

Provincial practice in the south west

An interview with Diane Mohen

Diane Mohen is one of two Provincial Fellows representatives on Council and has been practising rural medicine for 20 years. She originally grew up in Perth, but had family ties to Bunbury, Western Australia, where she now lives and practises. She initially practised in family medicine and worked in several rural and city practices. Diane's introduction to obstetric practice was as a resident at Swan District Hospital in WA. Her interest in the field was further kindled during two years when she worked as a volunteer in a women's hospital in Pakistan. In the early 1990s, she entered the College's Integrated Training Program for specialist certification.

Having spent several years in family medicine, she viewed the opportunity to train in obstetrics and gynaecology as a way of focusing her medical practice in a specific area of interest. She went into rural practice essentially for lifestyle reasons.

'I wanted to live in a less crowded environment with less traffic and cleaner air', Diane Mohen says. 'The thought of working in private obstetrics in the city with a seven days a week, 24 hour a day commitment seemed rather untenable to me; it was not something that I believed I could physically sustain for any length of time. I chose Bunbury because there was an opportunity to work in a shared on call system for obstetrics. There was a workforce of general practitioners with excellent obstetric skills well equipped to care for women with uncomplicated pregnancies,

leaving the specialists in town only with the responsibility of caring for those women requiring consultant help'.

Promoting continuity of care

Today, Diane Mohen works for South West Gynaecology, a private group practice in Bunbury with three other rural O and G specialists: Thomas Cottee, Ronald Jewell and Derek Wilson. She works as part of a one in four arrangement and the practice, in conjunction with Bunbury Regional Hospital, St John of God Hospital and the neighbouring district hospitals, caters for a population of 130,000. This number includes patients from Busselton, Collie, Harvey, Bridgetown, Manjimup and Margaret River. The practice organises clinics and consultations in each of the larger towns once every month. Approximately 1600 children are born in the south west region of Western Australia each year and many patients will travel up to 170 km to Bunbury to have their children or receive other forms of specialist treatment.

'I am personally involved in 120 deliveries in a year and my colleagues would each deliver a similar number', Diane Mohen explains. 'Although between us, that's a significant percentage of the women who are delivered in the south west, some of those deliveries



Diane Mohen (right) consults with a patient

are in conjunction with their local doctors. A lot of the deliveries are still supervised primarily by a patient's family practitioner.'

The shared on call system of obstetrics in Bunbury has to date proven to be an efficient model for meeting the demands of patients throughout the south west. It has also enabled Diane Mohen and her practice partners to prioritise their list of patients and in turn make their workload more manageable.

'One of the pleasures of working in this area is that we have a very skilled group of GPs who have maintained their enthusiasm for obstetric practice and we promote shared care for all our obstetric patients', Diane Mohen explains. 'I think it is very important to promote the concept of continuity of care between women and their family practitioners who in the end are not only caring for the women but their children as well. It's a model that should be actively promoted and encouraged.'



Diane Mohen explains the results of an ultrasound scan. 'It's important to maintain communication with the patient and her family.'

'I'm a firm believer in the traditional model of midwives and GP obstetricians dealing with the bulk of obstetric care. There needs to be a focus on job satisfaction for both groups of people as well as the satisfaction of the families who use the service, and if you can get the balance right there, I think you have the basis for a very good service.'

Transfer of care for rural patients

South West Gynaecology offers general O and G services to its private and public patients, but is also well equipped to cater for patients requiring subspecialist treatment. Diane Mohen says that with more time and expertise, the practice would expand its infertility and urogynaecology services, but that the level of care required for patients often necessitates their transfer to clinics in Perth. 'We have a urologist in town who is another helpful resource person for people with complex incontinence problems', says Diane Mohen, 'and the urogynaecology subspecialists in Perth are always very willing to help out if we feel problems are beyond our expertise.'

is needed is better met in the city than in Bunbury.

However, I think the people needing subspecialist care are well catered for in the system that we have. The main area I think we will need, before very long, is more general obstetrics and gynaecology backup.'

One of the challenges that already underlines the difficulties of provincial practice is the organisation of transportation of ill patients. 'We are lucky in Bunbury because we have skilled anaesthetic and paediatric backup,' says Diane Mohen, 'but it's always stressful if you deliver preterm babies or a patient has gone into labour before transfer can be arranged. Other obstetric problems that can be frightening are massive hemorrhages, particularly if coagulopathy develops. There are limited blood bank facilities in Bunbury and even fewer resources in some of the surrounding district hospitals where severe haemorrhage complicating pregnancy can induce much anxiety amongst the attendant staff. These sort of issues make efficient transfer essential and good decision making skills about timely transfer crucial.'

'We receive periodic visits from two experts in Yee Chit Leung, who is a gynaecological oncologist and Krish Karthigasu who helps out with special endoscopic surgical skills. However, the timing of problems of our oncology patients does not necessarily coincide with Dr Leung's visits, so the surgical procedures and the backup that

'Another problem, which is not necessarily confined to rural areas, is emergency surgery. If you have to perform emergency surgery out of hours, it can affect the decisions you make. You have to decide quickly how to tackle a specific problem before it escalates out of your control. That can be problematic.'

Diane Mohen adds that in traumatic or emergency situations, an adverse outcome is more heartfelt in a country town. 'If there is an adverse outcome, you really have to be upfront and honest about the issue from the outset because you are very likely to see your patients either professionally or socially in the community. It puts the onus on you to maintain a level of communication with both the patient and her family. It is a challenge for all rural practitioners to manage. I take my hat off to rural GPs who are more likely to have that ongoing relationship. It's challenging, but I suspect in the end it encourages a healthier resolution of stressful events in the long run.'

A comfort and interest in rural medicine

Despite the emotion and scrutiny that accompanies an adverse outcome in a rural town, Diane Mohen enjoys 'working with country people enormously. I can't explain exactly why that is, but you meet some wonderful people with interesting lives and stories to tell', she says.

'I enjoy working in a general hospital setting where I have daily contact with lots of other different medical specialists and the general practitioners. I enjoy the number of people; the medical community is limited in size so you develop a professional relationship with many of the doctors, they are not just names on paper. I enjoy working with relatively small groups of midwives who by the nature of their work have to maintain

skills in all aspects of midwifery care. I feel comfortable in the size of the medical and health profession that I work with and the community as a whole.'

Diane Mohen's comfort and interest in rural medicine has also extended to performing locum work in other parts of Western Australia. South West Gynaecology offers monthly visiting consulting services to Carnarvon and twice yearly visits to Exmouth and Christmas Island, but Diane Mohen has also performed locum relief work for solo rural O and G specialists. 'I've acted as a locum in Kalgoorlie, Geraldton and Port Hedland. I do that because it adds interest and variation to my work schedule and it also offers an insight into how other specialists tackle problems.

'If you're a solo rural practitioner, the hardest thing to organise is time out of town and feel that the services you provide are being adequately covered in your absence. It's more reassuring if you know there's someone there doing the work you would normally be doing and picking up the emergency work. Although I do it for my own interest and to provide a useful service, locum work is not a regular commitment.'

Diane Mohen does not experience the same difficulty of leaving Bunbury for continuing professional development activities. 'I'm a bit spoilt as we're reasonably close to Perth. Although it might mean containing consultations or operational times for the day, I can make it to Perth for evening seminars or lectures. Once a month I try to attend a peer review meeting convened by Mark McKenna where we compare notes on managing difficult problems in practice.

'That said, there are programs run by the RACGP and the Division of General Practice in Bunbury which are of interest to us in our practice. For instance, I attended an update

lecture on diabetes which, although not strictly related to O and G, does impact on our practice.

'What I miss most in rural practice is not having the easy access to a medical library because, as convenient as the internet is, it is not always satisfying to seek out information electronically. I prefer to read an article from a bound journal or a book. So a few times a year, I will visit the library at the King Edward Memorial Hospital in Perth and spend a day there indulging in my need to read books.'

Diane Mohen and her colleagues often rotate in attending the RANZCOG's Provincial Fellows conferences. 'We really appreciate the Provincial Fellows meetings in our practice because they offer us the opportunity to compare notes with Fellows in similar work situations to our own. It's a very useful exercise to review how different practitioners will approach similar problems.'

She adds that the RANZCOG's Annual Scientific Meetings are particularly insightful for obtaining clinical updates in a broad range of general obstetrics and gynaecology topics. 'One of the features of being a specialist in a fairly small medical community is that you inevitably become involved in clinical review processes within local hospitals. In our practice, we've instituted some practice meetings to review our service and sharing information such as medical board guidelines and health department directions and it gives us a chance to discuss particular cases as a group. However, the hardest thing is actually finding a time where we are all in one place for long enough to do it.'

The closure of obstetric services

The shared on call system for obstetrics in Bunbury and the south west has continued to be well supported by specialists, GPs and

midwives alike, despite the ongoing uncertainty about medical indemnity. However, Diane Mohen expects that many GPs in the region will stop practising obstetrics because they are feeling anxious about the new regulatory changes to medical defence organisations passed by the Commonwealth Government in December 2002.

'Bunbury still has very committed GPs who are practising obstetrics', she says, 'but obstetric services are starting to close in one of the neighboring district hospitals and in some of the outlying towns. Three GP obstetricians in one district hospital have already announced they will cease practice after the end of this financial year. As a result, we are receiving a lot more transfers from that hospital than we have previously.'

Diane Mohen believes that until the uncertainty over medical indemnity is resolved, it is 'going to be very hard to promote the continuation of what has been the traditional model of obstetric care for women in this part of Western Australia. We really have a challenge ahead of us now to recruit a new generation of GP obstetricians and we will have to look at ways of addressing the fears that have been engendered amongst GPs about the supposed "risks" of obstetric practice. In the end obstetrics is an enjoyable practice but in the current environment it is also a very stressful one.'

She believes that reforms to tort law, particularly with regard to the statute of limitation, will ease specialist and GP obstetricians' concerns. 'The statute of limitation provisions are still a concern. There needs to be certainty about indemnity obligations on retirement and there needs to be some certainty that the premiums we will have to pay are going to be sustainable in the long run.

'I'm encouraged by some of the tort law reforms in the other States and Territories,

which are allowing structured settlements as opposed to lump sum settlements, but I think more emphasis should be made on enforcing structured settlements. The capping of various elements of payouts also needs more consideration and the care of severely disabled people really needs to be reviewed. I think purely on a fairness point of view that there should be a compensation scheme that caters for people with major disabilities.'

Better strategies for clinical governance

Diane Mohen adds that the Commonwealth Government's linking of subsidies for medical indemnity and continuing medical education and practice review is clearly directed towards clinical governance of the medical profession. She believes that the RANZCOG must ensure that obstetricians and gynaecologists contribute to Government strategies for positive ongoing professional education and clinical review.

'I strongly feel that these processes have to be structured so that they enhance work satisfaction and do not detract from it', Diane Mohen explains. 'Documentation requirements have to be simple and easily audited, but if it is not done cleverly it could unnecessarily alienate good clinicians from practice and could generate copious amounts of meaningless and unnecessary paper work. I think there is a real challenge in that area to make it work well and to make it a constructive and enjoyable part of practice.'

Diane Mohen also believes that additional Commonwealth and State Government funding for training posts is also pivotal to encouraging more young doctors to work in rural and regional areas. Even when a training post is identified for a Diploma candidate or a Fellowship Trainee, 'the local hospital budget doesn't necessarily have the means to meet that extra payment commitment'.

'If local health services have to justify their budgets in terms of the work done for the money that they get, then they may not be able to justify having a registrar there', Diane Mohen explains. 'But if you take the view that the registrar might become a valuable member of the rural health workforce in the future then you have to look beyond the immediate balance sheet.'

She also believes that Governments must consider funding a structured locum service to enable doctors to fulfil their professional development requirements. 'With continuing medical education requirements being demanded by medical boards, the College and Government, a structured locum service becomes essential. It's very difficult to leave your practice to pursue those activities or to go away on holidays when there are not many medical professionals in a particular area to relieve you. I'm sure it's a very strong factor that deters people from establishing practices, particularly solo practices, in rural areas. In WA, the College of Remote and Rural Medicine has strived to organise locum relief for general practitioners and I think that's wonderful, but that sort of service should be available to all rural practitioners.'

A locum service would also ensure that doctors comply with a recommended number of safe working hours, Diane Mohen says. 'There is currently a lot of attention about safe working hours throughout the community, so how do you reconcile that with a solo practitioner who is normally on call 24 hours



Diane Mohen and the other members of South West Gynaecology: Thomas Cottee, Ronald Jewell and Derek Wilson

a day, seven days a week? I think we are getting to the stage where that should not be tolerated. Support structures have to be built into the health service to enable practitioners who are in that situation to have time off regularly.'

As the Provincial Fellows representative on the RANZCOG Council, Diane Mohen believes her role is to ensure that the concerns and expectations of Provincial Fellows are given a fair voice on Council. 'I think Council has a good appreciation of the demands on our time and not least the need to spend more time with our families,' she says. 'I feel very strongly that if the RANZCOG is to maintain the support of its Fellows and Trainees it has to listen to our needs as well as meet the requirements of the public, Government and medical defence organisations. If, on behalf of Provincial Fellows, I can convey those expectations, then I will have achieved at least that aim.'

Damian Christie
Publications Co-ordinator
Tasha Blaney
Receptionist
RANZCOG