



14 JUN 2011




Queensland
Government

13/6/11

Office of the Minister for Health

Mr Neil Laurie
Clerk of the Parliament
Queensland Parliamentary Service
George St
BRISBANE QLD 4000

LAI'D UPON THE TABLE OF THE HOUSE	
	No. <u>53117 4667</u>
	15 JUN 2011
	MP: _____
	Clerk's Signature: _____

Dear Mr Laurie

Thank you for your letter dated 13 May 2011, regarding Petition No 1678-11 concerning the delivery of maternity and other medical services in rural areas of Queensland.

Every year over 60,000 babies are born in Queensland, with more than 5,000 babies born in rural hospitals and another 11,700 in regional centres and the Queensland Government is committed to ensuring that all families in Queensland have access to safe and high quality maternity care, no matter where they live. Queensland Health has made substantial progress in reforming maternity care since 2005, in line with the Government's Response to *Re-Birthing: Report of the Review of Maternity Services in Queensland*. The four year *Maternity and Newborn Services in Queensland Work Plan 2008-2012* is guiding this activity, led by a dedicated Maternity Unit and the Statewide Maternity and Neonatal Clinical Network. The focus of work to date has been:

- Establishment of new models of care in communities across Queensland that provide continuity of carer, where a named midwife is responsible for a woman's care during her pregnancy, labour and after the baby is born.
- Establishment of drop-in clinics to increase access for families to community-based antenatal and postnatal care.
- Implementation of evidence-based clinical tools and guidelines to support consistency in the delivery of high quality and safe maternity care across the state;
- Implementation of high risk obstetric retrieval guidelines in Retrieval Services Queensland (RSQ) and the appointment of an Obstetric advisor to RSQ.
- Establishment of maternity indicators for monitoring and reporting comparative hospital performance data, and flagging those hospitals whose performance falls outside expected levels;
- Revision of the Clinical Services Capability Framework modules, to enable services to identify the minimum standards for their facilities, support services and staffing to provide safe maternity and neonatal care;
- Re-establishment of the Queensland Maternal and Perinatal Quality Council to support classification, reporting, trending and national benchmarking of mortality and morbidity and make recommendations for clinical practice improvements.
- Establishment of the independent Queensland Centre for Mothers and Babies, which is providing maternity care consumers with greater access to evidence based information and resources to empower and inform their involvement in decision-making about their care; and

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- Involvement of more consumers in maternity services planning through participation on steering committees and forums;
- Workforce initiatives to increase the number of doctors and midwives providing rural obstetric care, including support for rural generalist trainee doctors to undertake the Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (Advanced) to boost their skills in maternity care.
- Delivery of emergency birth training for registered nurses and general practitioners.

In addition, the Government has also supported other initiatives to boost the rural medical workforce. This includes the successful Rural Generalist pathway, which was established in 2005 to develop a supply of capable rural doctors with a broad range of clinical skills. The Rural Generalist Pathway now has 162 active trainees (including 37 interns in 2011) to support more doctors in rural and regional Queensland.

Queensland Health has also provided financial incentives to attract doctors to rural areas. This includes support with an additional leave entitlement and an annual allowance of \$20,700 depending on the location. Rural doctors have tenure rewarded by an Inaccessibility Incentive ranging from \$6,900 per year to \$48,300 per year in remote Indigenous Communities like Doomadgee. Queensland Health also provides financial assistance for medical officers to cover relocation, accommodation and visa expenses. The level of assistance is dependent upon factors including length of engagement, level of seniority of the medical officer, and the location of the appointment.

I trust this information is of assistance to the petitioners.

Yours sincerely



GEOFF WILSON MP
Minister for Health