

# Training and Support for GP Obstetricians

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Evaluation

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Rural Health West  
August 2007



## FORWARD

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Rural Health West (previously known as Western Australian Centre for Remote and Rural Medicine – WACRRM), is the Rural Medical Workforce Agency in Western Australia.

The aims of the organisation are to improve the viability and equitability of medical services to the communities of rural Western Australia. Women living in rural Western Australia expect and should be able to deliver their babies as close as possible to their homes.

Rural Western Australia covers a huge area with a relatively sparse population. Medical services need to be provided by doctors with a range of skills, and traditionally deliveries have been done by the procedural general practitioner. With the increasing specialisation of medicine and issues of quality and safety a number of the younger doctors are reluctant to practice obstetrics.

It was recognised that the majority of general practitioners practicing obstetrics are older and that many are about to retire. Of the younger doctors that complete their obstetric training many never actually utilise these skills

This program was introduced as a way of encouraging the younger doctors to gain confidence in their ability to practice obstetrics independently and utilise the skills that they have gained

**Dr Felicity Jefferies**  
Chief Executive Officer  
Rural Health West

## ACKNOWLEDGMENTS

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- Dr Anita Moss (the Graduate)
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- Dr Philip Reid
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- Dr Lori Spurgeon
- Geraldton GPs
- WA Country Health Service

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## 1.0 EXECUTIVE SUMMARY

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The purpose behind this report is to demonstrate a strong need to support DRANZCOG Graduates on completion of their training to enable them to work independently in their chosen community.

In Western Australia there is a great opportunity to develop a sustainable and supportive model of obstetrics which will encourage more Registrars to participate. Outcomes from the evaluation demonstrate how a recent DRANZCOG Graduate, who was initially hesitant to practice Obstetrics, is now able to work independently in a rural community.

One of the strengths of the program was the collaboration between the program partners whose role was to guide, support and monitor the project. The program validates the need for organisations to consolidate their respective roles to ultimately ensure the success of such a program.

The Reference Group recognised that the program should be supportive to both the Graduate and Supervisor, attractive to DRANZCOG Graduates to encourage participation and ensure Supervisor's aren't disadvantaged in supporting the Graduate. The model should also support the family, given this is seen as a deterrent to practicing obstetrics. Also, it should be tailored to the needs of the individual Graduate to determine the level of support they require.

Some of the key elements the Graduate found to be most beneficial in the program included:

- Ongoing access to a Supervisor/Mentor for assistance and support.
- Self monitoring and review through the use of the Practical and Clinical Skills Progress Book.
- Financial assistance with child care support, relocation and rental allowance.
- Provision for study leave and further education.
- Ability to consolidate skills at KEMH, particularly valuable after practicing in the community for a few months.
- The ability to contact a Program Manager that was independent.

Though the Geraldton Doctors were supportive of the program they wanted more involvement. The current model limits this as the Graduate is based in one practice.

The model needs to be seen as an attractive option to gain the interest of doctors completing their DRANZCOG. Support should be provided to post DRANZCOG Graduates at both Basic and Advanced levels to encourage more junior Doctors to complete Obstetrics and work independently in rural and remote communities.

**Vivienne Duggin**  
Program Manager  
Rural Health West

## **2.0 PROGRAM RECOMMENDATIONS**

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### **Recommendations from Site Visits**

1. The program should run for a twelve month period, uniform throughout the state and non-competitive amongst practices and DRANZCOG Graduates. An equitable funding model should be established between the Graduate and Practice.
2. Both Basic and Advanced DRANZCOG Training Posts should be established in regional centres and support provided.

### **Recommendations from the Graduate**

3. The Graduate should have access to more on-call shifts at the Regional Hospital.
4. To enable the Graduate to practice at the Aboriginal Medical Service a contract needs to be in place between the Training Provider and the AMS.
5. The Graduate needs to have access to a Supervisor that is available at all times. This role could be rotated between other GP Obstetricians.
6. Utilisation of the log book as a self monitoring tool should be available to participants.
7. Financial assistance with child care support, relocation and rental allowance be offered.
8. Provision for study leave and provision for further education be made available.
9. Ability to consolidate skills at a teaching hospital, particularly after experience gained in the community.
10. Access to an independent Program Manager.

### **Recommendations from the Supervisor**

11. The Program should continue with the MOU defining the parameters.
12. The program should be expanded and used for all obstetric registrars post Diploma of Obstetrics wherever they practice.

### **Recommendation from local Geraldton Doctors**

13. GP Obstetricians based in Geraldton wanted more involvement in the program. The current model limits this as the Graduate is based in one practice.

### **Recommendation on Promotion and Marketing of Program**

14. The program needs to be promoted and marketed to encourage more Registrars to complete their DRANZCOG Training.

### **Recommendation for Advanced DRANZCOG Support**

15. The program needs to include support to Doctors completing their Advanced DRANZCOG and also post Advanced DRANZCOG Training.

### 3.0 INTRODUCTION

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In Western Australia approximately 25,000 deliveries occur annually. Approximately 5,000 of these occur in rural and remote Western Australia. Of that population located outside of Bunbury, women have access to only 3.5 Obstetricians and Gynaecologists and 134 practicing GP Obstetricians who work out of 22 centres spread across 2.5 million square kilometres.

In past years, doctors who completed their Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG) were involved in many more deliveries and cases than they are today. Most doctors train in an urban centre where they compete for deliveries with midwives and trainee doctors and nurses. To encourage more doctors to complete their DRANZCOG and to practice obstetrics post qualification, there needed to be a consolidation of skills in a mentored environment to support them while they gain enough confidence to enable them to work independently.

Western Australian Centre for Remote and Rural Medicine (WACRRM) was funded by the Commonwealth of Australia as represented by the Department of Health and Ageing, State-wide Obstetrics Support Unit (SOSU) and Western Australia General Practice Education and Training (WAGPET) to support and mentor a GP who has recently obtained a Diploma in Obstetrics to enable her to gain the skills and experience required to operate independently as a GP Obstetrician.

The original aim of the project was to undertake a feasibility study to establish three pilot GP Obstetrics training sites (two rural and one metro). Through stakeholder consultation and overwhelming support it became apparent that to achieve the best outcome for the project was through the establishment of a pilot site which commenced in Geraldton in January 2007.

Since commencement of the pilot site and through further marketing and promotion of the program, there has been an increase in doctors interested in participating in the program on completion of their basic and advanced DRANZCOG. There has also been an increase in those considering completing their DRANZCOG training knowing they will work in a supportive environment on completion of their training. It also became apparent that, during the time of the project, all enquiries regarding the program were from Registrars undertaking their training pathway through Western Australian General Practice Education and Training (WAGPET).

## 4.0 GOVERNANCE

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### 4.1 Program Partners

The program partners' roles were to guide, support and monitor the project. A formal Reference Group was established with representation from:

- Commonwealth Department of Health and Ageing (DoHA)
- King Edward Memorial Hospital (KEMH)
- Post Graduate Medical Council Western Australia (PMCWA)
- Rural Clinical School of Western Australia (RCSWA)
- State-wide Obstetric Support Unit (SOSU)
- WA Country Health Services (WACHS)
- Western Australian Centre for Remote and Rural Medicine (WACRRM)
- Western Australian General Practice Education and Training Ltd (WAGPET)

### 4.2 Project Terms of Reference

1. To initially establish a model that will enable access to post-diploma placements in a supported environment by examining the feasibility of establishing three pilot GP Obstetrics Training Sites for 2007 (two rural, one metro) with a view to expanding.
2. To review existing programs that provide early exposure of medical students to positive role models within the field of GP Obstetrics with a view to ensuring a seamless process into GP Obstetrics Training.
3. To review existing availability of prevocational placements with GP Obstetricians with a view to expanding these.
4. To identify capacity for training at surveyed sites for additional prevocational placements, and upskilling GPs to advanced DRANZCOG level.

## 5.0 METHODOLOGY

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### 5.1 Site Consultation

Meetings were held in the five locations of Geraldton, Kalgoorlie, Albany, Rockingham – Kwinana and Armadale to discuss the program, seek input on the model and determine capacity to establish a pilot site.

#### 5.1.1 Outcomes from Site Visits

##### Geraldton

11 Doctors attended the workshop hosted by the Mid West Division of General Practice.

<b>Potential for Pilot</b>	<ul style="list-style-type: none"><li>• There is a strong pool of GP Obstetricians and Specialists to support the program.</li><li>• Doctors currently operate through a shared-care model.</li><li>• Geraldton has both public and private hospitals with on-call rosters available at both.</li></ul>
<b>Recommendations</b>	<ul style="list-style-type: none"><li>• Should make pilot program uniform throughout the state and non-competitive.</li><li>• Establish a twelve month term.</li><li>• Initially discussed the Graduate based in multiple practices but later determined they would need to be located at one practice.</li><li>• Graduate would need to have own medical indemnity.</li><li>• Should include Aboriginal Medical Service.</li><li>• DRANZCOG training should be completed in regional centres.</li></ul>
<b>Funding Model</b>	<ul style="list-style-type: none"><li>• Should be an equitable funding model throughout the state so neither the practice nor graduate would need to negotiate payments.</li><li>• Provide an on-call allowance to whoever is on-call at the time.</li><li>• Graduate should participate on the normal roster at the hospital.</li><li>• Position should be supernumerary.</li><li>• Should utilise ACRRM's procedural training grant. Part payment per supervised delivery.</li></ul>
<b>Quality</b>	<ul style="list-style-type: none"><li>• Suggested graduate use their DRANZCOG Log Book or PDA for the duration of the program.</li><li>• Need electronic logbook for hospital-based work as there is sometime difficulty experienced in accessing records.</li><li>• Practice assessments could be done through ACRRM.</li></ul>

<p><b>Meetings were also held with the following:</b></p>	<ul style="list-style-type: none"> <li>• Geraldton Regional Hospital - Regional Director and Midwives to discuss the program and seek their support with potential graduates. The Midwives raised the issue of DRANZCOG Graduates potentially competing with Midwifery and RCS Students, though very supportive of program. Also encouraged participation with the Aboriginal Medical Services Clinic.</li> <li>• St John of God – Midwives were supportive of program. They are used to supporting both midwifery and RCS students, though recognised there could be the potential to compete for deliveries.</li> <li>• Some individual visits to GP Practices were also requested and all demonstrated they had capacity to support a DRANZCOG Graduate.</li> </ul>
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### Kalgoorlie

3 out of 4 GP Obstetricians and 1 Specialist attended the workshop in Kalgoorlie hosted by the Rural Clinical School.

<p><b>Potential for Pilot</b></p>	<ul style="list-style-type: none"> <li>• Though the numbers of GP Obstetricians and Specialist Obstetrician based in Kalgoorlie are low, they are very experienced.</li> <li>• A model of support is already in place through the RCS with Medical Students gaining experiences in GP Practices.</li> <li>• GP Registrars would work in a secure environment, with the GPs and Specialist available at all times.</li> </ul>
<p><b>Recommendations</b></p>	<ul style="list-style-type: none"> <li>• Program should be uniform throughout the state and non-competitive.</li> <li>• Should also support local doctors to do their basic DRANZCOG in Kalgoorlie with some payment support to compensate for the time they will be away from their practices.</li> </ul>
<p><b>Funding Model</b></p>	<ul style="list-style-type: none"> <li>• Supported equitable funding model throughout the state to alleviate payment negotiations between practice and graduate.</li> <li>• Support on-call allowance to whoever is on-call at the time.</li> <li>• Graduate could also choose to participate on the on-call roster – practice would pay them a percentage of billings.</li> </ul>
<p><b>Quality</b></p>	<ul style="list-style-type: none"> <li>• Could utilise their DRANZCOG logbook for the duration of the program though not to get too bogged down with bureaucracy.</li> </ul>
<p><b>Training to Advanced DRANZCOG</b></p>	<ul style="list-style-type: none"> <li>• GPs keen to apply to do Advanced DRANZCOG – would like assistance with application.</li> <li>• The program could look at a 'block' application for the state with others that may be interested.</li> <li>• Currently hospital not accredited to support Advanced DRANZCOG.</li> </ul>

<b>Meetings were also held with the following:</b>	<ul style="list-style-type: none"> <li>• Kalgoorlie Regional Hospital – very supportive about the program though concerned about competing for deliveries amongst Midwives and RCS Students. KRH was promoted as a great environment to gain experience.</li> <li>• A couple of practices also requested visits and demonstrated they had capacity to support a DRANZCOG Graduate.</li> </ul>
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## Albany

5 out of 17 GP Obstetricians attended the workshop in Albany hosted by the Great Southern Division of General Practice.

<b>Potential for Pilot</b>	<ul style="list-style-type: none"> <li>• Albany offers experienced GP Obstetricians who provide a full service including laparoscopy and caesarean sections.</li> <li>• Each GP provides their own on-call to their patients with back up provided by other doctors within their practice.</li> <li>• All services are provided in the one public hospital with patients receiving a one on one service from GPs.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>• A uniform and non competitive model should be established.</li> <li>• Given that Albany is well serviced by GP Obstetricians, the GPs could provide a rotational support and mentoring service to other more remote regions. Graduates would then have the opportunity to do more deliveries. They would need, at least, three willing GP Obstetricians to support this service.</li> <li>• Albany people have been spoilt by the private nature of the service as they can choose which doctor they go to. GPs felt patients would be reluctant to be seen by a graduate and also doctors were reluctant to hand over their patients.</li> <li>• Recommended the program needs to go for 12 months.</li> </ul>
<b>Funding Model</b>	<ul style="list-style-type: none"> <li>• Supported a uniform funding model throughout the state.</li> <li>• Supported payment of on-call allowance within the practice.</li> <li>• Graduate would participate on the practice on-call roster.</li> <li>• Provide funding/support to those completing Advanced DRANZCOG.</li> </ul>
<b>Training to Advanced DRANZCOG</b>	<ul style="list-style-type: none"> <li>• Albany doctors would prefer if pilot site to be established in Albany to support Advanced DRANZCOG training.</li> </ul>
<b>Meetings were also held with the following:</b>	<ul style="list-style-type: none"> <li>• Albany Regional Hospital were supportive of the program but recognised that student midwives and medical students would compete even more with GP Registrars for deliveries.</li> </ul>

## Rockingham - Kwinana

The pilot program was discussed with 6 GP Obstetricians who practice in the Rockingham-Kwinana area. The visit was coordinated by Dr Edward Bouverie.

<b>Potential for Pilot</b>	<ul style="list-style-type: none"> <li>Experienced GP Obstetricians – 4 based in one practice close to the hospital.</li> <li>GPs do their own deliveries during the week and participate in an on call roster at weekends.</li> <li>Lots of enthusiasm to participate in the program.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>Support the pilot program being uniform throughout the state and non-competitive.</li> <li>Utilise ex country doctors living in Perth who are really keen to continue with Obstetrics but frustrated over current situation with Health Department.</li> <li>Promote GP Obstetrics by talking to new medical students during their first year.</li> </ul>
<b>Funding Model</b>	<ul style="list-style-type: none"> <li>Supported equitable funding model throughout the state to alleviate payment negotiations between practice and graduate.</li> <li>Support on-call allowance to whoever is on-call at the time.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>Utilise their DRANZCOG logbook for the duration of the program.</li> </ul>
<b>Meetings held with the following:</b>	<ul style="list-style-type: none"> <li>Rockingham/Kwinana District Hospital – Midwives supportive of program but also encourage a shared care arrangement.</li> </ul>

## Armadale

A workshop was held with 5 of the 6 GP Obstetricians who practice in the Armadale area.

<b>Potential for Pilot</b>	<ul style="list-style-type: none"> <li>Six GP Obstetricians deliver 650 of the 1000 local deliveries at Armadale-Kelmscott Memorial Hospital.</li> <li>All practices interested to participate in principal but were concerned about the Registrar placed in their practice who could potentially compete for patients.</li> </ul>
<b>Recommendations</b>	<ul style="list-style-type: none"> <li>They suggested the GP would retain ownership of the patient and the payment for the Graduate could either come from the program or the Hospital.</li> <li>Could employ the Graduate through the Division of General Practice as they operate the Ante Natal Clinic at Armadale-Kelmscott Memorial Hospital, though it was recognized the Graduate would also want to focus on deliveries as well as Ante Natal.</li> <li>The Graduate could be shared throughout the practices though one GP later indicated that his practice would be keen to employ the Graduate.</li> <li>Graduate should be supernumerary.</li> </ul>
<b>Funding Model</b>	<ul style="list-style-type: none"> <li>Felt the program should pay all the costs of the Graduate or alternatively these costs should be paid for by the hospital.</li> </ul>

### **Recommendations from Site Visits**

1. The program should run for a twelve month period, uniform throughout the state and non-competitive amongst practices and DRANZCOG Graduates. An equitable funding model should be established between the Graduate and Practice.
2. Both Basic and Advanced DRANZCOG Training Posts should be established in regional centres and support provided.

## **5.2 Development of the funding model**

The funding model was established after consultation with potential sites and discussion at Reference Group Meetings to ensure the following criteria were met:

- The program needed to be supportive to both the Graduate and Supervisor.
- It needed to demonstrate additional support that other programs don't currently offer to attract DRANZCOG Graduates to participate.
- The model needed to ensure Supervisor's aren't disadvantaged in supporting the Graduate.
- The model needed to support the family given this is seen as a deterrent to practicing obstetrics.
- The model needed to be special and desirable to attract more interest in doctors completing their DRANZCOG.

### **5.2.1 Components of the Funding Model**

	<b>Total for 1 site within Training Program (Per annum)</b>	<b>Total for 1 site outside Training Program (Per annum)</b>
<b>Payment to Graduates</b>		
Accommodation	2392	11908
Relocation	3400	5000
Travel allowance at workshops and sitting exams in Perth	2000	2000
Education - To attend interstate conferences that provide Obstetrics Training eg. RACGP, RANZCOG, ACRRM conferences.	2000	2000
Annual Leave provision 4 weeks @ \$2000 per week	4000	8000
Conference Leave provision 2 weeks @ \$2000 per week	4000	4000
Family Support including childcare.	8000	8000

<b>Payment to GPs and/or practices</b>		
Mentoring - 1 hour per fortnight to other GP Obstetricians and Specialists @ \$100 p/h up to 30 sessions per year	3000	3000
Attendance at deliveries - \$1000 per delivery with a maximum of 10 deliveries per annum	10000	10000
On Call Payment - \$200 per night @ 2 per month	4800	4800

### **5.3 Development of resources**

A 'Practical and Clinical Skills Progress Book' was developed by Dr Jolyon Ford, Director of Postgraduate Medical Education, King Edward Memorial Hospital with input provided by the Graduate. This was utilised by the Graduate to facilitate feedback and to demonstrate confidence and a growing clinical ability during the pilot program. It was never intended as a formal assessment process.

The Practical and Clinical Skills Progress Book covered assessment in Procedural and Examination Skills, Surgical Skills (dependent of level of candidate) and Mini Clinical Examination Exercises (Mini-CEX).

### **5.4 Marketing and promotion of the initial program to graduates**

Initial marketing of the program was undertaken by members of the Reference Group by utilising existing contacts, as they were keen to establish a pilot program that would demonstrate conclusive outcomes. Contact was made with recent DRANZCOG Graduates, those currently completing their DRANZCOG at KEMH and other Registrars participating in the WAGPET program.

The Graduate who participated in the program had just completed her DRANZCOG training at KEMH.

As she was still a Registrar through the WAGPET program her placement for 2007 was already confirmed in Geraldton. Her Supervisor employed under the WAGPET Program agreed to participate in the pilot.

### **5.5 Establishment of Pilot Site**

In September 2006 a letter was sent to all Geraldton GP Obstetricians advising on the commencement of the program. A familiarisation visit was made in Geraldton on 30 November 2006. The Graduate and Program Manager met with Doctors and staff at the practice she was to work in, the Medical Director, Geraldton Regional Hospital, GP Network (formally Division of General Practice), Specialist Obstetrician, Midwives at Geraldton Hospital and was introduced to local GPs at their Monthly Breakfast Meeting.

A Memorandum of Understanding was established between WACRRM and the Supervisor identifying the parameters of the program and defining the payment structure he was eligible to claim for.

A Memorandum of Understanding was also established between WACRRM and the Graduate again defining the parameters of the program and payment / reimbursement structure.

A follow-up meeting by the Program Manager was scheduled for March 2007 but due to ill health could not proceed.

## 5.6 Outcomes from Pilot Site

### 5.6.1 Graduate's Experience

#### Why she chose to do Obstetrics

During her obstetrics rotation as a medical student, the Graduate was inspired by the role of midwives and doctors in ensuring the safe passage of mother and baby, through the antepartum period and through labour and delivery.

#### Why she was keen to participate in the program

After completing the DRANZCOG at KEMH in June 2006, she felt that her knowledge of obstetrics was sound and she was eager to continue to practice.

From June to December 2006 the Graduate worked in a non-procedural GP practice. During this short time she felt that she was losing her procedural skills which resulted in her having decreased confidence.

This program presented an opportunity for her to practice obstetrics in a supported environment, where she would have the assistance of an experienced GP Obstetrician when needed.

#### Experiences gained through the program

Service	Number
Care provided to Antenatal Women at the GP Practice	45
Total number of labours managed at Geraldton Regional Hospital	18
- Assisted deliveries (vacuum)	1
- Spontaneous vertex deliveries	16
- Those later requiring Caesarean Sections	2
- Induction of labour	4
Obstetric admissions whilst on-call (no delivery) (Preterm labour, gestational diabetes, pre-eclampsia, maternal pneumonia, poor antenatal attender).	15
Complications post delivery	2
- Neonatal resuscitation	3
- Shoulder dystocia	2
- Postpartum haemorrhage	5
- Perineal repair	1
- Endometritis	
Participation on the on-call roster at Geraldton Regional Hospital from February to September 2007.  (Was keen to participate more regularly and, though frequent requests were made, shifts were not always available.)	23

### **Level of supervision/support accessed**

- By Mentor/Supervisor
  - Advice by phone for all obstetric admissions who presented to hospital or during on-call shifts.
  - Advice at the practice regarding complicated antenatal patients.
- By Other Geraldton GPs
  - Assisted delivery
  - Suture of third degree perineal tear
- Further support provided by
  - The Geraldton Obstetrician who was always supportive and available for both gynaecologic and obstetric advice.
  - Geraldton GPs, Midwives, KEMH Obstetric and Gynaecology Registrars and Consultants for telephone advice or transfer of patient care when appropriate.

### **Education**

Fortnightly tutorials were provided by the Supervisor in various settings which included the practice, hospital and on the labour ward.

Topics covered during these tutorials included:

- Preterm birth
- Breech
- Pre eclampsia
- Premature rupture of membranes
- Chorioamnionitis
- Poly / oligohydramnios
- Intrauterine growth restriction / small for gestational age fetus
- Cardiotocography interpretation
- Induction of labour
- Obstetric emergencies: shoulder dystocia, post partum haemorrhage, eclampsia, neonatal resuscitation and neonatal umbilical artery cannulation
- Assisted deliveries
- Case discussion
- Debriefing

Further education obtained during the program included:

- Obstetric and Neonatal teaching sessions - arranged through Midwest Division of General Practice.
- Online pregnancy “non directive counselling” teaching module – RACGP
- Family Planning Western Australia. One week certificate /exam in Sexual and Reproductive Health plus one week of clinical experience in Perth.
- Consolidation of skills and upskilling at KEMH, Perth:
  - Labour and birth suite (most valuable experience at KEMH), Ultrasound Department, Maternal Fetal Assessment Unit, Diabetes Clinic, Adolescent Antenatal Clinic, Fertility Clinic, and Colposcopy Clinic.

### **Value of the program from the Graduate’s perspective**

The program allowed the Graduate to consolidate the skills and knowledge she obtained during her DRANZCOG in 2006. More importantly, the program has allowed her to increase her confidence and ability to function as an independent GP Obstetrician.

During the period of the program she managed a wide variety of cases and explored some complex obstetric learning issues in Geraldton. For this reason, she felt that many of the original aims of the program have been achieved. She now intends to pursue a career in GP Obstetrics as a result of the experiences gained through this program.

- Components of the program that was most beneficial:
  - Having a Supervisor who was always available to discuss obstetric patients or concerns she had. (The Supervisor in this instance made himself available at all times, including weekends and on occasions when he was out of town).
  - Log book: opportunity to reflect on the cases that she managed and to evaluate alternative ways to address the challenges presented.
  - Financial assistance with child care support, relocation and rental allowance.
  - Provision for study leave.
  - Provision for further education.
  - Ability to consolidate skills at KEMH, particularly valuable after practicing in the community for a few months.
  - The ability to contact a Program Manager that was independent.
- Barriers experienced during the program:
  - Lack of on call shifts to gain more experience with deliveries.
  - No contract at Aboriginal Medical Service resulting in the inability to be legally supervised to work there. Working in this clinic would provide the opportunity to manage complex obstetric patients with unique issues.

“I am grateful to have been given the opportunity to participate in such a wonderful program.” Dr Anita Moss

***Recommendations from the Graduate***

3. The Graduate should have access to more on-call shifts at the Regional Hospital.
4. To enable the Graduate to practice at the Aboriginal Medical Service a contract needs to be in place between the Training Provider and the AMS.
5. The Graduate needs to have access to a Supervisor that is available at all times. This role could be rotated between other GP Obstetricians.
6. Utilisation of the log book as a self monitoring tool should be available to participants.
7. Financial assistance with child care support, relocation and rental allowance be offered.
8. Provision for study leave and provision for further education be made available.
9. Ability to consolidate skills at a teaching hospital, particularly after experience gained in the community.
10. Access to an independent Program Manager.

**5.6.2 Supervisor' Perspective**

Program perspective from the Supervisor:

- A good and well structured program.
- Appreciated the Memorandum of Understanding which defined the parameters of the program.
- He felt the remuneration to be realistic.
- As a mentor/supervisor he didn't feel overwhelmed by extra work.
- He commented on how nice it was to have an obstetric graduate help improve his own obstetric knowledge.
- He felt the Log Book to be overdetailed and too reminiscent of medical student log books.
- He recommended the program be expanded and used for all obstetric registrars post Diploma of Obstetrics wherever they practice.

***Recommendations from the Supervisor***

11. The Program should continue with the MOU defining the parameters.
12. The program should be expanded and used for all obstetric registrars post Diploma of Obstetrics wherever they practice.

### 5.6.3 Geraldton Doctor's – Outcomes from Survey

An evaluation was completed by GP Obstetricians, Specialist Obstetrician and a random selection of other GPs based in Geraldton.

The following questions were asked. A random selection of responses as follows:

#### ***Do you consider the program to be worthwhile and why?***

Almost all responses considered the program to be very worthwhile.

Comments:

- “Yes, to support the practice of Obstetrics by the GPs in an environment they don't feel exposed to and feel out of their depth as help is a phone call away.”
- “Extremely – it improved registrar's confidence and registrar's perception of program.”
- “Absolutely – excellent program.”

#### ***What do you consider the main strengths of the program and why?***

Comments:

- “One on one support for GP Obstetrics to GP Obstetrician.”
- “Based in rural General Practice is relevant.”
- “May enable graduates to use their qualification to its full potential.”

#### ***What changes would you recommend to the program and why?***

Comments:

- “Each has to be tailored to the needs of the individual GP Obstetrician plus how much input they want from their back up GPs.”
- “Need to keep the program going and available to more practices. Need not be restricted to GP Practices.”
- “Need to be less focused on the practice, need to include the AMS Midwife Clinic. Need to include capacity for private and public. Need to include all doctors who are willing to help.”

#### ***Would you be interested in supporting DRANZCOG Graduates in the future?***

Comments:

- “Very keen on being involved in the future.”
- “Yes and a more collaborative approach so everyone can be involved in the program.”

#### ***Other comments:***

- “It would be great to train up a GP Obstetrician who is looking to stay in the particular area that they are training in. It establishes more rapport with the place and the GP Trainers/mentors will invest more into their training.”
- “Keep it going.”
- “If the Diploma of Obstetrics could be done locally I would consider doing it.”

***Recommendation from local Geraldton Doctors***

14. GP Obstetricians based in Geraldton wanted more involvement in the program. The current model limits this as the Graduate is based in one practice.

## **5.7 Marketing and promotion of the overall program**

The program was initially marketed to:

- DRANZCOG trainees at King Edward Memorial Hospital.
- Registrars at WAGPET May Day and other Registrars completing the GP Training Program.
- Recent DRANZCOG Graduates through individual contact and by word of mouth.

Given the ad hoc approach it was determined to develop a marketing and promotion strategy to define a mechanism that could be used to promote the future project to DRANZCOG Graduates, GP Practices, and other key stakeholders with the aim of recruiting more participants.

### **5.7.1 Promotion**

- a. Target Registrars at Orientation week and host a stand at relevant conferences.
- b. Target hospitals during their orientation and/or recruitment programs.
- c. Promote the program to Graduates in such a way to demonstrate how Doctors can pay their HECS fees more expediently in the country.
- d. Ensure appropriate placements are made in existing obstetrics practices with Registrars interested in completing their DRANZCOG.
- e. Extend Registrars six month placements to twelve months in GP Practices.
- f. Review the previous 'Selective' model with a view to adapting in urban areas for medical students to gain some experience similar to the Rural Clinical School (RCS) model.
- g. Support RCS in their promotion of obstetrics to undergraduates.
- h. Promote the program to other key stakeholders, i.e. Midwives.
- i. Extend the parameters of students to include both UWA and Notre Dame.

### **5.7.2. Marketing**

- a. Target DRANZCOG trainees at King Edward Memorial Hospital.
- b. Send information flyers to DRANZCOG graduates who completed the program over the past five years.
- c. Market to PGY1s through Post Graduate Medical Council Western Australia.
- d. Market program to students through the existing DRANZCOG Graduate participating in the first pilot site.

- e. Promote the program through GP Liaison Officers, hospitals and Registrars enrolled in the training program through WAGPET.
- f. Contact junior doctors through the current Chair of the Junior Doctors Group.

Given the timelines of the project the promotion and marketing strategy was not fully explored.

***Recommendation from Marketing and Promotion***

- 15. The program needs to be promoted and marketed to encourage more Registrars to complete their DRANZCOG Training.

## **5.8 Supporting Advanced DRANZCOG**

During the initial consultation with the five sites three GPs from 2 locations identified they were keen to do their Advanced DRANZCOG Training but could only complete this if undertaken at their place of residence.

The program undertook the following activities:

- Given the interest from local GPs it was determined to submit a block application to RANZCOG for Albany Hospital and Kalgoorlie Regional Hospital who were then supported in completing their applications to establish Advanced DRANZCOG Training Posts.
- GPs were keen to establish a two week block training program at KEMH to assist them in gaining the required amount of caesarean sections. Two GPs were also interested to complete a further two week ultrasound training course.
- A funding proposal was established with the aim to support GPs to undertake their Advanced DRANZCOG Training. Given that the GPs based in rural centres will have access to ACRRM's Advanced Clinical Training Grant of \$20,000 per annum the only support initially required was for their relocation to Perth to attend a two week block training program at KEMH.
- The proposal was supported by the Department of Health, WA but didn't progress as it was a RANZCOG requirement that Training Posts be established prior to undertaking training and two of the three GPs decided not to complete their Advanced DRANZCOG training in a regional centre in 2007.
- Kalgoorlie Regional Hospital was approved as an Advanced DRANZCOG Training Post in June 2007.

***Recommendation from Advanced DRANZCOG***

- 16. The program needs to include support to Doctors completing their Advanced DRANZCOG and also post Advanced DRANZCOG Training.

## 6.0 CONCLUSION

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Overall the program was seen to be most worthwhile. From the Graduate's perspective it has enabled her to now have the confidence to practice independently. It also enabled her to make the choice to continue to practice Obstetrics in the future which she was uncertain of prior to commencing the program.

The program also demonstrated that GPs based in Regional Centres are very keen to participate and would like a much greater role in the future to support the Graduate.

Most of those who were involved in the program were keen that this model of support be incorporated into a standard model of training and post procedural qualification.

## 7.0 ABREVIATIONS

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ACRRM	Australian College of Remote and Rural Medicine
AMS	Aboriginal Medical Service
DoHA	Commonwealth Department of Health and Ageing
DRANZCOG	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
GP	General Practitioner
HECS	Higher Education Contribution Scheme
KEMH	King Edward Memorial Hospital
KRH	Kalgoorlie Regional Hospital
MOU	Memorandum of Understanding
PMCWA	Post Graduate Medical Council Western Australia
PGY	Post Graduate Year
RACGP	Royal Australian College of General Practitioners
RCSWA	Rural Clinical School Western Australia
RHW	Rural Health West
SOSU	State Obstetric Support Unit
UWA	University Western Australia
WACHS	WA Country Health Services
WACRRM	Western Australian Centre for Remote and Rural Medicine (name changed to Rural Health West)
WAGPET	Western Australian General Practice Education and Training