



VRGP State-wide Evaluation of Rural Generalist Advanced Obstetric Training

EXECUTIVE SUMMARY

Background

The closure of rural health maternity services and the undersupply of specialist obstetrics in rural and remote areas highlight the importance of the continuation of Rural Generalist Obstetricians (RGOs) providing safe maternity services for rural women and their families in Victoria^{1,2,3}. The development of state and national rural pathways attempts to address these needs; the establishment of the Victorian Rural Generalist Program (VRGP) helps co-ordinate a cohesive, end-to-end Rural Generalist (RG) Pathway, which includes obstetric training. There have been issues associated with trainees not preferencing to enrol in and then successfully progressing through Advanced Obstetric Training. It has also been identified that there is a variation in the quality of the training provided. This project undertook an evaluation of Advanced Obstetric Training posts in Victoria to identify the barriers to trainees completing their Advanced Obstetric Training and the key components of successful models of training.

Aims

1. Identify the training positions that meet DRANZCOG and DRANZCOG Advanced training requirements in the year of training.
2. Identify barriers that impede trainees from successfully completing DRANZCOG and DRANZCOG Advanced training requirements.
3. Identify successful models of DRANZCOG and DRANZCOG Advanced training across rural Victoria, including the key components and implementation strategies of these models.
4. Disseminate findings to appropriate stakeholders to inform the continued development of training models that lead to independent RGO practice.

Methods Summary

A mixed methods evaluation approach was used, beginning with a cohesive desktop scoping of the current RG Advanced Obstetric Training posts in Victoria. We then conducted a combination of surveys, semi-structured interviews, and focus groups with three cohorts of stakeholders in RGO training: key informants with expertise in clinical and operational rural obstetrics, followed RGOs (also known as General Practice Obstetricians (GPOs)) who commenced a DRANZCOG or DRANZCOG Advanced between 2016 and 2020, and current supervisors at Advanced Obstetric Training posts. All interviews and focus groups were recorded, transcribed verbatim, and de-identified to maintain

confidentiality. A codebook was iteratively developed, and all collected data underwent a thematic analysis.

Intended User/Audience

Stakeholders of this evaluation include: the Victorian Department of Health (DOH), RANZCOG, Safer Care Victoria (SCV), the training colleges (RACGP, ACRRM), Regional Training Organisations (RTOs), supervisors and medical directors of Advanced Obstetric Training, potential/current/past DRANZCOG Advanced trainees, RGOs, and other individuals and organisations with a vested interest in the continuation of the delivery and maintenance of General Practice provided obstetrics in rural communities, such as the Rural Doctors Association of Victoria (RDAV), Rural Workforce Agency Victoria (RWAV), rural healthcare providers, midwives and consumers of rural maternity services and their families.

Key Findings and Conclusions

All current accredited training posts provide the opportunity for RGO trainees to meet the requirements of the DRANZCOG Advanced in the year of training, although some requirements are consistently found to be difficult to complete within the twelve-month period.

There are several factors, apart from the internal resilience and determination of the trainee, which affect the ease with which trainees can fulfil all requirements. These include: the workload of the unit, meaning the numbers of births and procedures available; the learning culture within the unit and the availability of structured teaching time; and, the cohesiveness of the unit, including the relationships between midwives, trainees, and consultants. Other factors affecting trainees' experiences include the bureaucratic hurdles around managing multiple training bodies, including hospitals, RTOs, GP colleges, and RANZCOG. Social and family needs were also important considerations impacting a trainee's willingness to stay and work in rural settings.

The RGO journey is not an easy one, but trainees identified many positive aspects of the journey that enabled them to successfully complete the training. This included the personal experience of being the holistic "cradle to grave" family doctor as well as support received from many sources, including a mentor, supervisors, FRANZCOG trainees, midwives, and other GP trainees and RGOs. External education workshops were also consistently identified as helpful both for content and networking.

Most trainees and supervisors have pointed out that fulfilling the training requirements is just the first step toward becoming a competent and confident RGO, and this takes longer than twelve months. Consolidation of skills (CoS) is seen as a crucial part of this process. Ongoing support is then needed from base hospitals for continued skills maintenance and additional opportunities for networking and education to sustain the RGO community.

In summary, our evaluation found three key findings to consider when implementing a successful training model:

- 1) A **clear, but flexible pathway**, underpinned by a state-wide education program for trainees, is required. Each of our interviewed trainees commenced their Advanced Obstetric Training at different stages of their GP training. While the time necessary to complete the requirements varied, all reached the same endpoint. The pathway was not clear at the beginning of their training journey, and many felt they had to facilitate much of the pathway themselves along the way. As one trainee summed up: *'it could surely just be made to be a less painful process!'*

2) A **consolidation of skills post** complements fulfilling the diploma requirements, which alone is not sufficient training. It is possible, but very difficult, to achieve the requirements in 12 months. For most, a part-time CoS post following the initial 12-month full-time training program permitted time to complete any outstanding requirements and to practice skills while continuing with GP training.

3) There is a marked difference between **confidence and competence** to practice independently after training. After obtaining the DRANZCOG Advanced diploma, no one we interviewed felt confident to work independently in the “bush” with no or very little support. The independent RGO was more likely to be sustained where opportunities were given to spend regular time in a busier hospital where skills could be practiced within a short period of time. This maintained competency, which in turn increased confidence. But skills maintenance opportunities were difficult for some trainees to facilitate, especially in more rural areas. Networking with other RGOs and the broader obstetrics team with off-site educational and social experiences increased feelings of support in a rural environment, and in turn, rural retention.

We adapted these key findings into a *descriptive* training pathway model from pre-trainee to independent RGO, showing key trigger points along the way that enabled or hindered the training experience:

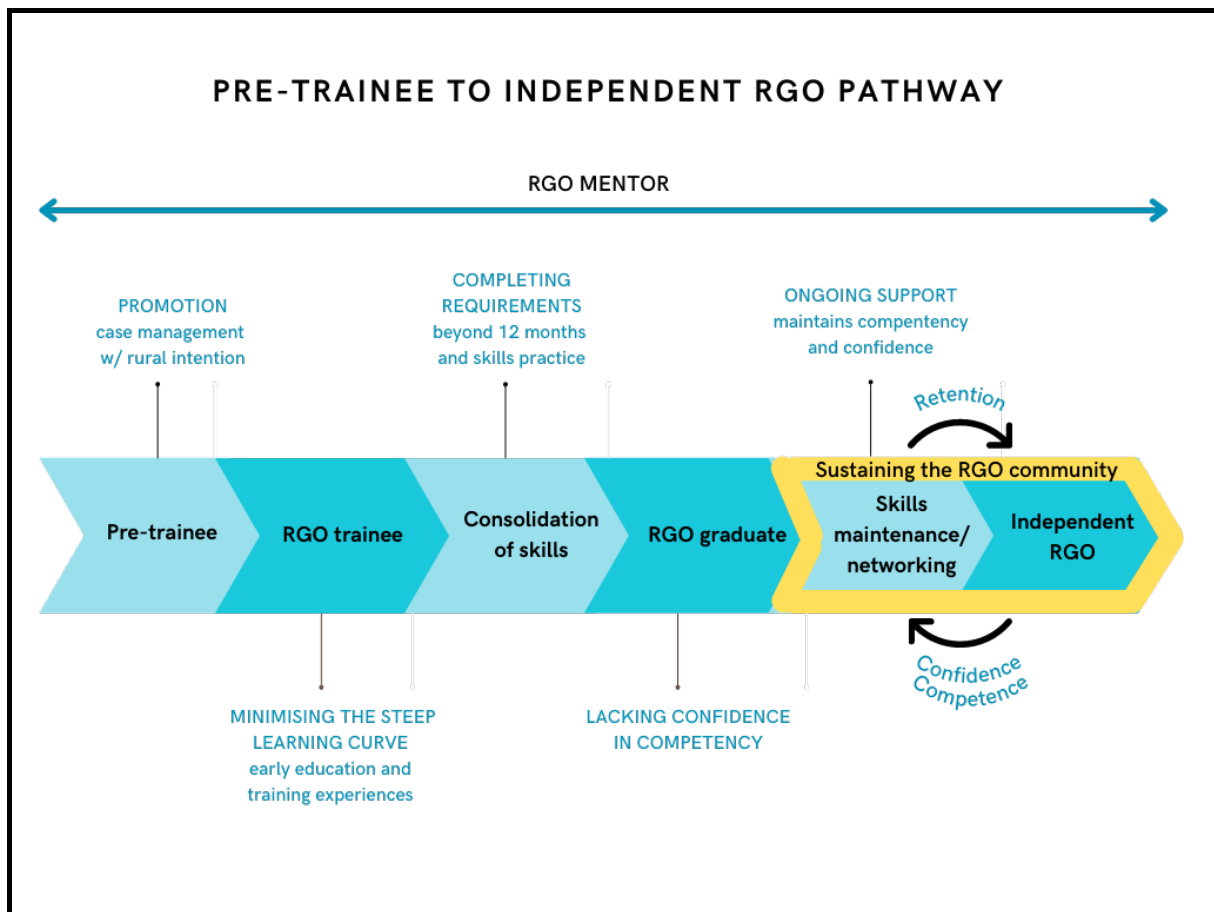


Figure 1: Pre-trainee to Independent RGO Pathway

Recommended Action Points

This led to the development of eight action points to be considered when designing a successful training pathway. These actions would remove some of the barriers to trainees completing their training and potentially encourage them to continue working as RGOs in rural communities.

- *Run hybrid (face-to-face and online) **DOH-funded** and joint **RACGP/ACRRM-facilitated, state-wide education and simulation workshops** for RGO and Rural Generalist Anaesthetists (RGA) trainees.*
- *Provide a **regionally delivered RANZCOG Ultrasound Obstetrics Course** relevant to DRANZCOG Advanced trainees, which includes opportunities for first trimester and late pregnancy scanning.*
- *Within each training post, **clarify and formalise the flexibility of completing the training** full-time or part-time, balancing training vs service delivery, with flexible entry points and recognition of training time by RACGP and ACRRM.*
- *Have DOH funded opportunities for early access to the **RANZCOG basic obstetric workshop**. Encourage trainees to complete FSEP, PROMPT, NNR at their local health service and advise of alternative funding available to enhance individual learning needs (eg ALSO, REOT) especially when the trainee lacks prior obstetric training.*
- ***Quarantine and fund Consolidation of Skills posts**; funding to follow the trainee to enable their identified learning needs with a robust mechanism to ensure funding meets the training plan of the trainee.*
- *Assign an RGO as a Training Advisor to each trainee where possible, with VRGP facilitating RGO **mentorship** through participation in education workshops.*
- *Promote regional hospital engagement with RGOs to facilitate funded opportunities to pursue **skills maintenance** as per FRANZCOG accreditation requirements, apart from locum coverage.*
- ***Increase awareness and support of the RGO career choice** via multiple mediums and stakeholders, with ongoing and funded networking opportunities between RGOs, specialists, medical students, midwives, consumers, and health services.*

Further Activity

The Key Findings and Recommended Action Points were presented on 1st April 2022 to a forum of stakeholders comprised of former RGO trainees, supervisors, RGOs/GPOs, representatives from MCCC, EVGPT, VRGP, ACRRM, RACGP, RANZCOG, RDAV, SCV, and the DOH. Each action point was considered individually by the group, and the resulting discussions led to constructive feedback, which has further informed a revision and improvement of the Recommended Action Points. There were many supportive comments from the group, with overall endorsement of the need to accomplish the action points to help ensure the ongoing viability of RGOs and access to high quality rural maternity services for women.

1. <https://www.health.vic.gov.au/patient-care/maternity-and-newborn-care-in-victoria>
2. <https://www.rdaa.com.au/documents/item/1406>
3. <https://www.health.gov.au/sites/default/files/documents/2021/03/obstetrics-and-gynaecology-australia-s-future-health-workforce-report.pdf>