



## Special Commission of Inquiry into Healthcare Funding

**Submission Number:** 82

**Name:** Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**Date Received:** 31/10/2023

# Submission

## Special Commission of Inquiry into Healthcare Funding in NSW

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Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to make a submission to the New South Wales Government on Special Commission of Inquiry into Healthcare Funding (the Inquiry).

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification, and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

### Background

The Special Commission of Inquiry is undertaking a comprehensive examination of healthcare services' funding in New South Wales (NSW), encompassing the current governance and accountability framework within NSW Health. The workforce's capacity and proficiency to meet both existing and prospective demands will be assessed along with the allocation of funds by NSW Health for healthcare services provided in public hospitals and community settings. The Inquiry will also examine possible approaches to tackle increasing expenses, reduce resource wastage, and enhance accountability and efficiency of the healthcare system.

Significant reforms are urgently required throughout the NSW healthcare system. The state faces critical challenges, including severe workforce shortages, and inadequate funding in the women's health sector resulting in a notable gender disparity in NSW. Furthermore, the deficiency in maternity and women's health services in rural and regional areas has left communities underserved, compounded by a shortage of skilled staff in these settings. It is essential to better equip rural practitioners with the necessary training and support to address healthcare needs effectively in these regions. Remote areas rely heavily on community-based programs, and there is a pressing need for increased funding to adequately meet these demands. Addressing these issues is crucial for improving healthcare accessibility and quality across NSW.

RANZCOG would like to provide the following feedback on items A, B, C, F and G of the Terms of Reference provided by the Special Commission of Inquiry into Healthcare Funding.

### Specific Feedback

#### Terms of Reference Point A: Effective and sustainable use of funds

*It is imperative to examine the impacts of gender inequities within the NSW health system.*

RANZCOG strongly advocate for a specific focus on women's health and the impacts of gender disparity in the Terms of Reference. Despite prior government acknowledgement, notable gender disparity remains inadequately addressed, as such increased funding is greatly needed to resolve this well documented gender gap within the NSW healthcare system. In 2019, the NSW government committed to adopting a "gendered approach" aimed at promoting health equity for all women and improving access to gender specific health services and programs<sup>1</sup>. Whilst recognition of the disparities between genders across various health and wellbeing measures is a start, more action is needed to address the incongruences that are impacting 4,087,995 women in NSW.

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<sup>1</sup> NSW Ministry of Health. (2019). NSW Women's Health Framework 2019.

The NSW Women's Health Framework report outlined the negative effects gender inequity has on women and acknowledged that the current model of gender biased healthcare poses a significant risk to the health and wellbeing of women and girls in NSW. Equality is a fundamental human right and with it comes the responsibility to guarantee that our laws, policies, programs and healthcare systems are devoid of discrimination and are attuned to the distinctive challenges faced by women<sup>2</sup>. This Inquiry has the opportunity to address the irrefutable “differences between the health and wellbeing of men and women” to make a significant impact on the health and wellbeing over half the NSW population<sup>3</sup>.

Women disproportionately experience delayed diagnosis, overprescribing, and a failure for healthcare providers to properly investigate symptoms<sup>4</sup>. The overall burden of disease is disproportionately higher in females, with a significant number of women grappling with persistent ill health and chronic conditions, many of which are linked to reproductive and maternal health concerns<sup>5</sup>. Despite decades of incredible advancements in medicine, we still understand less about how scores of health issues affect women compared to men<sup>6</sup>. This systemic imbalance highlights the broader issue that women's health remains under-researched and under-prioritised in NSW. The NSW government needs to significantly increase its investment in women's health to rectify the gender bias in healthcare that has long been acknowledged but is yet to be remedied.

*An analysis of the impacts of gender-blind research needs to be included in the Terms of Reference.*

A significant lack of funding for research in the women's health setting is impeding advancements in women's health, leading to suboptimal diagnostics and a lack of effective treatment options. Across various medical fields, including cardiology, oncology, neurology, and immunology, women are consistently underrepresented in research studies. The anatomy and physiology of women has been shown to impact health conditions meaning a one-sized fits all, gender blind approach is inadequate at best. Research findings indicate the distinct differences in pain perception between men and women and emphasise the need for increased investment in chronic pain conditions such as endometriosis and chronic pelvic pain experienced by a large portion of women. Investing in female centric research has the potential to markedly enhance health outcomes for both men and women<sup>7</sup>.

Women's perspectives are not evident in health policies or reform documents<sup>8</sup>. Research demonstrates that when gender perspectives are overlooked during the development of health reforms, the wider healthcare system is diminished. It has been proven that consulting with the women's health sector during health reform processes represents best practice. These types of gendered consultations have been shown to strengthen policies and reforms and lead to increased effectiveness<sup>9</sup>.

*The effect of public hospital funding models must be assessed.*

Cost of administrative compliance with the activity-based funding models used in public hospitals presents an opportunity for improvement. Anecdotal evidence indicates that a significant portion of public hospital healthcare funding is used to support the administrating burden of service coding and funding compliance activities. RANZCOG believes that the public hospital system could benefit from a bulk funding approach, reducing the need and complexities associated with coding systems. A considerable number of staff are

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<sup>2</sup> Victorian Government. (2023, April 14). Gender equality: what is it and why do we need it.

<sup>3</sup> NSW Ministry of Health. (2019). NSW Women's Health Framework 2019.

<sup>4</sup> Australian Government - Department of the Prime Minister and Cabinet. (2023). National Strategy to Achieve Gender Equality Discussion Paper. Australian Government.

<sup>5</sup> Australian Institute of Health and Welfare. (2023). How does the health of males and females compare? Australian Institute of Health and Welfare.

<sup>6</sup> Australian Government - Department of the Prime Minister and Cabinet. (2023). National Strategy to Achieve Gender Equality Discussion Paper. Australian Government.

<sup>7</sup> Women NSW. (2022, November). NSW Women's Strategy 2023-2026.

<sup>8</sup> Australian Government - Department of the Prime Minister and Cabinet. (2023). National Strategy to Achieve Gender Equality Discussion Paper. Australian Government.

<sup>9</sup> Australian Women's Health Network. (2012). Women and Health Reform. Australian Women's Health Network.

employed to carry out activities related coding functions. These activities are costly and time intensive. A simplified, electronic system that more closely resembles that used by private hospitals may help alleviate the administrative burdens involved with funding allocation.

### **Terms of Reference Section B: Governance and accountability structures**

*The unique impact of geographical location needs to be addressed within the Terms of Reference.*

Accessing rural and remote pregnancy care requires patients to navigate between complex, poorly integrated and fragmented primary and tertiary services. The recent parliamentary Inquiry into Birth Trauma in NSW highlighted the inequities that exist in rural and remote maternity services<sup>10</sup>. It is well documented that these types of unique geographical imbalances significantly contribute to poorer health outcomes for this population<sup>11</sup>. The success of RANZCOG's OGET program demonstrates the benefits that funding allocated to research and training in rural and remote maternity services<sup>12</sup>. This program actively supports a wholistic, multidisciplinary approach that facilitates upskilling for those involved in the unique aspects of rural maternity care. Increased funding for regional and rural maternity units will provide opportunities for upskilling and improve staff attraction and retention rates significantly improving the care for the 26% of women in NSW living in rural and remote regions<sup>13</sup>. RANZCOG would be happy to provide further advice on specific methods to improve rural workforce shortages should the Inquiry require it.

*The Terms of Reference should explicitly incorporate a cultural safety aspect.*

Due to a multitude of factors including cultural safety and geographical location, Indigenous women are less likely than their non-Indigenous counterparts to initiate prompt antenatal care, and generally exhibit lower attendance rates. This is especially problematic for Aboriginal women in regional, rural, or remote areas, where accessing maternal and infant care involves multiple transfers between various providers and often requires women to give birth off county<sup>14</sup>.

The Inquiry needs to specifically examine the disparities that exist between urban and regional care, indigenous and non-indigenous Australians and women from diverse cultural backgrounds. The government has previously stated their commitment to addressing the differences in health and wellbeing outcomes and experiences among different groups of women, including those who identify as Aboriginal or Torres Strait Islander<sup>15</sup>. It is well documented that Aboriginal women experience poorer health outcomes than non-indigenous women, especially in the birthing space<sup>16</sup>. There needs to be a continued focus on ensuring locally supported, culturally appropriate co-design of models of care are in place to improve access and health outcomes of First Nations peoples. The government have declared that their commitment extends to addressing the health disparities that exists in other minority groups such as women living in rural and remote areas, women from migrant or refugee backgrounds, women living with disability, transgender women and non-gender conforming people with female body parts. It is crucial that local communities, and women from diverse backgrounds are genuinely and actively involved in the development of culturally appropriate healthcare reforms.

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<sup>10</sup> Parliament of New South Wales. (2023, August). Parliament of New South Wales.

<sup>11</sup> Women NSW. (2022, November). NSW Women's Strategy 2023-2026.

<sup>12</sup> Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). (2023). Mapping Maternal Health and Gynaecological Services in Rural, Regional and Remote Australia: Uptake, Barriers and Recommendations - The Report. RANZCOG

<sup>13</sup> Australian Bureau of Statistics (2022). 2021 Census of Population and Housing. Information on sex and age.

<sup>14</sup> Sivertsen, N., Anikeeva, O., Deverix, J. et al. Aboriginal and Torres Strait Islander family access to continuity of health care services in the first 1000 days of life: a systematic review of the literature. BMC Health Serv Res 20, 829 (2020). <https://doi.org/10.1186/s12913-020-05673-w>

<sup>15</sup> Australian Women's Health Network. (2012). Women and Health Reform. Australian Women's Health Network.

<sup>16</sup> Boyle, J., & Eades, S. (2016, June 02). Closing the gap in Aboriginal women's reproductive health: some progress, but still a long way to go. ANZJOG, 56(3), 223-224. doi:<https://doi.org/10.1111/ajo.12470>.

## Terms of Reference Section C: Effective allocation of resources

*The impacts of inequitable access to abortion and contraceptive care needs to be examined within the Terms of Reference.*

There is an acute need for funding to enable equitable access to abortion and contraceptive care in NSW. Abortion care can and should be integrated into the public hospital systems just as other health services are. RANZCOG has developed pathways to support the provision of contraception and timely abortion care but currently only two hospitals in NSW offer this service, presenting a viable opportunity for improvement. The costs associated with delivery of abortion and contraception care in private spaces only creates access issues by increasing the associated costs for women. As outlined by the recent senate inquiry, sexual and reproductive health remains a postcode lottery<sup>17</sup>.

NSW health has a policy on abortion pathways however, this is not enforced and there needs to be more accountability in this space<sup>18</sup>. Improving funding and access and providing these services in public hospitals will have the flow on effect of increasing and improving training opportunities for registrars, effectively alleviating some of the workforce pressures in this area. At the very least, women deserve to have access to safe, effective, and affordable contraceptive methods that allow them to choose if and when they reproduce<sup>19</sup>. The NSW government has previously recognised that the women and girls of NSW will experience healthy bodies if they are supported to have better reproductive and sexual health and are provided with access to contraception and maternal support<sup>20</sup>.

The current health care model overemphasizes acute care rather than sustainable and preventative measures. Contraceptive care is an example of how access to publicly funded preventative measures in public hospitals and community settings help prevent unintended pregnancies. The provision of free contraception is a cost-effective method with proven success in Europe and Canada<sup>21</sup>. The time has come for this Inquiry to follow through with these commitments to ensure the government delivers impactful change.

## Terms of Reference Section F: Workforce capability

*RANZCOG supports the examination of workforce distribution and mechanisms by which these issues can be successfully and sustainably addressed.*

Maternity wards and community programs catering to remote communities are particularly strained by workforce shortages. Remote areas rely on local programs, locums and visiting medical officers (VMO), but significantly more funding is required to meet the current demands. Reproductive healthcare in rural and remote settings is significantly lacking, with a distinct shortage of providers able to address all aspects of healthcare services required by women<sup>22</sup>. For this reason, RANZCOG supports the need for locums and VMO's to provide a full scope of services including abortion and contraceptive care.

The remote workforce is almost exclusively GP obstetricians and if properly supported, these practitioners provide an opportunity to alleviate workforce distribution issues. An increase in incentives such as funding for regional and rural based GP training positions and skill maintenance poses a viable option for increasing and maintaining the maternity workforce in areas of need. Additionally, the declining number of GPs poses a significant threat to the healthcare system, and this effect will undeniably impact our already struggling rural settings most of all.

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<sup>17</sup> Commonwealth of Australia. (2023). Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia. Commonwealth of Australia 2023.

<sup>18</sup> NSW Health. (2021, May 7). Pregnancy choices.

<sup>19</sup> Australian Department of Health. (2018). National Women's Health Strategy 2020 - 2030. Australian Department of Health.

<sup>20</sup> Women NSW. (2022, November). NSW Women's Strategy 2023-2026.

<sup>21</sup> Bridges, A. (2023, April 13). Calls for Australia to make contraception free following similar moves by British Columbia, parts of Europe.

<sup>22</sup> Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). (2023). Mapping Maternal Health and Gynaecological Services in Rural, Regional and Remote Australia: Uptake, Barriers, and Recommendations - The Report. RANZCOG.

The shortage of healthcare professionals is most acutely felt in rural, regional and remote areas. At present there is a strong incentive for trainees to establish their practice in the capital cities, largely due to significant financial, work-related and social challenges that deter them from working in rural areas. Even though there's typically greater competition in urban areas, specialists in the city can command higher fees for their services compared to their rural counterparts. Furthermore, most registrar training positions are concentrated in metropolitan areas, and when these registrars become specialists the familiarity with this urban based setting means they feel more prepared and are more supported than those working with the unique challenges of a rural setting. These factors, amongst others, have contributed to a preference of registrars seeking employment in the capital cities, contributing to the distinct lack practitioners in rural settings. Providing a much more robust and sustained support system for rural based registrars will properly equip them to work in regional and rural settings.

It is well documented that concerns about practicing rurally extend beyond finances for specialists as outlined in the Rural Health Reforms<sup>23</sup>. A lack of incentives, inadequate relocation support, limited childcare and housing options and scarce professional support are amongst the reasons keeping urban practitioners out of rural areas. The impacts of not being able to carry over entitlements, such as annual or parental leave when transferring from one state to another also impacts on a registrar's desire to relocate to an area of workforce need.

Another barrier to workforce retention is the lack of support for new parents. The conditions surrounding returning to work and parental leave in the healthcare field could be greatly improved. Currently, there is a substantial deficiency in support for healthcare providers who become new parents while working in the hospital and training settings. Restrictive hospital contracts often make it challenging for new mothers and fathers to take sufficient parental leave, primarily due to contractual constraints and financial pressures<sup>24</sup>. As previously stated, RANZCOG is willing to provide additional commentary on how workforce distribution issues can be successfully and sustainably addressed.

### **Terms of Reference Section G: Education and training programs**

*RANZCOG supports the inclusion of education and training program analysis within the Terms of Reference.*

Specialist colleges play a vital role in supporting training and accreditation. To enhance the training of specialists, it is imperative to ensure sufficient funding allocation for increasing placement opportunities, particularly those in rural and regional areas. As outlined above, expanding the number of qualified General Practice Obstetricians and Rural generalists can significantly contribute to alleviating workforce shortages in rural and regional areas. As previously detailed, programs such as RANZCOG's OGET project have the potential to greatly improve the capacity and capability of healthcare practitioners providing maternity care rurally<sup>25</sup>.

Specialist colleges outline the importance of offering part-time contracts to all trainees and emphasize that hospitals should actively work towards retaining their trainees by providing a certain level of flexibility. Regrettably, this principle is not consistently reflected in practice, leading to significant distress among trainees. This denotes an area for improvement as it is well documented that providing support to healthcare workers has a significant impact on staff retention. Registrars also face difficulties when attempting to transferring leave entitlements from one practice to another and this needs to be reviewed. Additionally, the pay rates for junior doctors significantly impacts retention rates. Trainees across all jurisdictions should receive comparable pay and conditions. When combined with a high stress job, this financial constraint results

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<sup>23</sup> Australian Department of Health and Aged Care. (2010). National Strategic Framework for Rural and Remote Health.

<sup>24</sup> University of Otago. (2023, October 20). Paid parental leave helps protect the mental health of new mothers.

<sup>25</sup> Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). (2023). Mapping Maternal Health and Gynaecological Services in Rural, Regional and Remote Australia: Uptake, Barriers, and Recommendations - The Report. RANZCOG.

in many junior doctors experiencing fatigue and burnout. They may acknowledge the need for a break but refrain from taking one due to financial constraints, making it unaffordable<sup>26</sup>.

### Summary

RANZCOG ardently believe that the Inquiry should have a greater focus on the prevailing inequities that exist in the NSW health system. Whether it's the contrast between rural and urban areas, cultural disparities, or the distinctions between male and female health, effectively addressing these inequalities will have a lasting impact on the health of those residing in NSW. An improvement in health in the short term has shown to have great longer term economic benefits<sup>27</sup>.

Moving away from the current gender-blind approaches and thoroughly evaluating the inadequacies in funding for women's research and health services, particularly in the reproductive and maternity health settings is fundamental. Expanding publicly funded contraceptive and abortion care services to reduce access inequities and facilitate the upskilling of healthcare practitioners will have a substantial impact. Efforts should also be directed at resolving workforce shortages and distribution challenges in rural and regional areas by improving incentives for practitioners and increasing funding for programs supporting rural and remote health service delivery.

RANZCOG acknowledges with thanks, the contribution of Associate Professor Boon Lim, Dr Mark Ruff, Dr David Jallow, Professor Kirsten Black and Dr Sophie Doherty for this submission.

Yours sincerely,



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**President**

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<sup>26</sup> Medical Board of Australia and Ahpra. (2022). Medical Training Survey 2021. Medical Board of Australia and Ahpra.

<sup>27</sup> Australian Department of Health and Aged Care. (2010). National Strategic Framework for Rural and Remote Health.

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