



RANZCOG
Australian Rural,
Regional and Remote
Women's Health
Strategy:
Summary document
March 2024



RANZCOG acknowledges and pays respect to the Traditional Custodians of the lands, waters and communities across Australia, on which our members live and work, and to their Elders, past, present and future. RANZCOG recognises the special status of Māori as tangata whenua in Aotearoa New Zealand and is committed to meeting its obligations as Te Tiriti o Waitangi partners.

*Background:**The Australian rural, regional and remote context*

Many women and families across rural, regional and remote Australia continue to face health service access barriers that create a financial, logistical and emotional burden on women and their families (Dietsch, Davies, Shackleton, Alston and McLeod, 2008). Addressing these barriers is critical especially as the regional population grew by 10.3% from 2012 to 2022 (Australian Bureau of Statistics, 2024). The College believes that the families making the choice to live in these communities need access to consistent and timely health services.

From a rural, regional and remote workforce perspective, the maldistribution and lack of upskilling opportunities remain major barriers to maintaining safe and equitable women's health services. Self-reported data from rural and remote College Members (2019 to 2022) highlighted:

- ongoing challenges accessing training and upskilling opportunities, resulting in a lack of training and reduced confidence levels when delivering certain obstetrics and gynaecology (O&G) services due to the lack of cover to attend training, financial and distance-related constraints;
- professional isolation and a lack of support networks that have an adverse impact on workforce retention, which in turn has an impact on succession planning and continuity of service provision; and
- the relocation to rural and remote areas is not seen to be a viable option by some Members, in part due to inadequate rural and remote infrastructure systems and limited support for partners and families when considering relocation.

In recognition of the population and workforce complexities outlined above, RANZCOG as the peak body for women's health continues to advocate for, and support initiatives that help support the equitable delivery of services for women and their families in rural, regional and remote communities. The aim of the RANZCOG Rural, Regional and Remote Women's Health Strategy (Strategy) is to provide a framework that will inform priority areas that RANZCOG will implement to help address the health inequalities that rural, regional and remote women face when accessing women's health services.

*The Rural, Regional and Remote**Women's Health Strategy (Strategy) Aims*

The aim of the RANZCOG Rural, Regional and Remote Women's Health Strategy (Strategy) is to provide a framework that will inform specific and measurable strategic priority areas that RANZCOG will implement to help address the health inequalities that rural, regional and remote women face when accessing women's health services.

The actions identified as part of the strategic priority areas outlined in *the next section* will either be strategic priority areas where RANZCOG has direct impact (e.g. training program reviews) or be strategic priority areas where RANZCOG can advocate to influence outcomes. These areas require advocacy and stakeholder engagement to drive forward (e.g., advocating for relocation support to rural communities). Each strategic priority area will be categorised as follows:

- **A short-term strategic priority area** - an area that can be feasibly implemented operationally within a 12-month period as part of the *RANZCOG 2022-2024 Strategic Plan*
- **A medium-term strategic priority area** - an area that can be feasibly implemented within a 2-year period as part of agreed timeframes (e.g., implementation within an agreed funding period)
- **A long-term strategic priority area** - an area that can be feasibly implemented within at least a 3-year period as part of the *RANZCOG 2025-2027 Strategic Plan*

The Rural, Regional and Remote Women's Health Strategy Vision and Priorities

The vision of the Strategy is to ensure excellence and equity for women's health in regional, rural and remote Australia. This vision is underpinned by the *RANZCOG 2022-2024 Strategic Plan*, and provides four (4) strategic priorities, and measurable and specific actions that RANZCOG will implement to help address the health service and workforce challenges that women face as outlined below.

Strategic Priority 1: The College will support the delivery of rural, regional and remote education and training opportunities that will facilitate life-long learning and development for College Members and other health professional groups to help support women in rural, regional and remote communities

Strategic Priority Alignment:

This strategic priority aligns with the 2022-2024 Strategic Plan priority focussing on Education and Training and is committed to the delivery of contemporary education and training that enables quality outcomes for the community, and life-long learning and development for its members.

Rationale:

The lack of consistent and ongoing education and training opportunities for rural, regional, remote and remote College Members and other health professional groups was identified as a key priority for the Strategy to address at the May 2022 Roundtable, as part of the post-Roundtable consultation with Members, and by the RANZCOG O&G Workforce Working Group in September 2023. Prioritising education and training will help address current challenges in accessing education, upskilling and Continuing Professional Development (CPD) opportunities.

Strategic Priority objectives

P1	To develop the FRANZCOG Rural O&G Specialist Advanced Training Pathway
P2	To support GPOs with the coordination, and access to high-quality upskilling clinical placements in maternity units
P3	To advocate for ongoing funding to support the provision of GP procedural upskilling, and the expansion of the the multi-disciplinary Obstetrics and Gynaecology Education and Training (OGET) program that provides case-based and simulation-based upskilling and training opportunities for rural, remote and very remote health services
P4	To facilitate ongoing mentoring and networking opportunities that will provide knowledge-sharing and peer learning opportunities
P5	To support the accreditation of more hospitals in rural locations and the expansion of the Integrated Training Program (ITP) network
P6	To review the duration and nature of rural training rotations
P7	To deliver appropriate cultural safety training for trainees, SIMGs and Members, and give recognition to equivalent training opportunities
P8	To review the supports in place for SIMGs in rural locations during their period of oversight and post-Fellowship
P9	To collaborate with other Colleges to ensure a meaningful multidisciplinary approach to training and upskilling in rural, regional and remote areas.
P10	To support the alignment of credentialling and CPD requirements, and efforts towards better equivalency across programs and disciplines to reduce duplication of effort
P11	To further align current RANZCOG CPD opportunities to provide comprehensive opportunities for Members to acquire CPD hours at major RANZCOG events
P12	To work towards a closer alignment of the curriculum and the CPD framework to ensure continuous learning and upskilling in key areas for O&G Specialists

Strategic Priority 2: The College will advocate for high quality, equitable maternity and gynaecological services across rural, regional, remote and very remote Australia

Strategic Priority alignment:

This strategic priority aligns with the 2022-2024 Strategic Plan priority focussing on Community, Equity and Advocacy that is committed to advocating for high quality, equitable maternity and gynaecology services that are equipped to deliver safe and comprehensive care for our diverse community.

Rationale: The decision to focus on advocating for high quality, equitable services was reinforced by the health inequalities identified as part of the ethics approved yarning circles with rural and remote women in WA and SA, and the mapping of services as part of the *RANZCOG Mapping Maternal Health and Gynaecological Services in Rural, Regional and Remote Australia: Uptake, Barriers and Recommendations* (Mapping Project). This priority area was also identified at the May 2022 Roundtable, and highlighted as a key vision of the National Medical Workforce Strategy 2021-2031 to *enable the medical workforce to provide equitable access to quality care that is responsive to the changing needs of communities.*

Strategic Priority objectives:

P13	To advocate for equitable access for women to services in rural, regional, remote and very remote Australia
P14	To advocate for increased Telehealth use and adequate MBS reimbursement, thus facilitating outreach and hub and spoke models of care in areas of need
P15	To ensure that Federal, state and territory governments recognise the future of O&G care provision relies on a range of work types and the expansion of flexible working arrangements to help maintain services that include 24/7 intrapartum and urgent O&G care
P16	To advocate to keep rural and remote maternity services open
P17	To advocate for better work conditions for Members in rural and remote areas
P18	To advocate for incentives to recruit and retain health professionals in rural and remote communities
P19	To advocate for Rural GPOs to be recognised for the critical role they have in the delivery of women's health services in rural and remote communities
P20	To support different models of GP, Specialist and VMO employment offered across jurisdictions that help enable adequate workforce
P21	To encourage increased flexibility in work hours and FTE across junior medical staff; with accredited trainees allowed to accrue training time at fractions below 0.5 when associated with maternity leave (were possible)
P22	To lobby for longer hours of on-site childcare for frontline healthcare workers, particularly those engaged in after-hours work

Strategic Priority 3: The College will advocate for equitable maternity and gynaecological services that are culturally safe for First Nations women and their families.

Strategic Priority Alignment:

This strategic priority aligns with the Community, Equity and Advocacy 2022-2024 Strategic Plan priority *committed to advocating for high quality, equitable maternity and gynaecological services that are equipped to deliver safe and comprehensive care for our diverse community.*

Rationale:

The College believe that this priority area is an essential aspect of the Strategy in recognising the unique women's health needs of First Nations women, with 24.8% of First Nations women and families living in inner regional areas, 19.0% living in outer regional areas and 15% in remote and very remote areas (Australian Bureau of Statistics, 2021). This priority will support the College's 2022-2024 Strategic Plan efforts to review and implement the Reconciliation Action Plan, together with the Closing the Gap Strategy that aims to close the health and life expectancy gap between First Nations peoples and non-First Nations Australians.

Strategic Priority objectives:

P23	To incorporate training on racism, and how to identify and address it, and recognise any equivalent training at a local level
P24	To advocate for First Nations women to be supported by a First Nations Health Worker or a health professional they are comfortable with during telehealth consultations
P25	To advocate for health services to schedule appointments that take into account the long distances women travel
P27	To advocate for consistent timetabling of visiting women's health services to rural and remote locations that offer a full range of services - including services such as cervical screening, mammograms, pregnancy checks and ultrasounds
P28	To facilitate the sharing of more stories and experiences of service delivery by First Nations women for First Nations women in line with the Respect Pillar of the <i>RANZCOG Innovate Reconciliation Action Plan (Action 8)</i>
P29	To advocate for the women's health needs of First Nations women through the inclusion of First Nations people in health services

Strategic Priority 4: The College will create mutually beneficial relationships with a diverse group of stakeholders to help promote equitable rural, regional and remote women's health services.

Strategic Priority Alignment:

This strategic priority aligns with the Stakeholder Engagement 2022-2024 Strategic Plan priority *committed to proactive engagement with the College's diverse group of stakeholders to create mutually beneficial and valuable relationships in pursuit of excellence and equity in women's health.*

Rationale:

This Strategy priority area was identified as a key theme at the 2023 Rural Women's Health Roundtable and during the consultation with College Members. The overwhelming feedback was that the provision of women's health services in rural, regional, remote and very remote areas is complex and depends on collaboration with multi-disciplinary teams across multiple health settings. This Strategy priority area also aligns with the National Medical Workforce Strategy 2021-2031 priority that focusses on collaboration on planning and design.

Strategic priority objectives:

P30	To support and advocate for the employment of staff to provide 24/7 care, ensuring that work-life balance is maintained and burnout is avoided.
P31	To engage with the Australian College of Midwives to help promote the value of collaborative models of care
P32	To engage with RACGP Rural Faculty and ACRRM on promoting rural generalist and collaborative models of care
P33	To engage with ACEM on coordinated training and education for emergency obstetrics care
P34	To engage with ANZCA to ensure coordinated anaesthetics service provision in rural, regional remote areas
P35	To advocate for the cultural safe care for vulnerable and culturally diverse groups of women
P36	To work with other women's health and Aboriginal health services to advocate for better access to services
P37	To advocate for Telehealth use and adequate MBS reimbursement that support outreach and hub-spoke models of care



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