Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Provincial Fellows Annual Scientific Meeting

Mackay QLD

26-29 April 2012

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Lachlan Brennan

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Provincial Fellows Meeting in Mackay came at the perfect time of year – just as Victoria was experiencing its first bitter cold days of autumn. This conference was not only an escape to sunny north Queensland, but a chance to explore an area of medicine I have come to really enjoy. Having recently completed my women’s health rotation in metropolitan Melbourne I was especially keen to discover what O&G practice held outside of tertiary hospitals.

Conference attendees were from diverse professional backgrounds. Perhaps more than any other specialty college, RANZCOG welcomes and encourages general practitioners into its programs and to its meetings, so a large proportion of attendees were practicing GP-obstetricians. Also in attendance were trainees in the RANZCOG, GP and Queensland Rural Generalist programs, midwives, and another 20 medical students. It was a great bunch of people to chat to and learn about O&G practice in different areas of Australia.

I was delivered by my local GP and am considering GP-obstetrics for the future, so I was interested to see how this important role is being preserved and developed. A presentation about the Queensland Rural Generalist program discussed how they have successfully attracted a new generation of GP-obstetricians, but highlighted the many barriers to workforce sustainability. GP-obstetricians need a special set of knowledge and skills, and there was much discussion from the audience about how to best provide these abilities. In considering it as a future career, it was encouraging to hear the thorough consideration and careful planning going into GP-obstetrician training.

Another Queensland Health program – the ‘Tele-health’ system – was demonstrated by a local paediatrician who had helped develop their system. Tele-health allows isolated Emergency Departments to rapidly contact regional specialists for consultation, and also for rural hospitals to efficiently provide outpatient ‘tele-visits’ by metropolitan sub-specialists. Part of the presentation was an on stage demonstration of the system. I am yet to see the use of tele-health in Victoria to a significant level, but have certainly seen many clinical scenarios where its use would have been beneficial. Given the focus on development of tele-health in rural areas across Australia it was a very useful introduction to Queensland’s established system.

Of the academic presentations, I most enjoyed the reproductive health workshop which was presented by two O&G specialists based in Mackay who have built a successful fertility service for the regional centre. The speakers covered the scientific basis of new techniques,
but also the practicalities of conducting high-tech investigations and fertility treatments with patients who had the added challenge of travelling long distances. They had achieved a very high level of care while limiting wherever possible visits to Brisbane. It was also inspiring to see two doctors at the top of their field who had chosen to settle in rural Queensland.

In conversation with rural O&G specialists, they emphasised that key to their role is acting as generalists and dividing their time between many different skills and responsibilities. This is in comparison to their metropolitan colleagues who often practice only obstetrics or gynaecology and, even then, in subspecialty areas. If not a career in General Practice, I certainly intend to practice as a generalist and it was good to hear about the job satisfaction and opportunity that comes with this choice. RANZCOG has an intention to train mostly generalists through its specialty program, and there was much encouragement from the Fellows attending the conference that general O&G in rural towns has a bright future.

After attending the conference I am definitely more likely to explore the possibility of a career in O&G, whether as a GP-obstetrician or rural O&G specialist. The trainees were very happy to provide advice on steps to take as a junior doctor before entering training, and the ups and downs they have experienced so far. The biggest attraction of the career for me is providing the vital service to a rural community of allowing women to deliver babies close to home, family and friends, and to do so safely. It was clear at this conference that RANZCOG has this goal at the front of its thinking in terms of future training and workforce management.

Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
Matthew Morey

With the support of RAMUS I attended The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Provincial Fellows Annual Scientific Meeting in Mackay. It was both inspiring and motivating and I thank the RAMUS team for the opportunity.

The Provincial Fellows Meeting is an ideal opportunity for rural and regional practitioners to come together and discuss issues specifically relating to obstetric and gynaecological practice in remote and regional areas. There was an interesting program which included practical workshops, instructive sessions, scientific research and college project activities. The emphasis at this conference was on practical tips for improving obstetric and gynaecological care in rural areas. The bulk of information delivered focused on what you can implement in your practice next week rather than presenting research on obscure findings in laboratory animals.

The conference took place over a weekend with two days of pre-conference workshops available. I attended the Reproductive Health Workshop which covered all aspects of IVF treatment and research. I found this very informative and of great interest. The speakers each had a range of professional interests and delivered topics from a variety of angles. It was great to hear the opinions on current and future IVF practice from not only the IVF clinicians but from those specialising in public health, radiology, GPs and gynaecologists. There were also workshops in urogynaecology, women’s health, emergency obstetrics and imaging. These were all hands-on workshops and the college went to great lengths to provide simulated learning experiences.

Friday night was the welcome dinner held at Windmill Motel and Reception Centre. This was a great opportunity to network and socialise with a fun and impressive group of doctors from across the country as well as meeting other medical students. Many stories were shared and much wisdom imparted.

The first day of the conference was exciting as everyone arrived and old friends and colleagues embraced. There were a variety of high calibre presenters that morning on a range of topics including; IUCD implantation, retrievals and transport of women in labour and third degree tear surgery. The presentation on emergency retrievals of women in labour was most interesting and a dynamic talk by one of the air ambulance paramedics displayed the difficulty in triaging and prioritising pick-up of emergency cases.
After morning tea the residents and trainees presented research on several interesting and innovative topics such as the use of vitamin B in cystoscopy as a cost saving alternative, controversy surrounding GBS swab guidelines and medical management of miscarriage. In the afternoon there was another series of comprehensive talks from an anaesthetist on spinal headaches, medico-legal risk management and the latest in ultrasound techniques.

Saturday night was the conference dinner in the Mackay Entertainment and Convention Centre. It was a spectacular affair with live music and an elaborate backdrop; yet again a great opportunity to speak to GPs, specialists, spouses and friends about all topics medical and non-medical. All of the provincial Fellows were a great source of information and encouraged us to practice in rural obstetrics and gynaecology. They spoke of the rewards of rural practice and the ability to deliver specialist health care to communities who otherwise would not exist. Loving the place you work was strongly emphasised along with the importance of hobbies and interests outside of medicine.

Sunday’s content was more formal with the president of RANZCOG, Dr Rupert Sherwood focusing on matters of the College and difficulties facing the rural workforce. Of particular concern is the lack of support in rural training and the over population of private obstetrician and gynaecologists focused in metropolitan areas. There are concerns about sub-specialties restricting generalist skills and holistic medicine as well as a mention that in the future the College may be divided in to that of obstetricians and that of gynaecologists. These were all pressing issues and it was reassuring to hear the support for a generalist college which supports those who want to work in rural areas whilst maintaining a comprehensive skill set.

The last presentation was on tele-health and highlighted both the advantages and disadvantages of the service. We heard anecdotal evidence of its success throughout rural and remote Queensland where the nearest referral centre can be thousands of kilometres away.

Overall the conference was a great mix of academia, socialising and networking. It was useful to find out the process of applying to the RANZCOG training program and the different diplomas offered throughout resident training. I learned many practical tips, particularly relating to counselling women after miscarriage, informing patients about IVF and the rewards of rural practice.

I would encourage anyone to attend a RANZCOG Provincial Fellows conference as the content is broad and the people are great!
Sarah Simon

I attended the 2012 RANZCOG Provincial Fellows Meeting in Mackay over the weekend of 27-29 April with the financial support of RAMUS. I found this conference extremely relevant to my study of obstetrics and to the decisions I need to make about my career.

I attended the diplomats day on the Friday and joined the workshop on obstetric emergencies. The group of diplomats was split into four groups and we rotated through four stations: resuscitation, post-partum haemorrhage, difficult Caesarean Sections and vaginal breech birth. At the resuscitation station we reviewed how to respond to maternal collapse, focussing on advanced life support and how the recommendations differ for pregnant women compared with the remainder of the population. The session on post-partum haemorrhage focussed on acute management and team co-ordination. A very experienced obstetrician spoke to us about some of the most difficult situations he has had to handle when performing a Caesarean Section. A highlight of the morning was practicing the manoeuvres that may be necessary when assisting with a breech birth on models.

Further presentations that afternoon focussed on foetal monitoring, case based discussions and how to keep out of trouble in difficult situations like post partum haemorrhage, 3rd trimester pregnancy loss, induction of multiparous women and how to manage vaginal birth after caesareans.

Saturday’s program began with presentations of interesting research from diplomats and trainees. Some of the studies were focussing on placement of Mirenas at the time of Caesarean Section, transport of women in labour, perineal tears, use of vitamin B in cystoscopy, a risk factor approach to Group B Streptococcus and misoprostol for management of missed miscarriage. Later in the afternoon presentations were given about telehealth, spinal headaches, avoiding being sued, the significance of soft markers on ultrasound and the use of the 16 week morphology scan.

The final day’s program focussed on bigger issues pertaining to the College, including an open forum with Dr Rupert Sherwood and Professor Ian Pettigrew. Issues raised were regarding the workforce shortage in rural areas, the division of obstetrics and gynaecology, review of surgical training in the program and pharmacists providing the oral contraceptive pill. Later in the morning there were presentations about the rural generalist training pathway in Queensland and the always controversial topic of homebirths.

During the evenings I attended the social dinners and was able to meet many doctors who are at different points in their training. It was really interesting to hear about the different ways to gain training in obstetrics and to hear about the different places everyone works.
Many of the doctors were from rural towns and cities that I knew little about so I enjoyed hearing about why they had chosen to live there and the sorts of challenges they face in day to day practice.

This conference was held over the weekend before I began my women’s health block and it was a great way to begin the rotation. I learned a lot about the core topics in women’s health as well as some of the controversial issues that I can then learn more about as I return to study. The experience has reaffirmed my enthusiasm for rural practice and training and has made me consider studying further so that I can practice obstetrics as well. I will definitely consider attending the 2013 conference in Mildura.