University ('Greater Health') in association with Western District Health Services, Hamilton, Victoria conducted a research project titled "Obstetric Workforce Survey in Victoria – Rural and Urban" in 2003.
- This study sought to collect a data set targeting three groups that were considered highly likely to be engaged in procedural obstetric practice. The three groups were:
  - General Practitioners who hold the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists – the DRANZCOG (*Diplomates*).
  - General Practitioners, mostly in rural locations, who hold accreditation at a local hospital to undertake obstetrics but have not been awarded the DRANZCOG. This includes two groups:
    - General Practitioners who historically have had Visiting Medical Officer (VMO) accreditation.
    - Overseas trained doctors (OTDs), who are represented strongly in rural areas, who are accredited visiting medical officers (VMOs) for obstetrics at their local hospital.
  - Specialist Obstetricians and Gynaecologists (*Fellows* of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists).
- Diplomates and Fellows were sourced through the Royal Australian and New Zealand College of Obstetricians and Gynaecologist (RANZCOG). Accredited GPs who were not Diplomates were sourced directly through rural hospitals. A failure to obtain the contact details for this group led to the cancellation of this leg of the study.

## Response

- 74.6% (717) of Victorian Diplomates responded. 67.8% were participating General Practitioners.
- 78.2% (248) of Victorian Fellows responded. 77.0% were participating Fellows.

## Diplomates

### Sex

- 51% of the sample were female, 48.2% were male. When compared with the overall GP community in Victoria, a larger percentage of Diplomates in Victoria were female. The Diploma preferentially attracts females.

### Age

- The age distribution of Diplomates was complex. The distribution of Diplomat ages is not uniform. There were fewer Diplomates in the younger age cohorts. Assuming changes within the wider GP community were reflected in the Diplomates, this finding was related mostly to progressive Government policy reducing the number of General Practitioners entering the workforce and, to a lesser extent, the increase in choices for new Graduates. There were also compounding effects of older medical graduates due to more post graduate degrees in medicine and more Overseas Trained doctors in the GP Workforce.

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### Obstetric Workforce Survey in Victoria - Rural and Urban

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## Sex and age

- An increasing proportion of women in younger age groups are seeking the Diploma.

## Country of medical education

- The majority of Diplomates sought their undergraduate degree in Australia (93.9%).
- Attracting Overseas Trained Doctors to the Diploma program is essential to ensure a supply of GP obstetricians in rural areas in the near future.

## Location of practice

- The proportion of Diplomates in geographic areas (RRMA areas) increased with rurality from 14% in Metropolitan areas to 23% in RRMA 5 areas.

## Location of practice and sex

- An urban Diplomate was more likely to be female than male.

## Participation in the workforce

- The majority of Diplomates worked full time.

## Award

- The RANZCOG and Joint Consultative Committee in Obstetrics graduate a consistent number of graduates each year.
- Type of award, DRANZCOG or Diploma, was poorly discriminating. As a result of effective brand naming of 'Diploma of Obstetrics' or 'DipObs', distinction between older Diplomas and the DRANZCOG was not possible.

## Continuing education

- A small percentage of Diplomates were not engaged in continuing professional education (8.3%). A quarter of Diplomates (25.1%) were not engaged in continuing professional education specifically in Women's Health.

## Intention to practice procedural obstetrics

- Two thirds of all Diplomates intended to manage women in labour during their careers.

## Involvement in women's health

- 1 in 5 Diplomates practiced procedural obstetrics.
- The majority of Diplomates were involved in shared care and family planning/women's health.

## Obstetric Workforce – Diplomates

- 1 in 5 Victorian Diplomates managed women in labour.
- One half of Victorian Diplomates have managed women in labour and now do not.
- One fifth of GP Diplomates currently involved in managing women in labour were in metropolitan Melbourne. One half of GP Diplomates currently involved in managing women in labour were in RRMA 5 towns.

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- The percentage of GP Diplomates that managed women in labour increased with rurality.
- 16.2% of GP Registrars were currently involved in procedural obstetrics, 29.7% of GP Registrars have previously been involved in procedural obstetrics.
- GP Obstetric in Melbourne is an important area of consideration. A significant number of deliveries were performed by GPs in the city and there is significant opportunity for capacity building this part of the obstetric workforce.

## Delivery volume

- Of all GP obstetricians with the Diploma in Victoria (n = 127);
  - 14.2% of GPs in the sample delivered  $\leq 10$  babies per year.
  - 23.6% of GPs in the sample delivered  $\leq 15$  babies per year.
  - 37.0% of GPs in the sample delivered  $\leq 20$  babies per year.

One in seven GP Diplomat Obstetricians in Victoria delivered less than 10 babies per year.

- Of GP obstetricians with the Diploma in RRMA 5 towns in Victoria (n = 68);
  - 23.9% of GPs in the sample delivered  $\leq 10$  babies per year.
  - 38.8% of GPs in the sample delivered  $\leq 15$  babies per year.
  - 53.7% of GPs in the sample delivered  $\leq 20$  babies per year.

Over 1 in 4 GP Diplomat Obstetricians in RRMA 5 towns delivered less than 10 babies per year. Rural GP Obstetricians were generally low volume practitioners.

- Of GP obstetricians with the Diploma in rural towns in Victoria (n = 96);
  - 17.9% of GPs in the sample delivered  $\leq 10$  babies per year.
  - 30.6% of GPs in the sample delivered  $\leq 15$  babies per year.
  - 47.4% of GPs in the sample delivered  $\leq 20$  babies per year.

Over 1 in 5 GP Diplomat Obstetricians in rural towns delivered less than 10 babies per year. Rural GP Obstetricians were generally low volume practitioners.

- Of GP Obstetricians with the Diploma in Metropolitan Melbourne (n = 28);
  - 3.6% of GPs in the sample delivered  $\leq 10$  babies per year.
  - 3.6% of GPs in the sample delivered  $\leq 15$  babies per year.
  - 7.1% of GPs in the sample delivered  $\leq 20$  babies per year.

1 in 28 GP Diplomat Obstetricians in metropolitan Melbourne delivered less than 10 babies per year. Melbourne GP Obstetricians were higher volume practitioners.

- More babies were delivered in metropolitan Melbourne by GP Obstetricians (2179 deliveries) than in RRMA 5 towns by GP Obstetricians (1890 deliveries).
- The proportion of Diplomates aged less than 40 years was maintained in all regions apart from metropolitan Melbourne, where there were fewer GP obstetricians less than 40 years of age.

## Ceasing procedural practice

- Diplomates have increasingly ceased obstetric practice in the last decade.
- Retiring for procedural obstetric practice has occurred in all geographic regions.
- The percentage of currently practicing GP Obstetricians who have ceased practice is larger in urban areas than rural.
- Large numbers of Diplomates have ceased obstetric practice in urban locations.
- Retention of obstetric practice was more likely in Diplomates as rurality increases.

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- Diplomates have retired from obstetric practice in rural areas and there remained active GP obstetricians in Metropolitan Melbourne.
- More than a third of the Diplomates who have ceased procedural obstetric practice practiced for less than 2 years.
- There was a trend for female Diplomates to cease obstetric practice early.

## **Intention and attrition**

- A doctor who did not intend engaging in intrapartum care was more likely to have never been engaged in intrapartum care.
- There was significant attrition of intent to practice procedural obstetric as a doctor moves along his or her career. Most of this attrition occurred while a practicing GP, rather than in training.
- The attrition of Diplomates who did not intend to practice procedural obstetric but chose to was almost complete.

## **Continuing obstetric practice**

- More than one half of Victorian GP Obstetricians will cease practice within 7 years. Most of this workforce will be maintained at least 2 years.

## **GP Registrars**

- 39 GP Registrars were identified (6.0%).
- All of this subset have completed at least a basic community term.
- Most of this subgroup was 27-33 years of age.
- 18% of this subgroup were older than 35 years of age.
- A higher percentage of Registrars were outside metropolitan areas compared with GPs in Victoria and Diplomates in Victoria.
- 1 in 10 of this subgroup of Diplomates was an Overseas Trained Doctor. Most of the OTD Registrars were older than 35 years of age.
- A quarter of the Registrars were part time and distributed equally between rural and urban locations.
- 18% of Registrars were currently engaged in intrapartum care.

## **Fellows**

### **Sex**

- Nearly one third of the sample was female. When compared with the overall community of specialist and the community of Obstetricians and Gynaecologists nationally, a larger percentage of Fellows in Victoria were female. The percentage of females in O&G training however, is higher. The gender distribution of the specialist workforce is changing.

### **Age**

- There was a consistent number of Fellows graduated in Victoria per year.

### **Sex and age**

- An increasing proportion of females are pursuing specialist obstetric and gynaecology training in younger age cohorts.

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## Country of medical education

- The majority of Fellows sought their undergraduate degree in Australia (84.4%).

## Location of practice

- Fellows are living and working predominately in metropolitan regions.

## Location of practice and sex

- The proportion of Specialists Obstetrician/Gynaecologists in each geographic region is male. There is a tendency for the proportion of males to increase with rurality.

## Participation in the workforce

- The majority of Fellows report their participation in the workforce as full time.

## Obstetric Workforce – Fellows

- 1 in 12 Fellows never practiced obstetrics.
- 1 in 4 Fellows who have ever practiced obstetrics did not practice obstetrics at the time of the survey.
- 1 in 3 Fellows had both a public and private obstetric practice.
- 15.6% of Fellows only have a private obstetric practice and 18.9% of Fellows only have a public obstetric practice.
- Two thirds of Fellows continued to practice obstetrics.

## Ceasing procedural practice

- More than a quarter of the current potential obstetric capacity in the specialist workforce has ceased obstetric practice since 1985.
- More than a fifth of the current potential obstetric capacity in the specialist workforce has ceased obstetric practice since 1993.
- The age of these Fellows clustered in the mid fifties. There was no bias towards older or younger Fellows retiring from obstetric practice.

## Regional Practice Networks

- Obstetric services are not delivered by rural or urban obstetric units alone. Obstetric services are not delivered by Fellows, Diplomates or Midwives alone.
- Informal medical support network exist in Victoria.
- Managed Clinical Networks could be readily developed in these pre-existing structures.

## *The Young Doctor*

- There was a lack of younger GPs in the Diplomate workforce. This has occurred for a myriad of influences that are mostly external to the decision making of the new graduate.
- There was no evidence in Victoria that early career GPs are preferentially choosing urban practice over rural practice.
- There was no evidence in Victoria that early career GPs are choosing non-procedural practice over procedural practice in rural areas.

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## **Qualitative data**

### **Capacity building**

- Fellows and Diplomates offered suggestions to capacity build obstetric services focusing on areas of organisational development, workforce development and resource allocation.
- Team approaches to care with group rosters and co-operative models of care were prominent themes.
- Attention to the professional support of Diplomates is needed as there are perceived deficiencies in many area from training through to maintenance of skills and knowledge.
- Access to services is an important issue identified. Both Diplomates and Fellows found access to theatres and access to support specialties such as anaesthetics and paediatrics lacking. Interestingly, Diplomates saw this issue as blocking GP access to obstetrics while Fellows saw this in terms of professional collaboration.

### **Balancing obstetric practice**

- Obstetric practice is a system in which issues that arise in one area of practice, such as rising indemnity costs and fear of litigation, impact on wider practice issues. Individual decisions and strategies to stay in obstetric practice reflected this system model.
- Both Fellows and Diplomates sought to directly combat changes in the indemnity environment thorough external financial support, incentives and legal reform. Both groups identified unrealistic patient expectations as an issue to be addressed.
- Diplomates sought to combat the changes in the indemnity environment by seeking an increase in professional support and ongoing education.
- Fellows sought to change practice conditions to increase flexible work hours and more lifestyle and family friendly sustainable practice behaviours.

### **Strategies to increase and consolidate the workforce.**

- Fellows and Diplomates identified a number of strategies to increase and consolidate the workforce along the career cycle of doctors.
- The largest subgroup of strategies focussed on the established workforce.
- Interestingly, most of the strategies in the Diplomates subgroup have existing initiatives directed at the issue. However, many are rural specific strategies and do not impact upon urban workforce declines.