

Background

Australia's private obstetrics and gynaecology services are facing a significant threat, with systemic gender bias in funding and insurance contributing to an unfolding crisis that will profoundly limit options for women and further strain the nation's public healthcare system. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG; the College) convened a roundtable on 14 November bringing together service providers, policymakers, insurers, and other market participants from the private sector to discuss urgent collective reform needed to protect services.

Private health in Australia is a significant component of the overall health care system. One quarter of births happen in private care,ⁱ and 70 per cent of elective women's procedures occur privately.ⁱⁱ Increasing financial strain is threatening the viability of private care. The closure of private maternity wards leads to further stress on the public system. Costs to patients are rising, as both private hospitals and private health insurers grapple with how to maintain financial stability of their services and products in a high-cost marketplace. This increases pressure on the already overburdened public system, while making the financial viability of private care even more precarious. Coverage of obstetrics by the MBS and by private insurance is rife with inequities that disproportionately affect women. Private obstetrics is only covered in the expensive 'gold-tier' plans, that include significant 12-month waits for coverages. It is inequitable that services almost exclusively for women are reserved for the highest, most expensive tier of insurance. The Medicare Benefits Schedule doesn't adequately cover obstetrics and gynaecology, with many common procedures not associated with an MBS item number, or insufficient reimbursement amounts for many procedures that are listed. In the outpatient setting, the Extended Medicare Safety Net caps intended to limit excessive out-of-pocket costs for patients is not being equitably applied to obstetrics and IVF that disproportionately affect women. In addition, gynaecological procedures are deprioritised by private hospitals as the remuneration they receive from insurers is significantly less than for similar gender-neutral care. In some cases, the fees do not cover the costs of the consumables incurred. This leads to a lack of access to theatre time for gynaecologists and increased barriers to accessing treatment for women.

ⁱ Australian Institute of Health and Welfare (AIHW) 2024, Accessed 13 Nov 2024, Australia's mothers and babies, <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/labour-and-birth/place-of-birth>

ⁱⁱ Australian Institute of Health and Welfare (AIHW) 2024, Accessed 13 Nov 2024, Australia's Hospitals at a Glance, <https://www.aihw.gov.au/reports/hospitals/australias-hospitals-at-a-glance>

The Roundtable was organised around a series of topical presentations followed by panel discussions and breakout groups to identify solutions. Speakers included RANZCOG Councillor and Chair of the Private Practice Committee Dr Anna Clare, Mr Steve Dunlop and Ms Marisa St-Onge from the Department of Health and Aged Care, Mr Nick Bailey from Medibank, Ms Jodie Jensen from BUPA, and Mr Dean Breckenridge from Ramsay Health Care representing private insurers and private hospitals. Panel participants included RANZCOG Fellows Dr Ka-Kiu Cheung (Associate Procedural member of RANZCOG; representing the RACGP), Dr Talat Uppal, Dr Heather Waterfall and Dr Nisha Khot and Dr Vijay Roach (panel chairs); consumer representatives Ms Joanne

The overwhelming consensus from the roundtable participants is that private O&G services should be available to all women to access if they choose to, no matter where they live in Australia. Action is needed to ensure private health care remains a viable choice for women. Supporting private care also supports the public system by removing the pressures from declining provision of private care falling back on the public.

Recommendations for Action

- Undertake a gendered review of O&G MBS items, as well as a wider review of the MBS as a whole to identify areas of gender bias not already understood

In Conclusion

RANZCOG is grateful to all participants of the roundtable for their valuable contributions to the event. The College is eager to work with participants and other partners who were not able to attend the roundtable to facilitate ongoing dialogue among insurers, hospitals, practitioners and government agencies. The problem has been recognised and solutions will take collaboration.

The College is committed to working with key stakeholders to advance the recommendations outlined in this report, and we look forward to making progress together on the issues facing private obstetric and gynaecological care in Australia.

Australian College of Midwives	Ms Alison Weatherstone	Chief Midwife
Australian College of Midwives	Ms Helen White	Chief Executive Officer
Australian Government, Department of Health and Aged Care	Mr Steve Dunlop	Director, Medical Specialist Services Section, MBS Policy and Specialist Services Branch
Australian Government, Department of Health and Aged Care	Hon Ged Kearney	Assistant Minister for Health and Aged Care
Australian Government, Department of Health and Aged Care	Ms Elizabeth Quinn	Assistant Secretary, Compliance Risk and Provider Engagement
Australian Government, Department of Health and Aged Care	Ms Marisa St-Onge	Director, Compliance Risk Identification and Assessment Section, Benefits Integrity Division, Health Resourcing Group
Australian Gynaecological Endoscopy & Surgery Society	Associate Professor Emma Readman	Secretary
Australian Medical Association	Associate Professor Magdalena Simonis	Acting Chair, Equity, Inclusion and Diversity Committee
Australian Society of Anaesthetists	Dr Vida Viliunas	Vice President
Avant	Ms Georgie Haysom	General Manager, Advocacy Education & Research
Bupa Health Insurance	Ms Jodie Jansen	Senior Manager Public Policy
Cabrini	Dr Jack Bergman	Director Medical Services
HCF	Dr Andrew Cottrill	Chief Medical Officer
Independent	Dr Monique Ryan MP	Member for Kooyong
Liberal Party of Australia	Ms Erika Cevallos	Health Adviser, Office of Shadow Minister for Health and Aged Care
Medibank Health Insurance	Mr Nick Bailey	Senior Executive Healthcare Funding and Policy
Medibank Health Insurance	Mr Daniel Miles	Health Stakeholder Manager
Medibank Health Insurance	Dr Shona Sundaraj	Hub Lead, Group Medical Director

Attendees (cont.)

NIB Health Insurance	Dr Jeannie Yoo	Head of Clinical Strategy & Governance
Private Healthcare Australia	Mr Ben Harris	Director of Policy and Research
Private Healthcare Australia	Ms Andrea Petrie	Public Affairs and Policy Manager
Ramsay Health	Mr Dean Breckenridge	Chief Policy Officer
Ramsay Health	Dr Shane Kelly	Acting Chief Operating Officer, Hospitals
RANZCOG	Dr Stephen Bradford	Private Practice Committee (proxy)
RANZCOG	Dr Vicki Carson	Private Practice Committee
RANZCOG	Dr Anna Clare	Chair, Private Practice Committee
RANZCOG	Dr Jenny Dowd	Councillor and Private Practice Committee
RANZCOG	Dr Marilla Druitt	Councillor
RANZCOG	Ms Joanne Dwyer	Community Representative
RANZCOG	Dr Sue Fleming	Vice-President
RANZCOG	Dr Nisha Khot	Vice-President
RANZCOG	Professor Boon Lim	Deputy Chair, Private Practice Committee
RANZCOG	Mrs Emma Preece Boyd	Consumer Representative
RANZCOG	Associate Professor Michael Rasmussen	Board Director
RANZCOG	Dr John Regan	Board Director
RANZCOG	Dr Vijay Roach	Past President
RANZCOG	Dr Sim Hom Tam	Private Practice Committee
RANZCOG	Ms Leigh Toomey	Consumer Representative
RANZCOG	Dr Talat Uppal	Fellow
RANZCOG	Dr Heather Waterfall	Private Practice Committee
RANZCOG	Associate Professor Jared Watts	Board Director
Royal Australian College of General Practitioners	Dr Ka Kiu Cheung	Chair, Specific Interest Group Antenatal Postnatal Care



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