College Submission

January 2024

Feedback to the Select Committee on reproductive, maternal, and paediatric health services in Tasmania

About the Australian College of Rural and Remote Medicine (ACRRM)

ACRRM's vision is **the right doctors, in the right places, with the right skills, providing rural and remote people with excellent health care**. It provides a quality Fellowship program including training, professional development, and clinical practice standards; and support and advocacy services for rural doctors and the communities they serve.

ACRRM is accredited by the Australian Medical Council to set standards for the specialty of general practice. The College's programs are specifically designed to provide Fellows with the extended skills required to deliver the highest quality Rural Generalist model of care in rural and remote communities, which often experience a shortage of local specialist and allied health services.

ACRRM has more than 5000 rural doctor members including 1000 registrars, who live and work in rural, remote, and Aboriginal and Torres Strait Islander communities across Australia. Our members provide expert front line medical care in a diverse range of settings including general practices, hospitals, emergency departments, Aboriginal Medical Services, and other remote settings such as RFDS and Australian Antarctic Division.

Background

ACRRM welcomes the opportunity to provide feedback to the Select Committee on reproductive, maternal, and paediatric health services in Tasmania. Our College is dedicated to building a national rural and remote workforce with a Rural Generalist (RG) skill set. The Rural Generalist practitioner is a clinician able to meet the health care needs of his/her/their community through a broad scope of practice which includes comprehensive primary care, public health, and advanced skills as appropriate for community need, delivered within the unique circumstances and context of rural and remote medical practice.

Maternity services (including antenatal, postnatal and obstetric care) form an important component of this broad scope of practice, allowing women and their families to access a high standard of care close to home and minimising the economic and social imposts associated with travel to larger regional centres to access appropriate care. This in turn leads to better outcomes for women, babies and families.

When properly funded and intelligently designed using rural-centric models which include RG practitioners, rural health services can provide excellent health care which meets community need and a

substantial longer-term return on investment. Yet our members report that Tasmania is the only state which currently does not formally use RGs in maternity, reproductive or paediatric health services. Despite that, there are many skilled RGs providing an extended range of reproductive health, maternity and paediatric health services across the state. This allows women and families to receive care that is affordable, patient centred and close to home; and reduces the number of patients who are referred for such services, thus easing the burden on the states secondary care services.

ACRRM believes that utilising RGs with advanced specialised training in obstetrics is a key solution to restoring sustainable maternity services to rural and regional areas of Tasmania. We would encourage the Tasmanian Government to incentivise the health services to fully utilise the States existing RG workforce for the benefit of women, families, systems and services alike. Utilising or cultivating the state's RG workforce will have immediate benefits for systems services and patients but also significant flow on effects in the training and development pipeline for Tasmania, enhancing the sustainability of health services particularly in the regional, rural, and remote parts of the state.

General Comments

Healthcare excellence for people in rural and remote Tasmania

ACRRM believes that all Australians irrespective of location, deserve access to the highest possible standards of maternity care. While models of care may differ, highest service standards should be upheld. The College strongly supports innovative team-based maternity care delivery models where these can enable access for people in rural and remote areas. We would stress however, that these should always involve access to the services of a doctor, ideally one who provides local, continuing care and who is specially trained for rural and remote service delivery. Appropriate approaches for rural team based care, are described in the Ngayubah Consensus.

Rural Generalists as a Workforce Solution

RGs are in a unique position to provide holistic care, crossing the siloes of primary, secondary, and tertiary health care across the illness spectrum and the lifespan, and working with an extended scope of practice in relatively low resource settings. The RG model is designed to train doctors with a broad and responsive skill set to provide the services that best fit the needs of their rural community. Collaborative healthcare team models are a cornerstone of this approach. There are many RG trained doctors who call Tasmania home, and who fly in and out of Tasmania to utilise the full breadth of their skillset simply because they are not offered any ways to use their skills locally. At the same time, doctors from the mainland are flown in to provide services the local RGs are flying out to provide elsewhere.

A strong RG workforce is a key solution to restoring sustainable health care services to remote, rural and regional areas. RGs can maximise the breadth of medical services available locally.

ACRRM Fellowship certifies that doctors have attained the skillset for proficiency in the RG scope of practice. All ACRRM Fellows complete nationally accredited postgraduate training and assessment in antenatal and postnatal care, obstetrics core skills and emergency obstetrics. Additionally, a percentage of ACRRM's annual Fellowing cohort, (approximately 20%), have completed a full year or more of

assessed Advanced Specialised Training (AST) in obstetrics which qualifies them for the Advanced Diploma of the Royal Australasian College of Obstetrics and Gynaecology (DRANZCOG Adv).[1]

ACRRM Fellows also record rural retention levels without parallel across medical specialties. This is evidenced by external studies of ACRRM Fellows[2], by the outcomes of RG programs in other jurisdictions[3], and by the 80% of ACRRM Fellows who are rurally based. Tasmania already has a strong RG workforce in training dispersed across the state, facilitated by a strong training pipeline supported by the single employer model and other incentives. However, currently many of these doctors will be forced to move to employment in other states at the end of their training as there will not be opportunities for them to practise to their full scope in Tasmania. Their departure can be attributed to lack of employment opportunities due to policy and systemic limitations, rather than absence of community need.

Rural Generalist Recognition

The application for recognition of Rural Generalist Medicine as a specialist field within General Practice is now well advanced and a final determination by the Health Ministers' Committee is likely to be made in 2024. Should this be successful it would provide a consistent and clear basis for industrial awards which recognise the distinct training, assessment and professional development associated with the RG scope.

Should recognition and protected title be awarded, this will provide an opportunity for all jurisdictions to take a consistent approach to remunerating nationally registered specialist RG doctors in their services. This could significantly add to the attractiveness of this rural career and would simplify employment and credentialing arrangements for systems managers. Read more about RG Specialist Recognition here.

Utilising RGs to provide localised maternity services to rural and remote areas.

Individual community and local reproductive, maternity and paediatric health service needs differ from region to region and town to town across the state. Incorporation of RGs into the local workforce allows tailoring of the model and skill sets to meet these differing needs. These 'hybrid' specialist/generalist maternity workforce models have been successfully implemented in many services of similar size and role delineation to those in the North and North West of Tasmania and there is strong evidence that both RG led and the 'hybrid' models are both safe and effective.[4,5,6,7]

ACRRM supports the principle that health services should be delivered by a skilled local workforce, supported by technology and comprehensive governance arrangements, to ensure that they are responsive to local needs and can be readily ramped up and down as needs change.

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[1] Note due to recent legal advice, the RANZCOG is in the process of changing the title of this qualification.
[2] McGrail M, O'Sullivan B (2020). Faculties to Support General Practitioners Working Rurally at Broader Scope: A National Cross-Sectional Study of Their Value. *International journal of environmental research and public health*, *17*(13), 4652. https://doi.org/10.3390/ijerph17134652
[3] Queensland Health (2022) *Queensland Rural Generalist Pathway 2020 Data Snapshot* Accessed at Jan 2021: https://ruralgeneralist.qld.gov.au/wp-content/uploads/2020/03/QRGP_data_summ_19Mar20_FINAL.pdf

[4] Tennett D, Kearney L, Kynn M (2020) Access and outcomes of general practitioner obstetrician (rural generalist)-supported birthing units in Queensland. *Aust J Rural Health*. 28(1):42-50. doi:10.1111/ajr.12593.
[5] Telford M, Harding C, Stewart I, McGirr J, Seal A (2022) Giving birth in the Murrumbidgee region: A quantitative and qualitative approach to general practice obstetrics in a rural region *Aust J Rural Health* doi.org/10.1111/ajr.12867
[6] Shen A, Yang J, Chapman G, Pam S (2020) Can neonatal pneumothorax be successfully managed in regional Australia? *Rural and Remote Health* 20:5615. https://doi.org/10.22605/RRH5615
[7] Roxburgh et al (2022) Satisfaction with general practitioner obstetrician-led maternity care in rural Western Australia.

Improving Rural and Remote Maternity services in Tasmania

Making use of the existing skilled workforce is an important first step for Tasmania. Better utilisation of the state's existing RG workforce would facilitate improved access to appropriately skilled and locally based primary care practitioners. This in turn would moderate some of the need for patients and caregivers to travel to seek services, minimising resultant economic and social imposts. It would also reduce health care costs and burdens on the State health service.

College members indicate that they believe that there is nothing within the existing Salaried Medical Practitioners Agreement (SMPA) in Tasmania that would preclude the employment or credentialing of suitably qualified RGs within the Tasmanian Health Service maternity services. Unfortunately this is often quoted as a reason for not employing RGs who apply for advertised positions. This results in the employment of locum doctors to fill the vacancies which could be taken up permanently by RGs living locally.

Member comment:

"There are lots of ways generalists could add enormous value to women, families and existing maternity services and models of care across Tasmania:

- ***Creating more choices for women and families***
- ***Facilitating specialists to work to the top of their scope which is beneficial for them and for women's health across the region***
- ***Allowing potential for transformation of the satellite outreach space***
- ***Enhancing overall ability to close the gap and improve perinatal morbidity and mortality for Tasmania's most vulnerable women through the addition of the generalist skillset to existing maternity services***
- ***Involving generalists allows for some significant cost shifting, state to federal"***

Improving access to rural and remote maternity services involves addressing a range of issues, including:

Workforce training and support – The College notes that this a complex issue which is already the subject of a range of Commonwealth and State programs and initiatives. Maternity services should be viewed as an integral component of health service delivery, particularly in rural and remote areas. Rather than developing a separate set of maternity workforce strategies which may duplicate existing policies, coordination and consistency in workforce policy should be promoted to ensure any significant gaps from the maternity services perspective are identified and addressed.

This integrated and strategic approach should recognise the value of the RG skill set in delivering services safely, sustainably and efficiently as close to home as possible. Specialist GPs and RGs, including RG obstetricians, play fundamental roles in rural and remote maternity care, including as key team leaders and members.

It is important that all rural and remote healthcare professionals including nurses and midwives, have access to the necessary training and support, including regular, funded professional development opportunities, so that they have the skills and equipment to manage obstetric emergences, noting that these will invariably occur even in communities which do not provide birthing services.

Supporting workforce recruitment and retention includes fostering the development of innovative and community-based responses in addition to several practical strategies including providing certainty in terms of locum relief, ensuring that staff accommodation is of a suitable standard, and providing opportunities for study and other leave.

There is potential to expand the role of GP obstetricians, especially in providing Visiting Medical Officer (VMO) services and in training staff and registrars.

Service delivery, coordination and collaboration - utilising a team-based approach wherever possible to facilitate continuity of care and a seamless care pathway for rural and remote women.

Infrastructure and clinical support - there must be a commitment to not only maintain existing rural birthing facilities but to increase the number of these facilities state-wide, together with appropriate infrastructure and clinical support to accommodate unplanned deliveries in facilities which do not routinely provide birthing services.

Aboriginal and Torres Strait Islander peoples - a clear commitment to addressing the current disparity in access and outcomes and engaging with Aboriginal and Torres Strait Islander communities to design and deliver culturally appropriate services. By supporting the innovative programs that have been established with the Tasmanian aboriginal centre.

Women for culturally and linguistically diverse backgrounds - recognising that an increasing number of these women are living in rural and remote areas and that there may be increased demand for cultural training and interpreter services.

Supporting a team-based approach – maternity care is best delivered within team-based settings which support coordination, collaboration and an integrated, inter-professional approach. GPs, RGs, obstetricians, midwives, and allied health practitioners all have important roles to play in delivery teams sharing information and collaborating to provide a high standard of holistic care for women and babies. For these systems to work effectively, the RG qualification should be viewed as equivalent to the qualifications of non-GP specialists where the same skilled services are being provided, with RGs afforded the same level of facilitated systems' recognition and transferability across jurisdictions.

Local team-based, multi-disciplinary care models require supporting national and jurisdictional policy, funding and infrastructure frameworks to work effectively.

Summary of Recommendations

ACRRM has a clear focus on improving healthcare outcomes by utilising a locally-based RG workforce which is appropriately trained and supported to deliver high quality health care. Given its experience, expertise and leadership in the delivery of rural and remote maternity services in particular, the College would welcome an opportunity to contribute to the development of models of care that support affordable access to maternity care services across rural and remote Tasmania.

Recommendations

1. ***Support the full implementation of the National Rural Generalist Pathway, including specialist recognition of Rural Generalist Medicine. Develop and implement strategic and operational plans to support the Pathway as a mechanism to recognise the importance of the Rural Generalist approach as an enabler to innovative workforce models and workforce capacity building across maternity and paediatric services.***

2. ***Recognise through relevant policy and administrative actions, that training, retaining and supporting a locally-based, skilled and sustainable RG workforce is the key to improving access to maternity services and consequently improving health outcomes for women in rural and remote Tasmania. This includes recognizing and better utilizing the State's existing RG workforce through employment policies, remuneration and clinical recognition.***

3. ***Address the specific challenges of working in rural and remote communities, including additional and tailored training and support programs for health professionals working in those environments.***

4. ***Introduce state-wide and local system changes to better recognise and utilise the State's existing RG workforce. This includes setting an expectation that the health services incorporate generalists (GPs and RGs) into their teams as a key to addressing this critical missing link.***

College Details

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ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the Traditional Owners of lands across Australia in which our members and staff work and live and pay respect to their Elders past present and future.