

RACGP Victoria submission to the Victorian Maternity Taskforce – Safer Care Victoria

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RACGP

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Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to Victorian Maternity Taskforce, led by Safer Care Victoria

The RACGP is Australia's largest professional general practice organisation, representing over 50,000 members working in or toward a specialty career in general practice, including over 12,000 members in Victoria. With the return of college-led training in 2023, the RACGP now trains more than 90% of Australia's GPs.

The RACGP sets and maintains the standards for high-quality general practice care in Australia and advocates on behalf of the general practice discipline and our patients. As a national peak body, our core commitment is to support general practitioners (GPs) and their broader healthcare team to address the primary healthcare needs of the Australian population.

Executive Summary

The Victorian Maternity Taskforce provides an important opportunity to ensure equitable, safe, and high-quality maternity care across the state. General practitioners are central to delivering maternity care, particularly in shared care models and rural and regional areas where service gaps persist. However, structural challenges, including workforce shortages, variability in funding and accreditation, and limited integration of cultural and consumer perspectives, hinder optimal care delivery.

This submission outlines key recommendations to address these challenges, ensuring better access, improved safety, and patient-centred care. Key areas of focus include equitable remuneration, sustainable workforce strategies, standardised guidelines, and culturally safe practices. The RACGP's recommendations aim to support the Victorian Maternity Taskforce in achieving these goals.

Access to Care/Access to Maternity Models of Care

Access to maternity care is fundamental to ensuring positive health outcomes for mothers and babies across Victoria. However, ongoing challenges continue to restrict access to these essential services, leading to inequitable healthcare experiences. A significant concern is the decline in GP obstetricians due to inadequate remuneration, making it financially unsustainable for many to continue providing maternity care. The lack of fair Visiting Medical Officer (VMO) contracts further discourages GP obstetricians from working in hospitals, exacerbating the shortage of skilled practitioners in both metropolitan and regional areas. Without competitive remuneration structures, the state risks losing an essential workforce component that plays a critical role in maternity care.

Additionally, misconceptions about the shared care model have contributed to its declining utilisation. This model is a cost-effective and high-quality approach to maternity care that allows GPs to collaborate with hospitals and specialist services. However, a lack of appropriate funding has limited participation, creating the false perception that shared care is no longer a viable option. It is crucial to advocate for continued investment in shared care and to educate policymakers on its benefits to ensure ongoing patient access to this model.

Patient choice remains another key issue, as the reduction of GP obstetricians and shared care programs limits the options available to expectant mothers. A maternity care system that lacks diversity in care models forces women into a one-size-fits-all approach, removing their ability to select the care pathway that best suits their needs. Protecting diverse maternity care options is essential to preserving autonomy in pregnancy-related decision-making.

Rural and regional areas face the most pronounced service gaps, with many women struggling to access timely maternity care due to workforce shortages and limited healthcare infrastructure. Expanding telehealth services can help address this disparity by allowing patients in remote locations to receive specialist consultations and routine check-ups without the burden of extensive travel. Furthermore, targeted funding and infrastructure investment are necessary to ensure that rural maternity services remain viable and capable of meeting community demand.

Fair remuneration, advocating for the shared care model, the preservation of patient choice, and strategic investment in regional services are all necessary to improve maternity care accessibility in Victoria. Addressing these areas will help rebuild the GP obstetrician workforce, ensure diverse maternity care pathways, and bridge service gaps in rural communities.

Recommendations:

- **Remuneration and GP Obstetricians:**
 - Implement equitable Visiting Medical Officer (VMO) contracts to provide fair remuneration for GP obstetricians in hospitals, addressing financial barriers to their retention and re-engagement in the workforce.
 - Develop targeted funding models to incentivise GPs to re-enter or remain in obstetric care.
- **Shared Care Model:**
 - Increase funding for shared care programs in general practice to sustain and expand participation among GPs.
 - Develop educational campaigns to address government misconceptions about shared care and emphasize its cost-effectiveness and patient-centred benefits.
- **Patient Choice:**
 - Establish policies that safeguard a variety of maternity care options, ensuring women can access GP obstetricians, midwifery-led models, and hospital-based care.
 - Provide additional support for maternity services in regions at risk of losing GP-led care to maintain diverse care pathways.
- **Address Service Gaps:**
 - Expand telehealth maternity services and outreach clinics in rural and regional areas to bridge gaps in access.
 - Provide targeted funding and resources to rural healthcare facilities to ensure equitable access to comprehensive maternity care.

Workforce

The sustainability of Victoria's maternity services relies on addressing critical workforce challenges that undermine the system's ability to meet growing and complex demands. Financial disincentives and insufficient training opportunities have significantly reduced the number of registrars pursuing obstetrics, while the complexity of women's health needs continues to rise. To address this, there is a pressing need for financial incentives, such as grants and scholarships, to

encourage registrars to complete diplomas in obstetrics or pursue careers as GP obstetricians. Such measures are particularly important for underserved regions, where shortages are most acute.

In addition to training incentives, robust workforce planning is essential. A centralised database to track and analyse trends in hospitals withdrawing obstetric services would provide valuable insights into workforce gaps and inform targeted strategies. This data-driven approach could help policymakers and stakeholders identify critical areas requiring intervention and ensure a more equitable distribution of maternity care services across Victoria.

Recruitment and retention efforts are also critical to sustaining maternity services, particularly in rural and regional areas. Attracting maternity care professionals to these areas requires innovative strategies, including relocation packages, housing subsidies, and professional development opportunities. These incentives not only make rural placements more appealing but also help to establish long-term workforce stability in regions with the greatest need. Retention efforts should also prioritise mentorship and career progression programs to ensure maternity care professionals feel supported and valued throughout their careers.

Recommendations:

- **Incentivising Training:**
 - Introduce financial grants or subsidies for registrars pursuing advanced training in obstetrics or diplomas, with a focus on rural placements.
 - Provide scholarships for medical students and junior doctors from rural backgrounds to undertake maternity-related training.
- **Data on GP Obstetricians:**
 - Establish a centralised database to track GP obstetricians and monitor trends in hospitals providing obstetric care, identifying workforce and service gaps.
 - Use data insights to develop targeted workforce strategies, including identifying critical areas requiring maternity services.
- **Recruitment Strategies:**
 - Develop relocation packages, including housing and family support, to attract maternity care professionals to underserved regions.
 - Create mentorship and professional development programs to support career progression for healthcare professionals in maternity care.

Quality and Safety

Ensuring the safety and quality of maternity care in Victoria requires a comprehensive and standardised approach. A lack of uniform statewide guidelines and inconsistent accreditation processes across hospitals and states create discrepancies in care quality and accessibility. The development and implementation of statewide antenatal shared care guidelines and a universal accreditation framework will establish clear, evidence-based protocols that enhance the safety and standardisation of maternity services.

To further strengthen safety standards, increased funding should be allocated to multidisciplinary emergency obstetric drills and training programs, particularly in regional and remote facilities where access to specialist care is limited. These

initiatives will enhance preparedness, improve response times in critical situations, and ensure that all maternity care providers maintain high levels of competency in emergency scenarios.

Accreditation and credentialing processes must also be streamlined to create uniform standards across hospitals and states. Currently, inconsistencies in accreditation can result in gaps in shared care quality. A cohesive and standardised accreditation system will ensure that all maternity care providers meet the same rigorous quality standards, reducing variation in care and improving patient outcomes.

Cultural safety and trauma-informed care are equally critical components of high-quality maternity services. Maternity care providers must be equipped with the necessary training and resources to deliver culturally appropriate care, particularly for Aboriginal and Torres Strait Islander populations. Embedding cultural safety principles, supported by resources such as the National Guide to Preventive Healthcare, will help ensure that maternity care is respectful, inclusive, and tailored to the unique needs of diverse communities.

Recommendations to include:

- **Statewide Guidelines:**
 - Develop and implement consistent statewide antenatal shared care guidelines to standardise practices and ensure quality across services.
 - Establish a universal accreditation process for shared care providers to maintain consistency and safety.
- **Safety Standards:**
 - Fund and mandate multidisciplinary emergency obstetric drills and training for all hospitals, with a focus on regional and remote facilities.
 - Invest in technology and infrastructure to support real-time safety monitoring and reporting for maternity services.
- **Accreditation and Credentialing:**
 - Implement a streamlined, statewide approach to accreditation and credentialing for maternity care providers to ensure uniformity.
 - Provide ongoing professional development and competency assessment programs for GP obstetricians and other maternity care providers.
- **Cultural Safety and Trauma-Informed Care:**
 - Fund training programs for maternity care staff in trauma-informed and culturally safe practices, particularly for working with Aboriginal and Torres Strait Islander patients.
 - Partner with First Nations organisations to co-develop culturally safe maternity care models.

Patient Experience

Placing patients/consumers at the centre of maternity care is fundamental to ensuring services are responsive, inclusive, and of the highest quality. A holistic approach to maternity care must encompass not only physical health but also mental

health, chronic disease management, and overall well-being throughout pregnancy and postpartum. Addressing these factors collectively is critical to supporting positive maternal and infant health outcomes. Many women experience mental health challenges during pregnancy and the postpartum period, necessitating integrated support services that include psychological care, social services, and chronic disease management within maternity care pathways.

Engaging patients in the co-design of maternity services is essential to creating care models that reflect the diverse needs and preferences of women, particularly those from First Nations communities and other priority populations. By collaborating directly with women who use these services, healthcare providers and policymakers can develop culturally appropriate and inclusive maternity care pathways. The "Replanting the Birthing Trees" project is an example of how patient perspectives can be leveraged to shape better maternity care experiences, particularly for Aboriginal and Torres Strait Islander women.

To ensure continuous quality improvement, robust feedback mechanisms must be established. These mechanisms should allow consumers to provide real-time input on their maternity care experiences, ensuring that services remain adaptable and responsive to emerging needs. Digital platforms, structured surveys, and consumer advisory panels should be utilised to collect and analyse feedback, leading to ongoing refinements in service delivery and policy development.

Recommendations:

- **Holistic Care Approach:**
 - Expand funding for integrated care pathways that address mental health, chronic conditions, and well-being during pregnancy and postpartum.
 - Include holistic support services such as counselling, nutrition advice, and social support in maternity care programs.
- **Co-Design with Consumers:**
 - Establish consumer advisory panels, ensuring representation from First Nations and priority populations to co-design maternity services.
 - Incorporate lessons from initiatives like "Replanting the Birthing Trees" to embed cultural and community perspectives into service design.
- **Feedback Mechanisms:**
 - Develop user-friendly feedback tools to capture patient experiences, including digital platforms and surveys.
 - Use feedback data to inform continuous quality improvement initiatives and policy updates in maternity care services.

Recommendations Summary

The RACGP has identified key areas for improvement in Victoria's maternity care system, focusing on equitable access, workforce sustainability, safety and quality standards, and patient-centred care. Addressing these areas is crucial to ensuring all women, especially those in rural and underserved communities, receive comprehensive and high-quality maternity care.

To improve access to care, the RACGP recommends implementing equitable remuneration models, including fair Visiting Medical Officer (VMO) contracts, increasing funding for shared care programs, and expanding telehealth maternity services to bridge service gaps in rural areas. Supporting the workforce through financial incentives, targeted training opportunities, and structured recruitment and retention strategies will help sustain maternity services across the state.

Enhancing safety and quality standards is essential, including the development of statewide antenatal shared care guidelines, accreditation processes, and funding for emergency obstetric drills. Furthermore, embedding cultural safety and trauma-informed practices within maternity care will improve accessibility and outcomes for Aboriginal and Torres Strait Islander patients and other priority populations.

Consumer engagement remains a cornerstone of maternity care improvement. The RACGP supports co-designing services with First Nations representatives and other key stakeholders to ensure culturally appropriate, inclusive, and patient-centred care. Establishing robust feedback mechanisms will enable continuous quality improvement and adaptability to meet the evolving needs of women and families.

Through these strategic recommendations, the RACGP aims to work collaboratively with the Victorian Maternity Taskforce and other stakeholders to create a sustainable, equitable, and high-quality maternity care system that serves all communities effectively. Implementing equitable remuneration models, including VMO contracts, to support GP obstetricians. Increasing funding for shared care programs and educational initiatives. Expanding telehealth maternity services and addressing rural service gaps. Introducing financial incentives and scholarships for obstetric training. Developing statewide antenatal shared care guidelines and accreditation processes. Funding safety initiatives such as emergency obstetric drills. Embedding cultural safety and trauma-informed practices across maternity services. Co-designing services with consumers, particularly First Nations representatives. Establishing user-friendly feedback systems to guide quality improvement.

Conclusion

The RACGP remains dedicated to collaborating with the Victorian Maternity Taskforce to enhance maternity care services across Victoria. Addressing key issues such as equitable access, workforce sustainability, quality and safety, and patient-centred care is essential to creating a resilient and inclusive maternity care system that meets the needs of all women, particularly those in underserved communities.

We strongly advocate for systemic improvements that support GP obstetricians, promote integrated care models, and uphold cultural safety standards. By implementing the recommendations outlined in this submission, we can ensure that maternity care in Victoria is accessible, high-quality, and responsive to the evolving needs of patients and healthcare providers alike.

The RACGP welcomes ongoing engagement with the Taskforce and other stakeholders to further refine and implement these recommendations. Please do not hesitate to contact us for additional information or to discuss any of the points raised in this submission.