From Hamilton to Mildura: Reflections of a Provincial Fellow

My career as an obstetrician and gynaecologist has its roots back in 1969 when I was an RMO rotating from St Vincents in Melbourne to Hamilton, in the western district in Victoria.

At that stage, despite having trained in O and G, I still felt a little bit uneasy about deliveries and didn't actually do any while I was in Hamilton. I also had my introduction to trophoblastic disease and even as a RMO felt that the management could have been better.

While I was in Hamilton, I was asked if I would do a locum in Edenhope, about 150 km north west of Hamilton, over the New Year period. I was doing the locum for a GP who managed his own surgery and obstetrics.

I duly arrived just after lunch on the Monday and was given a brief run down on the practice and the hospital and was then left on my own. The first patient I saw was 37 weeks pregnant with a BP of >140/90 and heavy proteinuria (I hadn't forgotten to do those things). I informed her that she needed to be in hospital with a view to bringing the baby on, then I went and read the text book to find out how to do it. The book I had was written by Lance Townsend and it wasn't very helpful as it discussed medical and surgical induction, but didn't discuss an artificial rupture of the membranes. She settled down and I then sent her home to see me two days later, but I received a phone call at about 3am to say that she was in labour. As I expected the phone call to say that there had been a major accident, I was quite relieved to hear she had been admitted and ordered some Pethidine to assist with the pain relief and blood pressure.

I had to take my car to the garage to have the brakes looked at and did this at 8am and thought that all would be well. The telephone rang at 8.45am to tell me that the woman in labour was pushing and the head was on view. Having no car, I grabbed a bicycle and pedalled to the hospital in time to deliver the baby, suck it out by mouth and give the ergometrine. The only other person to help was a young midwife who knew as much as I did. I decided at that time that I needed to learn more of obstetrics.

I subsequently did a second year job in Mooroopna, in the Goulburn Valley of Victoria, that had an obstetric component in it but at the end of four months, I was not much wiser. I did however meet a couple of English psychiatrists who had spent some time in Uganda and the tales that they told inspired me to do obstetrics and head off to Uganda.

I moved to the Royal Women's Hospital in Melbourne, and during my first year, Iddi Amin came into power in Uganda and so my plans were altered. I finished my three years at the Royal Women's at a time when there was over 8000 deliveries a year and there were only six registrars and two second assistants in the professorial department. I left the Royal Women's and spent 12 months in Malaysia with the RAAF and then a further two and a half years in the United Kingdom.

Setting up practice in Hamilton and Warrnambool

I returned to Australia in 1977 and took up a position in Hamilton, where I had started my career. I was there for seven years and the medical practice was very enjoyable.

The clinic was multidisciplinary. There were two surgeons and two physicians, a specialist anaesthetist and paediatrician, a GP who had spent extra time doing paediatrics, a GP with specialist recognition by the Health Insurance Commission who did the obstetrics and gynaecology, and myself. It was a great environment in which to practise, as there was always the ability to get an opinion within five minutes if necessary and there was a great deal of camaraderie that to some extent is missing now.

On several occasions I would help the surgeons with a ruptured aortic aneurysm and like problems and they were always willing to assist me with my problems and provided moral support when there was an adverse outcome. With the backing of the surgeons, physicians and paediatrician, it was possible to provide a vast array of services to the population that would have been difficult to do in an urban setting. I was able to do ultrasound (the hospital didn't have one), microsurgery (I spent some time with the microsurgical dept of St Vincent’s Hospital with Bernie O'Brien) and oncology with the assistance of the surgeons.

In 1984 I relocated to Warrnambool, 100km to the south. At that time, Warrnambool was growing in population and was already twice the size of Hamilton. I took over the practice of the only O and G in the town although there were two GPs who still did caesars. There were 14 GPs doing obstetrics at that time and a few of them gave it away with the passage of time and the increasing medical defence costs, so

by the time I left in 2002 there were only four GPs doing deliveries. I worked solo for six months and then was joined by Chris Beaton who I knew from his days as a GP in Portland while I was in Hamilton. Chris had done most of his O and G training in the UK and finished his time at the (now defunct) Preston and Northcote Community Hospital in 1985 and came to Warrnambool in March that year.

Warrnambool had a population of 24,000 and rising and also had both public and private hospitals. We decided early in the piece to go into a partnership that meant that we could have recreation leave, study leave and even long service leave (if we wanted to, and we did). Although working a one in one roster for six weeks was rather gruelling, you always knew that your turn for leave would come. It also meant that you could share expenses and equipment; we were able to buy a colposcope, ultrasound machine, hysteroscopy equipment for office hysteroscopy with video and photographic recording, a laser for treating cervical intraepithelial neoplasia and also for laparoscopic work to mention just a few things.

We worked in a medical environment where there was three surgeons, each with a different interest, firstly three and then four physicians, again each with a different interest (gastroenterology, cardiopulmonary medicine, endocrinology and medical oncology) together with one then two paediatricians who were extremely competent, which meant that it was possible to practise almost the complete range of obstetric and gynaecological services.

For the first ten years we had no junior staff and attended all the deliveries ourselves and that would have been between 300 and 350 a year; payment was fee for service so if you did not attend you didn't get paid.

Teaching and training

In 1995, the practice had its first Trainee and that was an overseas trained specialist who was from Czechoslovakia who stimulated us to no end. He was followed by a Trainee who had returned from the UK and finished her training for the FRANZCOG with us and subsequently became the third partner and introduced a new dimension to the practice. Although we had provided a visiting service to the outlying towns, we were able to expand that service so that we visited an area of about 100km radius. We were also able to include urodynamics into our practice which further extended the services provided.

From 1998 we were involved in the Integrated Training Program (ITP) of the College, taking third year Trainees from the Royal Women's Hospital. This proved to be a very stimulating and rewarding experience and was one of the factors that led to my next career change. It has been a great pleasure to see Trainees succeeding after they have been under your supervision; this is something that provincial specialists have only recently been able to experience and I am sure that all Provincial Fellows involved in the ITP feel the same. I will admit that it gave me great pleasure to have two of my Trainees reverse roles and formally take part in educating me and other colleagues.

During my time in Hamilton, I became involved in College affairs with the Victorian Regional Committee and that was only possible as I had a locum to cover me. The same locum also introduced me to medical politics, as he had previously been president of the State branch of the Australian Medical Association. On moving to Warrnambool, I was able to continue my interest in College affairs, firstly as the chairman of the Provincial Fellows Committee (and being co-opted onto Council) and then as one of the two Provincial Fellows representatives on Council. This was only possible because of the relationship that I had with my practice partners and my ability to attend to College matters knowing that the 'home' was being covered. My family have also made sacrifices but they realise the importance of making sure that provincial issues are raised at College level at every opportunity possible.

I have since left the cosy world of Warrnambool to take up the position of Associate Professor in Rural Obstetrics and Gynaecology with Monash University, a position which indicates that at least one of the tertiary institutions recognises the importance of rural obstetrics and gynaecology. The University appointment is in addition to a clinical role and will involve the co-ordinating of undergraduates over the five clinical schools of rural medicine that Monash has established. It is a challenge and a different way of life. The region has the highest under 20 years birth rate in the State of Victoria and there are problems in the delivery of services to Aboriginal women (Mildura has the highest number of deliveries of Aboriginal women in the State). Fortunately, I have some very good colleagues to assist me.

Provincial practice is both challenging and rewarding but unfortunately, given the current climate, it maybe a thing of the past. As a group we are in danger of our fates being determined solely by our political masters.

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