

Will GPs still be delivering babies in 2026?

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To adequately address this question one must assume that general practice in 2026 will be identical in every way to what it is today. This allows us to be able to extrapolate the current situation both qualitatively and quantitatively forward 20 years. Of course we all know general practice will be very different in 2026, if it exists at all. Obstetrics aside, the face of general practice is currently being changed by the powers that be and is being de-skilled by more remuneration being given for the menial as opposed to the meaningful tasks of everyday general practice. This follows a progressive de-skilling over many years, probably for good reason, from the days of the GP, who not only delivered the babies but did the appendicectomies, hysterectomies and cholecystectomies as well.

Obstetrics is different though. Most obstetrics is routine but the 'disasters' happen quickly and unpredictably and the skills required need to be available at a local level everywhere but are only barely adequate even today. The Australian geography and its isolation demands this. Will GPs fit into this paradigm in 2026?

There is no doubt the number of GP obstetricians is steadily diminishing. It is very difficult to know exactly how many GPs are actually delivering babies now, let alone in 2026. The RANZCOG knows how many GPs are paying their subscriptions for the DRANZCOG but not how many are actually delivering babies. However, now with the advent of the GP Obstetric Advisory Committee, this information may become available in the near future. Therefore, possibly the most accurate figure for GP obstetrician numbers, who are actually delivering babies, is from the National Rural Faculty of the RACGP. This group administers the Training for Rural and Remote Procedural GPs Program. This pays procedural GPs to attend courses allowing them to take time away from their practices and not lose out financially. Those who do obstetrics and have claimed for this grant since its inception in March 2004 number 607⁽¹⁾. This figure may include diplomates from the British RCOG and other grandfathered obstetric practising GPs. In January 2005, there were 2556 Diplomates. Putting these two figures together, which aren't directly related but suffice for the sums, it seems only 23.7 per cent are actually delivering babies.

In 1989, the RACOG carried out a survey of all Diplomates of the College as a tool for future planning. At the time there were 2040 Diplomates⁽²⁾. This report was published in the Diplomates Newsletter in August 1990. Many of you may remember this admirable, educational leaflet that used to come to diplomates accompanying the 'red journal', now known as ANZJOG.

In that survey, 68 per cent of the sample of 1600 who replied to it, said they were caring for obstetric patients either 'independently or in a shared care situation'. In 15 years this is quite an attrition rate. A fall of about 450 obstetric practising GPs. Will this decline continue? Does this mean that less than 200 GPs will deliver babies in 2026? Probably not but still one would expect a similar decline based on the figures we have.

Of the 32 per cent who weren't managing pregnant patients, despite having the diploma, the reasons given for not doing so were:

- not enough obstetric patients to maintain skills
- lack of confidence to practice safe obstetrics
- increasing threat of litigation
- family and personal factors.

These are all very familiar and understandable reasons why one would not want to practise obstetrics.

On the other hand Diplomates were asked why they decided to train in obstetrics. They gave four main reasons in order of importance:-

1. They considered obstetrics to be an essential part of family practice;
2. They needed to develop confidence in the independent practice of obstetrics;
3. They saw skills in obstetrics as essential for practitioners in isolated areas;
4. They saw a need for training in women's health generally.

Although temporally outdated these points do serve as a basis for planning how to attract GPs to deliver babies by quelling their anxieties and stoking their enthusiasm.

What is certain is that babies will be in need of delivery in 20 years time as much as today and someone will need to don the gloves. In the cities and bigger towns this won't be as big an issue but in the smaller towns and regional centres it is a real concern. GPs have always been the backbone of normal obstetric services. Midwives do a sterling job and can manage most labours and straightforward deliveries with aplomb. This is great for 80 per cent of the time but the 80/20 rule reigns supreme in obstetrics.

Much has been done by both the Commonwealth and State Governments in the past five years and hopefully it hasn't been too late as the GP obstetric population is ageing. The State Governments are covering the indemnity for GPs who deliver public patients in public hospitals. This has relieved a huge financial burden for baby delivering GPs. Coincidentally, the Commonwealth Government has initiated the Training for Rural and Remote Procedural GPs Program alluded to earlier. These costs were until recently borne completely by the individual GPs and their practices.

With the financial worries of obstetrics lifted, and with it the financial (but not the emotional) burden of litigation, the remaining barriers are personal preference not to deliver babies, which currently runs at 75 per cent of Diplomates, and lack of experience and confidence. As stated in this publication in 2004, 'if there are fears about the future, the concerns of GPs seem to be less about litigation, medical indemnity premiums or lifestyle but more about opportunities to practise and maintain their procedural skills.'⁽³⁾

Education and ample experience need to be provided for the enthusiastic 25%. The College is, and needs to be, committed to these people. Their submission to the current Productivity Commission (www.pc.gov.au) supports this, especially team based care whether it is GP and midwife, GP and specialist obstetrician or as a *menage à trois*, depending on geography. This is the basis of their submission. It is done very much with the welfare of Australia's future women and their babies in mind.

So, it seems, assuming general practice is still what it is today, there will be GPs delivering babies in 2026. Whether this will be enough is another question that only the march of time will answer.

References:

1. Courtesy of National Rural Faculty, Royal Australian College of General Practitioners.
2. Diplomates Newsletter Vol. 30 No 3, 1990 Published by the RACOG.
3. Damian Christie & Cassandra Humble, *O&G*, Volume 6, No 1 March 2004, Page 12.