

**14 August 2018**

## Questions

- Would the AMAQ agree or disagree that rural maternity health services have been impacted in the last 18 or so years by rising insurance premiums for obstetricians and gynecologists?
- If so, can this be linked to pressure from the legal service in that time?
- Has rising insurance premiums for obstetricians, and doctors in other specialist fields, been an ongoing problem for Queensland doctors?
- How big does a town need to be, or what is needed, beyond funding, to sustain a maternity health service in a rural area?

## **AMA Queensland response**

Maternity health services in rural, regional and remote areas right across the country have declined in recent years.

There are a range of reasons for this trend and rising costs for patients, obstetricians and gynecologists is one key cause.

Prohibitively expensive indemnity insurance is still one of the reasons for increasing out of pocket expenses for women trying to access care with a private obstetrician.

It also makes it financially impossible for many obstetricians to make ends meet in private practices in country areas.

Coupled with a plethora of health insurance products that specifically exclude pregnancy care from their list of covered conditions, obstetricians are finding it harder to keep the doors open.

In the case of a misadventure litigation may ensue even in cases when no real 'blame' can be apportioned.

AMA Queensland believes women and children who suffer any sort of injury or adverse event following birth deserve and need to have the resources required to deal with the cost of care which could span a lifetime.

However, AMA Queensland believes introducing a No Fault Tort Law where the cost of caring for people damaged as a consequence of medical misadventure is covered by government would ensure families received support while also making it more feasible for obstetricians to run private practices in country areas.

The emergence of a midwifery model for patients accessing the public system has also played a role. Many women can go the entirety of their pregnancy without seeing an obstetrician. However, obstetricians are often called in when medical problems or misadventures occur at birth. In essence, they take all the responsibility even though have had no say in the treatment decisions for the patient to date. Younger obstetricians are less likely than older obstetricians to work in such circumstances.

Finally, staff and resourcing are critical to maintaining country maternity services.

AMA Queensland believes at least one-third of all new medical students should be from rural backgrounds and more medical students should be required to do at least one year of training in a rural area to encourage graduates to live and work in regional Australia. Targeted initiatives such as flexible working arrangements, holiday relief, educational opportunities for children and housing subsidies help to increase the size of the rural medical, nursing, and allied health workforce.

While the State Government has invested significantly in the Rural Generalist Program that provides GPs with training in Obstetrics and Anaesthesia, there also needs to be appropriate resourcing including adequately equipped labour wards and operating theatres as well as the capacity to transfer inappropriate or difficult cases and more.

**ENDS**