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Women's Health Roundtable

Strengthening the O&G Workforce Report

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Background

The obstetrics and gynaecology (O&G) workforce is fundamental to the delivery of safe, high-quality healthcare for women, babies, and families. O&G specialists provide care across all stages of a women's life: supporting women through contraception, fertility, pregnancy, birth, gynaecological conditions, menopause, and complex health needs. A sustainable and well-supported workforce is therefore essential to ensuring equitable access to high-quality, person-centred care.

There is growing concern about the viability and longevity of the O&G workforce. The Australian Department of Health, Disability and Ageing's *Obstetrics and Gynaecology Supply and Demand Compendium Report* projects ongoing national shortages of obstetricians and gynaecologists over the coming decades despite continued workforce growth.[1] The report highlights persistent challenges relating to workforce supply, geographic maldistribution, and increasing demand and complexity across women's health services. These pressures are compounded by concerns of discrimination, bullying and harassment, variable psychological safety, and inconsistent supervision, as well as broader ongoing challenges across public and private practice.[1,2] Workforce shortages are particularly acute in rural, regional, remote, and outer metropolitan communities, where attracting and retaining specialist clinicians remains a significant challenge.[1]

Collectively, these pressures threaten the long-term sustainability of the workforce and its capacity to meet the growing and evolving healthcare needs of women. Addressing workforce capability, capacity, and wellbeing is therefore central to strengthening women's healthcare and ensuring continued access to safe, high-quality services.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG; the College) convened the *Women's Health Roundtable: Strengthening the O&G Workforce* (the Roundtable). The Roundtable brought together O&G trainees and specialists, general practitioner obstetricians (GPOs) and rural generalist obstetricians (RGOs), jurisdictional and national government representatives, midwifery and other sector leaders to identify shared workforce

challenges, showcase state-led examples of innovation, and explore practical opportunities for national collaboration. Discussions were grounded in clinical expertise, operational realities, and a shared commitment to developing practical, solutions-focused approaches to strengthening the O&G workforce.

In addition to the current and future workforce strain, the Roundtable occurred during a period of increasing national focus on improving women's experience of healthcare in Australia. Recent reviews, inquiries, and reform initiatives have reinforced the importance of delivering person-centred care that is accessible, equitable, and responsive to women's needs. Heightened O&G workforce scrutiny is compounded by women's evolving healthcare needs, capacity concerns for the broader medical workforce, and a lack of consistent sector investment.

This context reinforces the urgency for O&G workforce reform in Australia that supports both clinicians and the communities they serve.

Overall, these factors underscore the need for coordinated national action to strengthen the O&G workforce. While many jurisdictions are implementing innovative approaches to workforce recruitment, training, retention, and models of care, opportunities remain to share successful initiatives and align reform efforts across Australia.

The Roundtable provided an important opportunity to identify shared priorities, foster collaboration, and develop practical actions to strengthen the sustainability of the O&G workforce and improve healthcare outcomes for women and their families.

Summary of Issues

Participants agreed that strengthening the O&G workforce is essential to ensuring women can access safe, high quality, person-centred care throughout all stages of life. While the workforce remains highly skilled and committed, increasing demand for services, evolving models of care, and projected workforce shortages are placing growing pressure on the sector. These challenges are particularly pronounced in rural, regional, and remote communities, where workforce maldistribution continues to limit access to specialist care.

Participants identified that demand for O&G services continues to evolve while supply and investment stifle. They recognised that women are increasingly presenting with more complex healthcare needs. Factors include having children later in life, accessing assisted reproductive technologies, higher rates of chronic disease and multimorbidity, pregnancy complications and birth-related trauma, and seeking greater choice and continuity throughout their care.[3,4,5,6,7] There is also growing awareness of nuanced conditions such as persistent pelvic pain and endometriosis. These factors contribute to the increasing demand for multidisciplinary care across maternity and gynaecological services.

At the same time, workforce projections indicate that shortages are expected to persist across the O&G workforce despite continued growth in workforce numbers.[1] Broader workforce pressures are also emerging across related professions, including midwifery, reinforcing the need for coordinated workforce planning and multidisciplinary solutions.[8,9]

Participants noted that funding will soon lapse for programs that increase access to specialist training and multidisciplinary care. This risks undermining progress, hindering workforce development, and limiting access to person-centred care.

Participants identified challenges across the workforce pipeline, including barriers to attracting and retaining trainees, limited access to procedural experience, uncertainty regarding future workforce pathways, and financial and personal costs associated with training and relocation. These issues were described as particularly acute in rural and remote communities where workforce shortages, professional isolation, and training constraints continue to affect service sustainability.

Workforce wellbeing was also identified as a significant issue. Participants highlighted the importance of psychologically safe workplaces, appropriate supervision, mentoring, leadership development, and support during key career transitions. They emphasised that workforce sustainability depends not only on recruitment, but also on retaining experienced clinicians and fostering positive workplace cultures.

Participants further identified opportunities to better utilise and support the existing workforce through greater flexibility, stronger multidisciplinary collaboration, improved workforce mobility, and innovative models of care. Discussions highlighted the important role of specialist obstetricians and gynaecologists, GPOs and RGOs, midwives, and other healthcare professionals in meeting current and future demand for women's healthcare.

In addition, participants acknowledged that fragmented administrative systems, inconsistent governance arrangements, and limited data sharing can restrict workforce flexibility and hinder effective workforce planning and solutions. Improved data collection, information sharing, and clinical governance were viewed as critical enablers of workforce reform and quality improvement.

Overall, participants concluded that while examples of innovation and best practice exist across Australia, coordinated national action is required to strengthen workforce capacity, capability, wellbeing, and sustainability. The issues identified throughout the Roundtable informed the following themes and recommendations for action.

Theme 1 | Increasing complexity of women's health is placing growing pressure on the O&G workforce

Ensuring the workforce is appropriately equipped to respond to women's changing needs and expectations for healthcare treatment underpinned the Roundtable's discussion. Participants stressed that women's current and future health needs are becoming increasingly complex. Trends demonstrate changing fertility rates, women having children later in life, increased need for caesarean birth and assisted reproductive treatment.[1] While women are exercising more autonomy with their maternity choices, co-morbidities and are also increasing, which increases the level of medical attention and care required.[7,10]

Participants identified that there is also increasing demand for place-based, trauma-informed, and culturally appropriate care resulting from the recent public attention on pelvic pain, endometriosis, and birth-related trauma. The workforce must be appropriately trained to mentally and physically respond to this changing landscape. However, the current system does not adequately prioritise development of soft skills in the workplace, which were reported as essential to delivering effective person-centred care.

Given the increasing complexity and changing expectations, participants highlighted that building and fostering trust with the public is foundational to provide effective person-centred care. They also identified that current systems are ill designed to reflect the realities of the individual's ongoing care needs, let alone meet patient's expectations, which may cause further psychological and physical harm.

Participants emphasised that culturally safe care requires genuine partnership with First Nations peoples, local communities, flexibility in service design, and approaches shaped by local cultural knowledge. Fly-in-fly-out models were raised as one example of flexible service delivery, particularly in regions where local workforce shortages limit access to care.

Future discussions would benefit from stronger First Nations' leadership to guide what culturally safe, place based care should look like in practice.

Theme 2 | Workforce shortages, attraction, and retention challenges threaten future service sustainability

Participants generally agreed that the sector may not be attractive to trainees. Unsociable work hours, lack of certainty to gain exposure to appropriate procedural training, lack of visibility of viable career pathways for themselves and partners, limited or no financial support to relocate for training were some examples provided. This concern is amplified for regional, rural, and remote settings. These barriers can reduce workforce satisfaction, negatively impacting workforce retention, and may discourage others from joining the sector.

Healthcare providers also discussed difficulties for trainees to gain sufficient surgical training exposure. They pinpointed that 70% of all planned surgeries occur in the private sector, yet the Medicare Benefit Scheme (MBS) and indemnity barriers limit trainee access to private procedural lists.[11] Without sufficient training exposure, trainees' risk being unable to efficiently develop their skillset and capitalise on their learning. This may impact trainee confidence and future workforce sustainability as well as underutilising the current workforce's capability.

While participants praised current programs, such as the *FRANZCOG Rural O&G Specialist* (FROGS) Advanced Training Pathway and the *Obstetrics and Gynaecology Education and Training Project* (OGET), for increasing access in rural, regional, and remote communities, they stressed that the future of these advanced training programs remain uncertain due to a lack of federal government commitment to provide funding beyond February 2027. If funding is available, both programs can be readily scaled up and expanded across rural services and regional referral hospitals.

Without funding, the programs cannot continue. This limits trainee access to specialist training (FROGS), and upskilling and skills maintenance training for multidisciplinary teams (OGET), that these programs provide for rural, regional, and remote communities.

Participants expressed concern that without additional workforce support, increasing complexity of care and workforce pressures may contribute to clinician burnout and affect the capacity to provide ongoing person-centred care.

Theme 3 | Accessible training pathways and workforce mobility are essential to build workforce capacity

Participants identified that effective workforce planning must consider the workforce needs.

The workforce projections indicate that females will constitute a higher proportion of the O&G workforce.[1] This changing demographic indicates a shift in work patterns, expectations, and underscores the need for flexible work arrangements to accommodate their own reproductive healthcare.[12] In addition to this, there is also a preference for part-time work from the sector, and maldistribution of specialists between metro and outer metro hospitals.[1] Subsequently, agile systems must be adopted to increase workforce flexibility and mobility to deliver wider reaching equitable and safe care.

Participants discussed that trainees are required to relocate between hospitals, regions, and jurisdictions to meet accredited training requirements. Currently, trainees and their families must self-fund moving as well as their education. These out-of-pocket costs may influence their career trajectory including location and specialisation.

Even though mobility is essential to workforce development, leave and service-related entitlements are not consistently portable across health employers and jurisdictions, compounding financial and administrative barriers for trainees.

Participants highlighted the importance of specialist international medical graduates (SIMGs) to address workforce shortages. However, current systems do not consistently support efficient visa processing or efficient onboarding, which creates uncertainty and stress for SIMGs. Better support through enhanced integration pathways and professional support from the College would help SIMGs to transition into Australia's workforce, leading to higher retention of specialist skills.

Theme 4 | Quality care starts with workforce wellbeing and workplace culture

Wellbeing and care for the workforce was a central theme. Participants reiterated that a positive workplace culture with supportive systems are integral to trainees' wellbeing. They underscored that transitioning from trainee to consultant practice is a high-risk career stage yet, if done successfully, had the power to positively shape the culture of the future O&G workforce.

Theme 5 | Flexible workforce models and multidisciplinary care can unlock existing workforce capacity

Participants acknowledged that workforce shortages are occurring across the health system, limiting opportunities to draw on other professions to offset O&G workforce pressures.

Midwifery and other related disciplines are also experiencing workforce pipeline shortages from burnout, attrition, and recruitment difficulties.[8,9] Participants stressed that delivering sustainable person-centred care relies on multidisciplinary team's collaboration, including in virtual capacities. Adopting multidisciplinary model of care will help the workforce to respond to current and projected workforce strain, women's ongoing care requirements, and projected workforce maldistribution.

In addition to inconsistent systems and infrastructure between jurisdictions, participants outlined that internal sector perceptions prevent collaboration, which perpetuates fragmented care. They explained that GPOs and RGOs were reportedly perceived as secondary despite their training, education, and their essential role for healthcare and keeping services viable in rural, regional, and remote communities. Given the changing consumer landscape and increasing demands, generalists bring agility, flexibility, and mobility to respond to consumer needs.[9]

Shared education models that bring together multidisciplinary providers of care were identified as an important first step for fostering a collaborative multidisciplinary workforce that recognises and values the skills of the collective. Some participants praised current programs that foster multidisciplinary collaboration especially in outer metro areas, such as OGET and emphasised the importance of developing relationships with referral hospitals for successful cohesion.

Meanwhile, other participants discussed the 2025 delivery of the Birth Trauma Education Program pilot program. The program provided accessible trauma-informed care education to multidisciplinary maternity health professionals in New South Wales, Victoria, and Western Australia. Despite the program's successful delivery, participants raised that a lack of continued funding stalls progress and prevents broader workforce skill development to provide effective trauma informed multidisciplinary care.[13]

Participants also highlighted that an obstetrics-only pathway could improve targeted skill development and access to maternity care. They noted an obstetrics-only pathway could fill the shortage of obstetrics specialists.[1] This was particularly salient for increasing access in rural and regional settings. These areas have higher demand for obstetric skills, but may not have sufficient population demand or infrastructure to support the full range of specialist gynaecological practice.

Participants also identified that an obstetrics-only pathway may create more targeted education, which could allow trainees to focus on skills most relevant to their future practice and free up surgical training to those who plan to practice gynaecology. Participants noted that flexibility for this pathway would be critical.

Theme 6 | Technology and innovation can improve access, training and service delivery

Effectively reforming models of care to embed appropriate technology was recognised as essential to support the future workforce to provide accessible, equitable, and timely care. Conversation focused on simulation-based training, central support systems, and virtual-based care, such as tele-ultrasound and integrated service models. This was particularly salient for providing quality place-based care to rural, regional, and remote communities, while giving healthcare providers autonomy to decide where they prefer to live and work.

Currently, infrastructure investment and exposure to technology is inadequate and inconsistent across jurisdictions, which leads to training inequity and prevents communities outside metro settings from accessing and capitalising these existing technologies.[14]

Theme 7 | Better data, governance and information sharing are needed to support effective workforce planning

Participants agreed that administrative complexity, inconsistent governance arrangements, and fragmented information systems prevent the O&G workforce from operating to its full potential. Collectively, these barriers reduce workforce mobility, limit service flexibility, and create duplication. Overall, they hinder the health system's ability to respond efficiently to workforce short- and long-term staffing shortages and women's health needs.

Participants, noted that inconsistent credentialling requirements between hospitals, health services, and jurisdictions can limit workforce mobility and delay access to care, even where healthcare providers have the appropriate training and experience. These constraints can reduce workforce satisfaction and retention, undermine the viability of rural maternity services, and limit women's access to place-based maternity care. More consistent credentialling

frameworks would enable appropriately qualified clinicians to provide services across settings with greater efficiency, strengthening workforce flexibility and improving access to care.

Other barriers to deliver effective services include inconsistent GPO and RGO credentialling, multilayered clinical governance, and paper-based systems. The lack of a centralised record keeping system that specialists and GPs can access leads to duplication and ineffective information management. Limited data sharing is a consistent issue within and across jurisdictions. Participants also raised that this limitation extends to a lack of awareness of trainees' surgical procedure experience and where the gaps are in their training.

Participants also stressed the importance of accurate data to support effective workforce planning. Issues raised included inconsistent awareness and inappropriate use of MBS item numbers. For instance, participants reported that GPs do not consistently access the MBS item number for antenatal care (16500), as it does not sufficiently recognise consultation length or complexity required to appropriately meet the individual's healthcare requirements. This yields data that does not capture GPs involvement in the provision of maternity care. Without appropriate awareness, resources are inefficiently used, data is inaccurately captured, and workforce planning is insufficient.

Participants discussed the need for nationalised data consolidation to improve the ability to streamline data collection, extraction, and reduce duplication, as well as better monitor outcomes, and support continuous quality improvement. Investing in stronger clinical governance would improve tracking accuracy while promoting transparency, accountability, and improving the overall ability to provide person-centred care.

Recommendations for Action

Recommendation 1 | Increase funding for existing programs to respond to projected workforce shortage

- The Australian Department of Health, Disability and Ageing and/or jurisdictions should resume and increase funding for the *FRANZCOG Rural O&G Specialist* (FROGS) Advanced Training Pathway to expand its reach and strengthen the rural O&G workforce.
- The Australian Department of Health, Disability and Ageing should commit to ongoing, uninterrupted funding of the *Obstetrics and Gynaecology Education and Training* (OGET) project to provide certainty to deliver appropriate training that strengthens integrated multidisciplinary care and deliver reliable equitable care to those in rural, regional, and remote areas.
- The Australian Department of Health, Disability and Ageing should support the national rollout of the Birth Trauma Education Program.

Recommendation 2 | Strengthen training pathways to support workforce sustainability

- The Australian Department of Health, Disability and Ageing should establish a nationally portable employment entitlement framework for medical specialist trainees that recognises prior service across all Australian public health systems and assists relocation.
- Strengthen training delivery models with appropriate infrastructure (including hospital-based simulation equipment) and workforce support to ensure clinicians and trainees, particularly those in rural, regional and remote areas can maintain and advance their skills throughout their careers.
- Adopt flexible and innovative workforce models and infrastructure that strengthen the rural medical workforce.
- Provide affordable and accessible 24-hour childcare initiatives for the obstetrics and gynaecological workforce.
- Support trainee wellbeing through needs-based cross-disciplinary mentoring programs and develop a national trainee wellbeing toolkit.
- Develop and implement a transition-to-consultancy program for final-year trainees and newly qualified consultants.
- Conduct an analysis of subspecialist workforce projections to inform future workforce planning.

Recommendation 3 | Develop an obstetrics-only pathway

- The Australian Government and State and Territory Governments should support the development of an obstetrics-only training pathway, including consideration of recognition of obstetrics as a standalone specialty, the establishment of accredited training positions, and the creation of consultant positions for specialists who complete the obstetrics-only training pathway.

Recommendation 4 | Improve visibility and flexibility of surgical procedure experience

- Develop a national database that captures trainees' surgical procedure experience to improve visibility of learning gaps across jurisdictions.
- Introduce MBS item numbers for trainees to gain surgical experience in private practice.
- Promote cesarean-section-only operating lists, which include GPOs and RGOs. These lists should be well supported to provide training and skills maintenance opportunities for specialists and GPO/RGOs.
- Strengthen surgical procedure requirements guidance for trainees and training supervisors, including which procedures should be recorded, and when they should be recorded.

Recommendation 5 | Improve workforce planning for GPOs/RGOs

- The Australian Department of Health, Disability and Ageing in partnership with State and Territory Governments and supported by relevant medical colleges, should increase funded GPO/RGO positions in regional, rural and remote maternity services, including through expansion of rural generalist training pathways, salaried GPOs/RGOs positions, and Single Employer Models that support recruitment and retention.
- Review MBS item 16500 to encourage greater use by GPOs/RGOs, enabling more accurate MBS data to inform workforce planning, service demand, and future investment in the GPO/RGO workforce.
- Develop a nationally consistent scope of practice framework for GPOs and RGOs to guide health services and promote consistency across jurisdictions.
- Expand collaborative models of care that enable GPOs and RGOs to provide services alongside specialist obstetricians and gynaecologists, particularly in rural, regional and remote communities.
- Develop a public awareness campaign to encourage medical students to consider GPO/RGO and obstetrics pathways as viable and rewarding career options.

Recommendation 6 | Support SIMGs transition into Australia

- The Australian Department of Health, Disability and Ageing to continue to work with the Australian Department of Home Affairs to ensure visa processing for priority health professions is completed within the 30-day target.
- Improve professional integration and connection with RANZCOG for obstetrics and gynaecology SIMGs.

Recommendation 7 | Enhance capacity and capability to deliver effective pelvic pain, antenatal, and postnatal care

- Implement and maintain a nationally consistent credentialling framework for complex pelvic pain ultrasound.
- Invest in tele-ultrasound infrastructure and training to improve equitable access to high-quality antenatal and gynaecological ultrasound services, particularly in rural, regional and remote communities.
- Modernise the MBS to meet women's ongoing physical, mental, and postnatal care needs.

Recommendation 8 | Improve data hubs and information sharing

- The Australian Department of Health, Disability and Ageing should develop a nationally consistent obstetric clinical data platform that consolidates existing jurisdictional datasets (where feasible), minimises duplicate data entry for clinicians, and enables secure access to and extraction of clinical data to support maternity care, quality improvement, education and training, research, and workforce planning.
- The Australian Department of Health, Disability and Ageing should establish a national gynaecology outcomes registry to address the current absence of a comprehensive national dataset for gynaecological care and support quality improvement, benchmarking, education and training, research, service planning and improved health outcomes.

In Conclusion

With Thanks

The College extends its sincere appreciation to all participants who contributed their time, knowledge, and expertise to the *Women's Health Roundtable: Strengthening the O&G Workforce* Roundtable. Collective input is the starting point for clear collaborative action.

Thank you to the then Victorian Minister for Health the Honorable Harriet Shing MP, Ms Natalie Bekis, Dr Martina Mende, and Associate Professor Jared Watts for providing presentations on government priorities, workforce projections, consumer expectations, and current programs underway. These presentations primed the Roundtable for constructive, targeted and solution-oriented discussion.

A further thank you to those who spoke as part of the jurisdiction panel discussions:

- **Victoria and Tasmania:** Dr Vicki Carson, Associate Professor Michael Rasmussan, Ms Jen Duncan, and Dr Frank Clark
- **New South Wales and Australian Capital Territory:** Ms Tish Bruce, Ms Robyn Hudson, Dr Andrew Woods, Dr Martina Mende, Dr Tween Low
- **Queensland and Western Australia:** Dr Martina Mende, Mr Scott Bennett, Dr Elisha Broom, Dr Sally Street, Dr Aresh Anwar, Associate Professor Jared Watts
- **South Australia and Northern Territory:** Ms Julia Waddington-Powell, Dr Aimee Woods, Dr Ashraf Hanafy

These discussions provided expert insight into the system-level and on-the-ground challenges contributing to workforce issues.

The College also acknowledges and thanks the National Rural Health Commissioner Professor Jenny May AM, the Australian Commission of Safety and Quality Health Care, State and Territory Departments of Health, Agency for Clinical Innovation, Australian Medical Council, Council of Presidents of Medical Colleges, as well as other clinicians, midwives, researchers, sector leaders, and government representatives who attended, listened, and engaged constructively in these discussions.

Call to Action

The Roundtable demonstrated that the challenges facing the O&G workforce are complex, interconnected, and felt across the health system. They affect clinicians, women, babies, families, and communities, with implications for equitable access to safe, high-quality women's healthcare both now and into the future.

The Roundtable also demonstrated that there are practical opportunities to strengthen the workforce. Realising these opportunities will require sustained investment, coordinated action, and shared leadership across Commonwealth and state and territory governments, healthcare providers, medical colleges, consumer organisations, researchers, industry partners, and the broader health sector.

RANZCOG remains committed to working in partnership with governments, healthcare providers, consumer organisations, and sector leaders to advance the priorities identified through the Roundtable. By strengthening workforce capability, capacity, culture, and wellbeing, the sector can better support clinicians to deliver compassionate, safe, and person-centred care for women across Australia.

The College looks forward to continuing this collaboration and translating the insights and recommendations from the Roundtable into meaningful action. Through shared commitment and sustained partnership, Australia has an opportunity to build a resilient O&G workforce that is equipped to meet the evolving health needs of women, now and for future generations.

Glossary

Birth-related trauma

Physical or emotional harm that happens during pregnancy, labour, birth, or after birth.[15]

FRANZCOG Rural O&G Specialist (FROGS) Advanced Training Pathway

A specialised RANZCOG training pathway that prepares obstetricians and gynaecologists for practice in rural and regional communities, with a focus on the broader skills needed to provide women's healthcare in rural settings.

Generalists

A generalist is a medical practitioner who works across the full scope of their discipline, rather than in a narrow speciality-specific scope.

GP Obstetrician (GPO) / Rural Generalist Obstetrician (RGOs)

GPO is a General Practitioner with additional training and skills in obstetrics who provides pregnancy, birth and postnatal care, particularly in rural and regional communities

An RGO is a rural generalist obstetrician who provides comprehensive maternity care, including antenatal, intrapartum and postnatal services, while also delivering a broader scope of generalist healthcare to meet the needs of rural and remote communities.

Integrated Training Program (ITP)

A structured RANZCOG training pathway that enables doctors undertaking specialist O&G training to complete accredited training within a coordinated health service network, supporting the development of skills and experience across a range of clinical settings.

Obstetrics and Gynaecology Education and Training Project (OGET)

A RANZCOG-led obstetrics and gynaecology education and training program that supports upskilling and skill maintenance for healthcare professionals in rural, regional and remote areas to provide safe and equitable maternity and gynaecological care.

Local/regional health authority

A local or regional health authority is a publicly funded organisation responsible for planning, coordinating and overseeing the delivery of health services within a defined geographic area. It works with hospitals, primary care providers, and community health services to ensure that local populations have access to safe, high-quality and appropriate healthcare aligned with regional needs. The names for these authorities vary by jurisdiction.

Medicare Benefits Schedule (MBS)

The Australian Government's list of subsidised health services, outlining the Medicare rebates available for medical consultations, procedures and tests.

Multidisciplinary care

Different health professionals working together, for example, obstetricians, general practitioners, GPOs/RGOs, midwives, rural generalists, physiotherapists, psychologists, and allied health to provide coordinated, person-centred care.[16]

Trauma-informed care

Care that focuses on clear communication, respect, safety, and understanding how trauma can affect someone's experience.[17]

Single Employer Model

Under a Single Employer Model, one health service or organisation remains the trainee's employer throughout their rotations. The employer manages pay, leave, superannuation, and employment conditions while the trainee works across different sites.

Specialist International Medical Graduate (SIMG)

A doctor who has completed specialist training overseas and applies for assessment and recognition of their qualifications to practise as a specialist in Australia or Aotearoa New Zealand.

Virtual care models

The use of telehealth and virtual specialist consultations to support clinicians and women in rural and regional areas. Virtual care improves access to expertise without requiring women to travel long distances for every appointment.

References

1. Department of Health and Aged Care. (2026). *Obstetrics and gynaecology supply and demand compendium report* (April 2026). Australian Government. https://hwd.health.gov.au/resources/primary/o&g-compendium-report-april-2026.pdf

2. Medical Board of Australia. (2025). *Medical training survey: National report 2025*. https://www.medicaltrainingsurvey.gov.au/Download/2025/2025%20Medical%20Training%20Survey%20-%20National%20Report.pdf

3. Cochrane, L., Brumpton, K., Winter, S., Bell, K., Burnham, H., Wadwell, K., & Kitchener, S. (2019). Prevalence and outcomes of overweight and obesity among pregnant women in rural Queensland. Australian Journal of Rural Health, 27, 164–169. https://doi.org/10.1111/ajr.12495

4. Yang, D., Huang, H., He, Y. Delayed childbearing and reproductive ageing: a narrative review. *Journal of Obstetrics and Gynaecology*. 2026; 46 (1): 2681760.

5. Choi, S., Lazzari, E., & Venetis, C. et al. Childbirth timing and completed family size by the mode of conception—the role of medically assisted reproduction: a population-based cohort study in Australia. *The Lancet Regional Health – Western Pacific*. 2023; 33. https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065%2823%2900004-4/fulltext

6. Medway, P. Hutchinson, AM., & Sweet, L. 'Every woman deserves that': A qualitative exploration of the impact of Australia's national maternity strategy. *Women Birth*. 2025; 38(2):101871. doi: 10.1016/j.wombi.2025.101871. Epub 2025 Jan 21. PMID: 39842061

7. Faktor L, Small K, Bradfield Z, Baird K, Fenwick J, Gray JE, et al. What do women in Australia want from their maternity care: a scoping review. Women Birth. 2024;37(2):278-287. doi:10.1016/j.wombi.2023.12.003

8. Department of Health, Disability and Ageing. Midwifery Supply and Demand Compendium Report. Australian Government; April 2026. Accessed July 31, 2026. https://hwd.health.gov.au/resources/primary/midwifery-compendium-report-april-2026.pdf

9. Department of Health, Disability and Ageing. Whole of Medical Workforce Supply and Demand Compendium Report. Australian Government; June 2026. Accessed July 31, 2026. https://hwd.health.gov.au/resources/primary/whole-of-medical-workforce-compendium-report-june-2026.pdf

10. Australian Institute of Health and Welfare. Multimorbidity in Australia. Updated July 15, 2025. Accessed July 15, 2026. https://www.aihw.gov.au/reports/chronic-disease/multimorbidity-in-australia/contents/summary

11. Australian Private Hospitals Association. Private Hospital Facts. Australian Private Hospitals Association. Accessed July 15, 2026. https://www.apha.org.au/private-hospital-facts.html

12. Mangla M. Occupational risks to pregnant obstetrics and gynaecology trainees and physicians: is it time to think about this? J Mother Child. 2022;26(1):111-117. doi:10.34763/jmotherandchild.20222601.d-22-00006

13. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Evaluation Report – Birth Trauma Education Project. Melbourne, VIC: RANZCOG; May 2026.

14. Australian Government Department of Health and Aged Care. *National Medical Workforce Strategy 2021-2031*. Published March 15, 2022. Accessed July 15, 2026. https://www.health.gov.au/resources/publications/national-medical-workforce-strategy-2021-2031?language=en

15. NSW Parliament. *Select Committee on Birth Trauma: Final Report*. Parliament of New South Wales; 2024.

16. Taberna M, Gil Moncayo F, Jané-Salas E, Antonio M, Arribas L, Vilajosana E, Peralvez Torres E, Mesía R. The multidisciplinary team (MDT) approach and quality of care. Front Oncol. 2020;10:85. doi:10.3389/fonc.2020.00085

17. Victoria State Government. *Trauma-informed care*. Department of Health; 2024.

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