Delivering results

Despite the long hours, being called out at 2:00 am and the possibility of things going wrong very quickly, rural GPs practising obstetrics are passionate about their job. For Dr Michael Hoopmann, a GP in the SA town of Nuriootpa with more than 30 years’ experience in obstetrics, being a rural GP-obstetrician is all part of life as a generalist. ‘It is very rewarding because I consider general practice, like many GPs before me, to be holistic medicine where you essentially take that person from the delivery to the grave, and obstetrics is no different,’ he told Good Practice.

Delivering care
While the majority of Australian women will go to their GP for referral to a specialist during pregnancy, that is often not possible for those living in rural and remote communities. In those areas, the role of delivering babies often falls in the hands of the local GP-obstetrician. One of the biggest advantages of having GP-obstetricians in rural communities is that they can provide...
**Skills and support**

Australian GPs have a long history of involvement in antenatal and postnatal care, both as the hub of the primary care process and as custodians of the obstetric health and ultimately the delivery of a large number of uncomplicated live births in Australia.

The NFSI’s Antenatal and Postnatal Care Network supports members who wish to discuss and share their skills in this area, while expanding their knowledge and that of their colleagues. They also benefit from the opportunity to network with fellow GPs.

For more information on the Antenatal and Postnatal Care Network, please contact the NFSI group at nfsi@racgp.org.au

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expectant mothers with holistic and ongoing healthcare beyond pregnancy-related issues.

‘Being a GP-obstetrician, the continuity of care is much better in the country than it is in the city because of the relationship that is built,’ Hoopmann said. ‘You see them [patients] as young females, as kids, they grow up, you put them on the pill, they get married, you take them through their pregnancy and you will soon look after their kids, and then the kids grow up and you go through the same thing with them.’

Like many other GP-obstetricians, Dr David Polmear, who works in both rural Victoria and Melbourne, believes that allowing expectant mothers to deliver in their local area is important to the family and the community.

‘For mothers, the ability to deliver in a local area with people that they know – often the midwives and doctors who are going to be the people who look after them before and after they have delivered – is a very important aspect of medicine,’ he told Good Practice.

‘Obstetrics outcomes, breastfeeding retention rates, lots of other things you can measure are better in areas where people who they know deliver their babies and when continuity of care is provided.’

**Changing times**

The role of a GP has evolved over time, especially in the field of obstetrics. Up until the 1950s, most babies in Australia were delivered by GPs. Today, however, many expecting parents are choosing to visit specialists to deliver their babies instead.

‘Thirty years ago, it was a done thing when GPs decide to go out to practise in the country, that they deliver babies as well,’ Hoopmann said. ‘The world of medicine is becoming more specialised these days and there are not enough obstetricians going around to the smaller units in towns.’

In a country like Australia, where a relatively small population is spread out over a large area, the idea of having a specialist attend to each community is not feasible.

Dr Peter Kell, a long-time GP-obstetrician from Peel Maternity & Family Practice in WA, delivers more than 350 babies each year. He believes the situation in WA reflects the national reality.

‘It does differ state by state, but here in WA, we rely very heavily on GP-obstetricians because there is a large number of cities with people spread around and we only have one tertiary maternity hospital,’ he told Good Practice. ‘That is why it is important for a state like WA to not just maintain, but also to continue to increase the number of GP obstetricians, because without them, mothers cannot deliver in a safe environment.’

Most rural GPs are used to working long hours, and evidence suggests those hours increase as the doctor becomes more experienced. A 2010 Australian study into GP-proceduralists published in *Rural and Remote Health* revealed the average number of hours worked differed significantly between age groups. The study found younger procedural doctors (those under 40 years old) worked an average of 37.4 hours per week, whereas those over 51 years of age worked 54 hours per week on average.

**Drop in numbers**

After more than two decades of decline in the number of GP-obstetricians in Australia, the situation is now starting to improve around the country. According to a 2012 report by Health Workforce Australia, in 2011 around 60% of rural GPs who were involved in obstetrics, anaesthetics or surgery services provided normal delivery obstetrics services to their patients, highlighting the importance of these skills.

It was also found that a large number of these GP-proceduralists are located in Remote Area 4 or Remote Area 5, the most isolated parts of Australia.

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Dr David Polmear.
Experienced GP-obstetricians like Hoopmann understand the need for continual growth in rural GP numbers, especially given the shortage of recent years.

‘Babies come at any time and you have people who are forced to deliver in cars and on doorsteps, and if they are a significant way away from a central area, things can go wrong quickly and you really need an experienced GP to be there,’ he said.

Polmear believes the fall in rural proceduralist numbers was partly due to the heavy workload that comes with being a rural GP, let alone one who also practises obstetrics.

‘There has been a generational change in the attitude of working in medicine compared to the attitude in my days,’ Polmear said. ‘As a rural GP-obstetrician, we were probably a bit more accepting of working longer and harder hours because that was part of the deal. We are not seeing as many people coming through because the new generation are a bit more lifestyle-orientated and they have worked out what are the good things and not-so-good things to be involved with.’

There is hope that the increased number of medical students graduating – a predicted 170% increase from 1999 to 2015 – will help alleviate the problems faced by many remote communities. It’s already starting to pay off.4

‘Up until a few years ago, there has been a lack of GPs needed to fill the space of the likes of us who are retiring,’ Hoopmann said. ‘It is only now, after about 10 years, where we are seeing the group of graduating students coming through who will hopefully take over from us. As more graduates and registrars get involved in obstetrics, this will help to fill the void and we are already seeing more of them take up obstetrics in rural areas.’

Increasing the numbers

Many of Australia’s leading health organisations are working to ensure a fair spread of GP-obstetricians across Australia, specifically in rural and remote areas. Kell believes that in order to increase the number of students taking up obstetrics, it is vital to look at changing the training pathways currently available to GPs.

‘The thing that would make a big difference to rural obstetrics would be to create two streams in obstetrics and gynaecology training,’ Kell said. ‘The idea of splitting it, just becoming a fellow of obstetrics, making it a shorter course, over three to four years instead of six to seven years, will definitely attract people who cannot or do not want to spend that long on something they will not practise in the end.’

Among those GPs practising obstetrics, some believe the best way to attract more medical students into the role of GP-obstetrician is to create a fostering environment.

‘The reason I went back to Foster to be a GP-obstetrician there was because I was a trainee and it was a good practice with quality people running it, which encouraged me to go back,’ Polmear said.

‘That is what we need to see more of if we want to increase the numbers: people who are enthusiastic and who care about the field,’ Hoopmann agrees and identifies internships in rural areas of Australia as another important way of getting more students involved.

References