Future of obstetric practice: group practice?

– Auckland group practice

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Burnout has been a prominent feature of private obstetric specialist practice. The unrelenting demand of being on-call combined with other factors such as increasing medico-legal threats have lead obstetricians to retire from obstetric practice prematurely. This is particularly so for solo private obstetricians foregoing this aspect of their practice to concentrate on gynaecology. Unfortunately, this has meant that many capable colleagues with considerable obstetric skills are being lost from the workforce. There are many rewarding features of obstetric practice with care of patients who are on the whole young and healthy. It is a privilege to be involved in the care of pregnant women for this very significant event in their lives.

In 1997 a group of six specialist obstetricians set up the first group practice in New Zealand. The impetus for this move came from specialists who enjoyed obstetric practice but not the increasing demands placed upon them and their families. Now, almost ten years later, the Auckland Obstetric Centre is a major provider of private obstetric services in the Auckland region booking 600 women per year. The workload is shared equally amongst the six specialists and although some of the original members have changed, a gender balance has always been maintained with three men and three women specialists. The income enjoyed by the group is comparable to a solo practitioner with the philosophy of remuneration for hours worked. The background of the practice is a structured on-call roster for 24-hour periods commencing 8 o'clock every weekday morning. During weekends a 48-hour call period or the option of split weekends is available. The specialist rostered on-call is responsible for all intrapartum care and acute presentations during that call period. No other routine work is booked during on-call periods. As a precaution a 'second-on' specialist is available 'in town and sober' for the rare occasions where two deliveries or emergencies occur simultaneously.

In practice it is rare for the 'second-on' person to be called more than once or twice a month. All of the specialists in the group contribute two or three half-day antenatal clinics per week. The remainder of the time is available for other commitments without the pressure or possibility of being called away for obstetric reasons. All patients are booked for delivery at one site, Auckland City Hospital/National Women's Health Service.

The majority of the referrals are 'over the teacups' with a new patient having had a friend, workmate or family member cared for through Auckland Obstetric Centre. For initial phone contact, potential patients are referred to our website which explains the group concept and provides general pregnancy advice. (www.obstetrics.co.nz) Auckland Obstetric Centre has a dedicated manager, one full-time secretary and three part-time secretaries who provide an important interface with the patients. Our receptionists are specifically trained in counselling patients at first 'phone contact'. Patients are booked under one specialist as their 'lead maternity care giver' for provision of maternity services. They are encouraged however to meet the other specialists in the practice at antenatal visits on the understanding that the doctor rostered on call will provide intrapartum care and deliver the baby.

(Back, from left to right): Martin Sowter, Paul Macpherson, Geoff Bye (Front, from left to right): Lynda Batcheler, Eva Hochstein, Gillian Gibson

An effort to provide some continuity is encouraged by key visits with their LMC, for example, booking 28 and 36 weeks. The obstetrician that delivers a patient then provides postnatal supervision daily with regular visits to the postnatal ward and provision of the six week postnatal check. Although a group practice does reduce continuity of care compared to a solo practitioner to some extent, this is compensated for by the ready availability of the on-call doctor, the lack of disruption of antenatal visits and the fact that their attending obstetrician is not constantly tired. The safety aspect of group obstetric practice is particularly important in light of the increasing medico-legal focus in obstetrics.

Value added services include a visiting obstetric physician and postnatal visiting midwifery services to home.

Group obstetric practice promotes conformity of obstetric care. Colleagues who work in such a group will be like minded and have a similar approach to obstetric problems and management. A second opinion is readily available and clinical problems are discussed regularly in a group setting. Group practice allows for audit and setting of protocols. The second on-call system also gives a sense of collegial support which is also readily available.

Auckland Obstetric Centre has been a very successful endeavour providing a mechanism to avoid burn-out in private obstetric practice. This has been achieved through a rostered on-call system at a frequency of 1:6 and allows between six and eight weeks holiday to be taken per year. The group specialists are essentially delivering the same number of patients per year as they were in solo practice but enjoying the same income with considerably more quality time for the other aspects of their practice and life outside of work. The group obstetric practice provides a supportive collegial environment. The success of this group practice has validated this model in the future practice of obstetrics with wide acceptance amongst patients.