

President's Report



Dr Christine Tippett
President

I am pleased and privileged to present the RANZCOG Annual Report for 2008. The activities of the College continue to expand and evolve. What remains a constant is the ever increasing demands and accountability required of all the many disparate groups and organisations with which we are involved. The report sets out very clearly the wide range of activities undertaken by the College and the substantial progress that has been made during the last financial year. In this report, I will highlight some of the more important issues and areas of progress.

The last year has seen a number of changes which will impact on us all, not least of which is the current global financial uncertainty. Our budgetary processes and financial planning is rigorous and I am confident that we use our money efficiently and effectively. In recent years, with a flourishing share market our investments have provided us with a valuable component of our operating income, which has been important as activities such as accreditation of training sites has necessarily expanded. This income has been adversely affected during the 2007-2008 financial year, but we remain in a strong financial position and the FACE committee and the CEO will be frequently reviewing our budgetary position.

National Initiatives

Since its election in November 2007, the Rudd Labor Government has made it clear that it proposes to make some significant changes to the organisation of the health workforce and health service delivery in Australia, both in the short and longer term. We have had and will continue to ensure that we have significant input into the roundtable discussions and reviews currently being undertaken. The signing of the *Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions* by the Commonwealth of Australia and the eight jurisdictions in March 2008 and the development of legislation to enable the agreement to be effected is currently being undertaken, with the goal of having the new scheme in place by July 2010. The release of the discussion paper, *Improving Maternity Care in Australia: A discussion paper from the Australian Government*, to which we are currently preparing a submission, and the planned review of all diagnostic services following the expiry of the *Radiology and Ultrasound Memorandum of Understanding*, which were in place from 2003-2008, are a few of the more important Federal initiatives. Each of these initiatives will have an impact on members of the College, in particular the Maternity Services review. I can assure you that we

are very aware that we must be a strong advocate for our speciality and also try to ensure that decisions made by the Government do not adversely affect the specialist workforce, either in the short-term or long-term, or the standard of women's health services. It is essential that we do not lose sight of our core business, which is undisputedly recruitment and training of the specialist obstetric and gynaecological workforce; setting and maintaining standards in women's health; acting as an advocate for women; and ensuring that the crucial role of a specialist women's health workforce is acknowledged, both in Australia and New Zealand.

Workforce and Training Issues

It is well recognised that Australia and New Zealand have ongoing workforce shortages and in Australia there is also the problem of workforce maldistribution. Both the Australian and New Zealand workforce shortages can be attributed to previous governmental policy. The adverse effect of policy direction often takes ten to 15 years before it is manifested and the correction is also protracted, as is currently the situation in Australia and New Zealand. In Australia, the number of medical graduates will rapidly increase starting at the end of 2008. There continues to be major concern as to how and where these young graduates will be accommodated for their intern and initial postgraduate years and what impact it will have on International Medical Graduates (IMGs) who are currently working in the Australian healthcare system. At present, there has been only very limited modelling as to the number of specialists who will be required in the future. Clearly, there will be a significant increase in specialist trainees, which will have an impact on both RANZCOG staff and everyone associated with the College who contributes to specialist training.

The recognition of the need for a greater number of training opportunities and the fact that almost 50 per cent of healthcare activity is now in the private sector, resulted in the Federal Government developing and funding the Expanded Specialist Training Program, which commenced in 2008. The progression of nationally consistent assessment processes for overseas trained specialists has resulted in the specialist colleges reaching broad agreement on their assessment processes. The major change we have made is that overseas trained specialists assessed by the College as having completed a similar training program, with similar experience to our Trainees, will now be required to complete a period of oversight before they are eligible for Fellowship and full registration.

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As I mentioned in the previous report, we are continually considering and trying to address the challenge of ensuring that at the completion of their training, our Trainees are able to practise independently to the standard expected by their senior colleagues and the community.

National Consensus Framework on Rural Maternity Services

During 2007, the Commonwealth funded the development of the *National Consensus Framework for Rural Maternity Services*. This project was progressed by a management group made up of representatives from six key organisations in rural health: the Rural Doctors Association of Australia; the Royal Australian College of General Practitioners; the Australian College of Rural and Remote Medicine; the Rural Health Workforce Australia; the Australian College of Midwives; and RANZCOG. The project provided RANZCOG with the opportunity to work collaboratively with other key players in rural maternity services. The principles developed by this group were endorsed by Council in March 2008 and provide a broad framework for the development of some future strategies to sustain and improve healthcare for women in rural and remote areas.

Standards of Practice

During the past year, there has been a significant focus on the fitness to practice of the medical workforce. This is clearly an area which is extremely important if we are to ensure that patients are not put at risk and that underperforming doctors have access to support and remediation if it is required. The success of practice visits initiated by RANZCOG in New Zealand has been recognised by the New Zealand Medical Council, which is considering making practice visits a component of their compulsory Continuing Professional Development (CPD) requirements. The College has put in place a Standards and Complaints Committee (SCC), the purpose of which is to promote accepted standards of practice and ethics by members of the College through the consideration and adjudication of conduct that may breach the *RANZCOG Code of Ethical Practice* or related College objectives. As a profession, we do find it challenging to take action when we become aware that a colleague is putting his or her patients, or himself or herself, at risk, but clearly the community does expect us to act responsibly in this regard and not to remain silent.

Indigenous Women's Health

The RANZCOG Australian Indigenous Women's Health Meeting was held in Darwin from the 14 to 16 August, 2008. The aim of the meeting was to explore how RANZCOG could make a worthwhile contribution to 'closing the gap' in Indigenous health in the future and to raise awareness of the issues amongst members of the College. The meeting was a resounding success with over 350 registered delegates, including Indigenous health workers, senior Indigenous women who are leaders in their communities, nurses, midwives, general practitioners, specialists and bureaucrats. I very much hope that the meeting will translate into some effective College contribution to improving the health of Indigenous women and their babies.

Reappointment of the CEO

Dr Peter White assumed the role of RANZCOG Chief Executive Officer in February 2006 after being appointed for a three-year term. I am pleased to inform you that the Council recommended that Dr White be reappointed for a further term from February 2009 and he has accepted that reappointment.

There can be no doubt that there are many serious challenges ahead for the College and its members. Maintaining high standards in all aspects of our training, governance and advocacy will help us to ensure that our voice is heard and that high standards of women's healthcare in Australia and New Zealand are maintained.

The Fifth Council of the RANZCOG has been a hard-working and productive team who have generously contributed their time and expertise to ensure that the many College activities are supported and progressed and I wish to thank them for their contribution. I would particularly like to thank the Executive, the Committee Chairs and all Fellows and Members who have made a significant contribution during the term of this Council. Many Council activities are dependent on the dedicated College House staff and I am most grateful to them for their support and commitment to the College.

It has been an honor and a privilege to have been the President of the College for the last two years. I very much hope that I have made a constructive contribution to the College and that this Council has built on the legacy of previous Councils and Presidents, ensuring that our College is recognised as a leader in women's health and a responsive and relevant organisation.

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Dr Christine Tippett President