Introduction
Rural Health West is the trading name for the Western Australian Centre for Remote and Rural Medicine Ltd. Rural Health West is a not-for-profit, membership-based organisation overseen by a Board of Directors. Rural Health West receives core funding from both Commonwealth and State Governments as this State’s rural health workforce agency, to deliver its core business activities of recruitment and retention of the medical, nursing and allied health workforce in rural and remote Western Australia.

Rural Health West is focused on strengthening the health of rural and remote Western Australian communities through the recruitment and retention of a high quality health workforce.

Since its inception in 1989, Rural Health West has developed a range of innovative programs to help support the General Practitioner primary care workforce in rural and remote Western Australia (WA).

This paper will give:
• an overview of the workforce issues in WA, in particular the GP obstetric procedural workforce
• discuss the GP Obstetrics Mentoring Program that was established in 2007 to address the decline in numbers of GP Obstetricians working in rural WA
• describe ongoing retention strategies aimed at increasing the retention of GP Obstetricians.

Rural GP obstetric workforce issues
Rural and remote Western Australia covers an area of 2.5 square million kilometres and suffers from significant obstetric workforce shortages, with many areas not having resident Specialist Obstetricians and relying entirely on GP obstetricians.

The acute shortage of general practitioner proceduralists and procedural District Medical Officers in rural and remote Western Australia is well documented in reports including Maintaining an Effective Procedural Workforce in Rural WA (2007) and Engaging Rural Doctors Final Report (2007).

Rural Health West’s 2011 annual survey of general practitioners in rural and remote Western Australia reported that the proportion of GP Obstetricians decreased from 19% to 16% compared to the previous year. The data also showed that the percentage of international medical graduate proceduralists increased in Western Australia from 8.8% in 2002 to 35.4% in 2011.

Rural Health West has maintained records since 1998 about the number of GP obstetricians in the primary health care sector of rural and remote Western Australia. The following table shows that in 1998 there were 190 rural GP obstetricians and they comprised 49.9% of the rural general practice workforce. However, by the end of 2012 the number of GP obstetricians had fallen to 121 and they comprised only 16.3% of the rural general practice workforce. Thus, between 1998 and 2012 there are 69 less GPs practising obstetrics—an overall one-third reduction (36.3%) in the actual GP procedural obstetric workforce in rural and remote Western Australia. This workforce reduction contrasts with the growth in the population in rural and remote Western Australia which in more recent years has grown from 16.2% of the state’s population in 2003 to 22.7% of the state’s population in 2012. (Source WACHS Annual Reports 2002-2003 and 2011-2012)
### Number and proportion of rural GP Obstetricians 1998 - 2012

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of GP Obs</th>
<th>&lt;5 years</th>
<th>5-10 years</th>
<th>10-15 years</th>
<th>&gt;15 years</th>
<th>Total departures</th>
<th>Total arrivals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>142</td>
<td>48</td>
<td>26</td>
<td>14</td>
<td>54</td>
<td>12</td>
<td>21</td>
</tr>
<tr>
<td>2006</td>
<td>137</td>
<td>41</td>
<td>31</td>
<td>12</td>
<td>53</td>
<td>23</td>
<td>18</td>
</tr>
<tr>
<td>2007</td>
<td>132</td>
<td>43</td>
<td>26</td>
<td>12</td>
<td>51</td>
<td>17</td>
<td>12</td>
</tr>
<tr>
<td>2008</td>
<td>133</td>
<td>44</td>
<td>26</td>
<td>12</td>
<td>51</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>2009</td>
<td>138</td>
<td>44</td>
<td>27</td>
<td>16</td>
<td>51</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>2010</td>
<td>129</td>
<td>42</td>
<td>23</td>
<td>15</td>
<td>49</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>2011</td>
<td>115</td>
<td>28</td>
<td>27</td>
<td>16</td>
<td>44</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>2012</td>
<td>121</td>
<td>36</td>
<td>29</td>
<td>14</td>
<td>42</td>
<td>19</td>
<td>25</td>
</tr>
</tbody>
</table>

### The GP Obstetrics Mentoring Program

Rural Health West is funded to provide mentoring and support program to GP/registrars in Western Australia who have recently completed their basic or advanced DRANZCOG.

The GP Obstetrics Program (the Program) commenced in 2007 in response to:

- A reduction in the numbers of practising GP obstetricians, particularly in rural and remote areas.
- A reduction in the number of new GP RANZCOG Diplomates going to rural areas.

2007 saw the establishment of a pilot program to support and mentor recent RANZCOG Diplomates (a graduate of the Diploma of the RANZCOG) to enable them to gain the skills and experience they required to work independently as rural GP obstetricians. The Program demonstrated that having a mentor available to assist with deliveries and discuss obstetric cases on a regular basis improved the confidence of the Diplomate.
Since the successful pilot in 2007, the Program has grown to support seven rural and two outer metropolitan diplomates each year. GP registrars (mentees) are matched with experienced GP obstetricians or Specialists (mentors) for a twelve month term, with scholarship funding provided to both.

The Program had a purely rural focus until 2010 when additional funding was provided by Western Australian General Practice Education and Training Ltd (WAGPET) to expand the Program into the outer metropolitan area of Perth. To date, 35 GP registrars have successfully completed the Program. In addition, three rural GPs (FRACGPs) who wished to enhance their procedural skills base have also been supported through the GP Obstetrics Mentoring Program. This report includes all the Program graduates in its statistics, but refers to GP registrars as the priority eligible candidates for the Program.

Rural Health West administers the Program, with governance from a working group of key clinicians from across the WA health system. The success of the Program owes significantly to the work and dedication of Dr Anne Karczub (King Edward Memorial Hospital, Medical Director Obstetrics) and Dr Felicity Jefferies (WA Country Health Service, Executive Director, Clinical Reform).

**Governance**

The Program is a collaborative venture between key stakeholder organisations committed to maintaining robust GP procedural obstetric services in rural WA. The General Practice Obstetrics Mentoring Program Working Group was established with representation from the WA Country Health Service (WACHS), Western Australian General Practice Education and Training Ltd (WAGPET), Rural Health West, King Edward Memorial Hospital, the Statewide Obstetrics Support Unit (SOSU), the Post Graduate Medical Council of Western Australia and the Commonwealth Department of Health and Ageing.

The role of the working party is to advise and recommend processes and methodology to assist the Program.

**Program model**

**Aim**

The aim of the Program is to provide RANZCOG Diplomates with the opportunity to gain further experience and confidence to provide independent obstetric services by linking them with a more experienced GP obstetrician or Specialist in a mentoring arrangement.

To deliver this aim, the Program:

- supports recent RANZCOG Diplomates to expand the skills and experience necessary to work independently
- links each Diplomate to an experienced GP Obstetrician or Specialist mentor
- provides funding to the mentee and mentor
- evaluates the effectiveness of the Program.

This Program supports RANZCOG Diplomates to make the transition from working in the highly supported tertiary hospital environment where they gained their DRANZCOG qualification to working as an autonomous and independent GP Obstetrician.

**Goal**

By building a positive and supportive relationship with their mentor and other staff in the local maternity unit, the desired outcome is that the Diplomate will choose to continue to provide procedural obstetric services in that location.
This is particularly germane to the primarily rural focus of the Program, to ensure the future of robust rural GP obstetric services that enable women to give birth closer to home in rural and remote Western Australia.

Role of the mentor
Mentors are usually experienced GP obstetricians who work in the same practice or location as the Diplomate. The Mentor provides support to the Diplomate and makes him/herself available to the Diplomate to assist with the management of complicated cases, as well as provide advice on antenatal and postnatal patient care.

Process
GP registrars are encouraged to apply to the Program when they have decided to become a GP obstetrician. The working group determines the successful scholarship recipients for each year, and provides career advice and assists mentees to find a suitable mentor in their location.

The working group has developed criteria for both mentors and mentees that outline the requirements for the Program and the funding arrangements. These criteria are formalised in Memoranda of Understanding (MoU) with Rural Health West.

Rural Health West administers the Program with a Project Manager who makes regular contact with the mentor and mentee, and ensures that the participants receive their funding entitlements and complete the evaluation requirements.

Funding
The program is funded by both the Commonwealth Department of Health and Ageing, and WACHS. WAGPET also became a part funder in 2011 and enabled the Program to expand to support outer metropolitan (urban) GP registrars.

Rural Health West receives funding of $25,000 for each rural scholarship and $15,000 for each urban scholarship. This funding is allocated between the GP registrar (the mentee) and the mentor. A $12,500 scholarship is awarded to each rural mentee and $7,500 to each urban mentee. The scholarship funds are intended to support the mentee at their discretion to assist with items such as:

- accommodation subsidy
- relocation payment
- travel allowance and registration fees for conferences, or additional training
- other related costs such as medical indemnity.

Mentors are eligible to receive a maximum of $12,500 during the period of the Program agreement for each mentee for rural placements and $7,500 for urban placements. The first payment is made at the commencement of the Program. The second payment is made at the end of the program, on receipt of a completed post-evaluation questionnaire.

The purpose of the funding is to provide supervision and mentorship to the GP/Registrar and the anticipated use of the funds is at the discretion of the Supervisor to assist with items such as:

- case study discussions
- attendance at deliveries
- advice to mentees.
Participant profile

Between 2007 and 2012 38 Diplomates successfully completed the Program, 33 in rural and remote Western Australia and 5 in outer urban Perth.

There was a high intake in 2010 as mentoring placements were available and a high number of graduates completed the training program at KEMH that year. The following year saw a relatively low intake of only three due to a high number of trainees staying on at KEMH to complete advanced DRANZCOG training.

Participant numbers

<table>
<thead>
<tr>
<th>Year</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2008</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>2010</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2012</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>33</td>
<td>5</td>
</tr>
</tbody>
</table>

Of the 38 Diplomates who completed the Program, 35 were GP registrars and 3 were experienced GPs. WAGPET GP registrars comprised 87% of the Program participants.

Just over half of Diplomates on the Program (20 or 52.6%) had completed their Basic DRANZCOG qualification and 17 had completed the Advanced DRANZCOG (note must have basic diploma to complete advanced diploma).

The Program in Western Australia has been delivered in 18 locations—15 rural towns and 3 outer metropolitan suburbs.

The following table summarises the remoteness location (ASGC-RA) for all Diplomate training and it can be seen nearly two thirds of participants (65.7%) completed the Program while working in an RA 3 or RA 4 location.

Summary of Program Delivery Locations x Remoteness Classification

<table>
<thead>
<tr>
<th>ASGC-RA</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA1</td>
<td>5</td>
<td>13.2%</td>
</tr>
<tr>
<td>RA2</td>
<td>6</td>
<td>15.8%</td>
</tr>
<tr>
<td>RA3</td>
<td>14</td>
<td>36.8%</td>
</tr>
<tr>
<td>RA4</td>
<td>11</td>
<td>28.9%</td>
</tr>
<tr>
<td>RA5</td>
<td>2</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The 38 Diplomates completed the Program in 22 different health services across the 18 locations, as some Diplomates trained across more than one sector within a location:

- 12 private rural general practices
- 2 private outer metropolitan general practices
- 2 rural Aboriginal Medical Services
• 5 rural public hospitals
• 1 outer metropolitan public hospital.

**Evaluation**

**Initial evaluation**
Rural Health West conducted an initial evaluation in August 2009 which assessed the training and funding models in place at the commencement of the Program for three candidates at different rural locations. Key outcomes from this evaluation were:

• The mentees rated the rural training opportunity and experience highly, particularly valuing the one-to-one training model.

• The funding model rated poorly with both mentees and mentors.

Recommendations from that evaluation have been implemented and inform the current Program, including to:

1. Revise and improve funding models to cover mentees, mentors and the practice.
2. Ensure mentors have access to contemporary teaching methods.
3. GP registrars should commence their DRANZCOG training either prior to general practice training or at least twelve months after commencement.

**Current evaluation methodology**
A formal evaluation methodology has been established for the Program commencing from January 2012. This evaluation comprises:

• a mentor post-program evaluation questionnaire
• mentee pre-program evaluation questionnaire (primarily Likert scale survey questions)
• mentee post-program evaluation questionnaire.

The pre and post-program evaluation questionnaires for 5 participants that commenced on the mentoring program in February 2012 and completed the program in December 2012 have been collated. For the purposes of this paper a comparison of pre and post evaluation questions for the participants are reported in the table below:
## Program Evaluation Questionnaire Mentee Compiled Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-Program</th>
<th>Post Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did being part of the program improve your confidence to perform obstetric procedures unsupervised?</td>
<td>80% 20% 0%</td>
<td>20% 60% 20% 0%</td>
</tr>
<tr>
<td>Did being part of the program improve your skills to perform obstetric procedures unsupervised?</td>
<td>60% 40% 0%</td>
<td>20% 60% 20% 0%</td>
</tr>
<tr>
<td>Did being part of the program improve your knowledge to perform obstetric procedures unsupervised?</td>
<td>40% 60% 0%</td>
<td>100% 0% 0% 0%</td>
</tr>
<tr>
<td>If this program was not available to you, would you still be willing to working in a rural area doing obstetrics?</td>
<td>0% 60% 40% 0%</td>
<td>20% 20% 40% 20%</td>
</tr>
</tbody>
</table>

### General comments

‘I am very lucky to be part of a wonderful, supportive O&G team. We hope to soon achieve accreditation as a centre for teaching the Advanced DRANZCOG. As soon as we have this, I will enrol.

I am in my GP year and would not have access to obstetric experience without this program. It is definitely allowing me to keep my skills up and in some areas, such as ultrasound, extend them. It also reminds me what I am hoping to do in the future (advanced diploma).

I would still be happy doing antenatal care but would be fairly hesitant doing deliveries given limited instrumental experience.’

### Prior Graduate Evaluation Questionnaire

In addition, a Prior Graduate Evaluation Questionnaire was developed in February 2013. This evaluation questionnaire is designed for Diplomates who completed the Program prior to 2012 and builds on the current post-evaluation questionnaire, designed to enable common analysis of feedback from recent and past graduates.
The results from 9 respondents are collated and reported in the table below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did being part of the program improve your confidence to perform obstetric procedures unsupervised?</td>
<td>88%</td>
<td>12%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Did being part of the program improve your skills to perform obstetric procedures unsupervised?</td>
<td>63%</td>
<td>37%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Did being part of the program improve your knowledge to perform obstetric procedures unsupervised?</td>
<td>38%</td>
<td>50%</td>
<td>12%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>If this program was not available to you, would you still be willing to work in a rural area doing obstetrics?</td>
<td>55%</td>
<td>34%</td>
<td>11%</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you still practicing rural GP Obstetrics</td>
<td>55%</td>
<td>45%</td>
</tr>
</tbody>
</table>

Reasons why not practising rural GP Obstetrics:
- On maternity leave.
- Moved interstate and not able to work in public sector.
- Didn’t enjoy the rural experience.
- Found obstetrics too stressful, along with the odd hours and moved interstate.

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it about GP Obstetrics that has kept you there?</td>
</tr>
<tr>
<td>- Enjoy providing a full range of obstetric services to my patients (3 respondents).</td>
</tr>
<tr>
<td>- Happy and fulfilling job (3 respondents).</td>
</tr>
<tr>
<td>- Very supportive colleagues who share the roster, so only on call one day per week and one in six weekends.</td>
</tr>
<tr>
<td>- Well remunerated (2 respondents).</td>
</tr>
<tr>
<td>- Relationships with patients and families.</td>
</tr>
</tbody>
</table>

100% of respondents would like to be a mentor.

General comments
'I think it was very important. I only had one year of obstetric experience, and was then doing solo obstetrics including c-sections. During my first few c-sections I was terrified- what if I couldn’t get the baby out, what if I couldn’t stop the bleeding- there is no code button to hit, no guarantee of someone being able to come and help quickly. Being able to phone my mentor and having him around or on standby was great.

I feel it is incredibly important for the WA GPO workforce to continue and expand this program.
I felt privileged to have been part of the program, as the first candidate in 2007.

Although I only called my mentor a few times by phone regarding my obstetric patients, it gave me confidence to know he was close by if I needed him.

I think it is a great idea for new GP Obstetricians and it gave me a lot more confidence than I would have had if I had worked independently.’

Other retention strategies

In mid 2012, Rural Health West was contracted by the Metropolitan Health Service: Women and Newborn Health Services to undertake the Community-Based DRANZCOG Training Pathway project and prepare a report describing:

1. The current obstetric workforce in rural WA.
2. The capacity of the public health system to support rural GPs to obtain obstetric qualifications in a community based setting from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The project report set out a framework, training pathways and approved templates to support international medical graduates (IMGs) working in rural and remote Western Australia to obtain RANZCOG obstetric qualifications (Diploma or Advanced Diploma) in a community-based setting. These IMGs have obstetric qualifications from their country of origin and have been credentialed by the WA Country Health Service (WACHS) to provide obstetric services in rural hospitals.

There is the potential that the current WACHS credentialing policy for international medical graduate proceduralists will become more stringent. At present the credentialing includes scope for the hospitals to support international medical graduates and salaried District Medical Officers (DMOs) to pursue their DRANZCOG training in a community based position while continuing to work.

The project was also designed to assist locally trained graduates who wished to pursue community-based DRANZCOG training in a rural setting. There are currently five Australian trained diplomates (basic) wanting to do community based training for their advanced diploma and three doctors interested in completing basic DRANZCOG community based training.

These doctors are all keen advocates of working in a rural area and many have settled with their families in a town in rural WA and do not want to have to move to Perth for up to twelve months to complete procedural training. The second project report delineated individual rural hospital pathways to enable those doctors to undertake their DRANZCOG through their current rural hospital employer.

It is a very sound retention strategy to promote and support rural community based training for these candidates as they can continue in their place of work and remain an integral part of their community.

Once trainees have completed community based DRANZCOG training, they may also be eligible for the GP Obstetrics Mentoring Program.

Also key is promoting the rural pathway to junior doctors and health professional students at an early stage to encourage and promote the benefits of working in a rural area. Rural Health West has implemented a program called 'Choose Country' that offers health professionals a variety of experiences across general practice, hospital and community settings—from student to graduate to experienced practitioner.

The GP Obstetrics Mentoring Program Working Group also provide information sessions regarding the GP obstetrics training pathway and options regularly to Junior Doctors at KEMH, and to GP Registrars commencing their training. Previous mentors and mentees are invited to speak about their experiences which is highly effective in marketing the benefits of the profession and the mentoring program.
There are also opportunities under our student programs that offer rural placements for health professional students to experience working in a rural environment.

**Conclusion**

Rural Health West is committed to encouraging and supporting rural GP proceduralists in Western Australia as they are vital to the future of a robust rural general practitioner procedural workforce. Due to the decline of the GP procedural numbers as identified in this paper, innovative programs such as the GP Obstetrics Mentoring Program, the Community based DRANZCOG training pathway and promotion of a GP obstetric training pathway to junior doctors are required to meet the needs of the rural workforce to ensure the longevity of primary health care provision in rural WA.

**Policy recommendation**

Strategies to address the decline in the rural procedural GP workforce are critical to slowing, and eventually, reversing the decline in this workforce. It is recommended that current strategies such as the GP Obstetrics Mentoring Program continue to receive funding and more longitudinal evaluation is undertaken at 5 and 10 year intervals to identify the impact on the retention of the GP obstetric procedural workforce.