Sustainable GP obstetrics for regional communities

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Safe, sustainable obstetric care
Pop: approx 150,000
>1600 births p.a.
Key features of the model #1

➢ Three levels of patient care

➢ Obstetrician care
  ➢ 4-5 O&G specialists. Mainly deal with complex problems and high risk pregnancies and births

➢ GP obstetrician care
  ➢ 12 GPOs undertake normal, instrumental & some complex deliveries excluding Caesarean sections
  ➢ Shared care between GP and GPO

➢ Midwife care
  ➢ Antenatal, birthing, post-natal care. Normal, very low-risk deliveries
Key features of the model #2

- Public Roster system
  - Introduced in the mid 1990s to mitigate unsustainable workloads
  - Staffed by 12 GPOs 24/7 for all public patients
  - Ensures timely “back up” and support from obstetricians who also work a 24/7 roster
  - Collaborative team approach with mutual trust and respect for each others’ skills
Key features of the model #3

Training and support

Obstetrician training

- 2 x O & G registrars x 12 months
- Broad clinical exposure including surgery
- Mandatory private practice component
- Support from obstetricians and GPOs

GPO training

- 1.5 registrars
- Basic and Advanced DRANZCOG
- Support from GP supervisors, obstetricians and GPOs
Key features of the model #4

- Coordinated clinical & operational responsiveness
- Structured approach to functionality
- Dir. of Obstetrics appointed
  - Leadership
  - Single point of contact
  - Coordination across disciplines
  - Integration of doctors to hospital systems & policies
  - Focus on education and training, case reviews, perinatal audits
Secrets of success #1

➢ Size, composition & characteristics of the region

I think one of the secrets of our success has been our size; our number of GPOs; the fact that we do a significant number of deliveries a year and we have good specialist support. [GPO]

➢ Diversity of rural practice

I came here ... because of the type of medicine that was being practised: specifically, the procedural work ... obstetrics and anaesthetics and emergency work - it all seemed like a really exciting job. (GPO)
Secrets of success #2

 ➢ Sustainable workloads

*I think that going to a public roster ensured our survival because ... it meant that we could continue to do obstetrics in a sustainable way.* [GP obstetrician]

➢ and prevention of burnout

*Benefits? Its sustainable. You don’t burn out. ... we can plan our lives. We can have a day off.* [Obstetrician]
Secrets of success #3

➢ Willingness to develop collegiate relationships

... it involves everyone being willing to look at it from a new perspective. Everyone has to relinquish a little bit of control I suppose. The obstetricians have to relinquish control over the department and let GPOs do their thing and trust the GPOs. And the GPOs have to acknowledge that the specialists have ... the knowledge and skills that surpass their own. [GPO]

➢ High quality training

I guess it is reputation. ... It is seen as a good place to train; to settle; so we have this workforce, ... where we have some sort of certainty of workforce because we deliver both the training and, in a sense, we deliver the on-going service opportunities. [Health Service executive]
Secrets of success #4

Nurturing the next generation of GPOs

As a GP I wanted to do something more than just general practice. ... it was so well supported and I had some good role models in general practice ... I did an extra year of obstetrics part-time, two days a week and general practice part-time. ... I had a job at the end of it doing obstetrics, so I didn’t think that my qualification would be wasted. (GPO)

Train here, stay here

You train for 12 months so it gives you time to develop roots. ... We now have training positions at Albury/Wodonga Health [and] we’ve managed to keep people because of that. They don’t all stay and you don’t expect them all to stay but as long as you get a few. Because of that we’ve managed. [GPO]
Secrets of success #5

Clinical standards

We have very robust peer review where we meet every month. We look at complications and how they happened and so we do an audit. It is totally confidential. It is an educational session where everyone learns how to avoid that problem next time they see it. And I think that is one of the best meetings we have because it is educational. [Obstetrician]

Leadership and coordination across disciplines

Administratively, in terms of efficiency it’s a big improvement, particularly for management and decision making. [Health Service executive]
The cornerstone of rural obstetrics is the GP, not the specialist – the GP proceduralist

(O&G specialist Oct 2011)