Submission No 63

HEALTH SERVICES AMENDMENT (SPLITTING OF THE HUNTER NEW ENGLAND HEALTH DISTRICT) BILL 2025

Organisation: Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

Date Received: 17 April 2025

Submission

Parliament of New South Wales - Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists ('RANZCOG', 'the College') to make a submission to the Parliament of New South Wales regarding the Health Services Amendment (Splitting of the Hunter New England Health District) Bill 2025.

RANZCOG is the lead standards body in women's health in Australia and New Zealand, with responsibility for postgraduate education, accreditation, recertification, and the continuing professional development of practitioners in women's health, including both specialist obstetricians and gynaecologists, and GP obstetricians.

Background

RANZCOG welcomes the consultation on the proposed separation of the Hunter New England Local Health District into two entities: the Hunter Local Health District and the New England Local Health District. Introduced under the *Health Services Amendment (Hunter New England Local Health District) Bill 2024*, this change aims to establish two independent governance structures to improve the planning, coordination, and delivery of health services tailored to the specific needs of their respective communities. This submission outlines key implications for maternity and women's health services, focusing on continuity, safety, and equity under the revised model.

Specific Feedback

1. Impact on Service Delivery

1.1 Responsiveness to Local Needs

The proposed separation of the Hunter New England Local Health District into two discrete entities: the Hunter Local Health District and the New England Local Health District, may support more agile, regionally responsive healthcare planning. In maternity care, local decision-making could enable each district to tailor service models to workforce realities and infrastructure capacity. This would allow for more targeted, place-based approaches to care.

1.2 Benefits and Limitations

Greater local control may help align services with demographic, geographic, and clinical needs. However, there are risks associated with reduced coordination from tertiary hospitals. Current support at both the midwifery and medical levels (consultants, as well as accredited and unaccredited registrars) are already limited, and the effects of decentralisation in this respect are unlikely to be significant.

To safeguard care, it is essential to establish clear referral pathways to designated tertiary hospitals, particularly in situations where local services are unable to meet clinical needs. Models from Dubbo and Broken Hill—where tertiary referral centres are located outside the local health district—could serve as useful precedents.

Additionally, workforce shortages in maternity care, especially in rural settings, are expected to continue and must be addressed through long-term workforce planning.

2. Access to Care

2.1 Opportunities to Improve Equity

Service access in the Hunter region is unlikely to be materially affected. In the New England region, the move to local governance may support improved allocation of resources, workforce, and infrastructure. Under the current configuration, resource allocation has often favoured metropolitan centres, to the detriment of smaller rural hospitals. The proposed split provides an opportunity to correct this imbalance and ensure greater equity and transparency in healthcare investment.

2.2 Maintaining Service Continuity

To ensure service quality across both regions, it is critical to maintain strong referral systems and telehealth support from tertiary hospitals. Robust escalation protocols and ongoing clinical oversight will be central to sustaining access to safe, high-quality care in both districts.

3. Workforce Considerations

3.1 Impacts on Staffing and Recruitment

The separation is unlikely to negatively affect recruitment or retention. Staff redistribution from tertiary to regional centres during periods of workforce shortage has, in practice, been minimal and voluntary. Removing any formal requirement for redistribution is therefore not expected to change service delivery outcomes.

The New England district may benefit from greater flexibility in engaging locum staff at market rates—an arrangement currently constrained by the unified structure. This could assist in addressing urgent workforce gaps.

3.2 Ensuring Continuity Across Regions

Most clinical staff will continue to operate under existing place-of-employment arrangements. For those working across both districts—for example, between John Hunter Hospital and Tamworth Rural Referral Hospital—dual credentialing should be explored to ensure continuity during and after the transition.

4. Regional and Community Impact

4.1 Local Engagement and Confidence

The shift to local governance is likely to be welcomed by regional communities. It may promote a more equitable distribution of resources and rebuild trust in local health leadership. There is a prevailing view that regional communities have been treated as secondary to metropolitan priorities, despite having distinct and complex health needs.

4.2 Representation for Rural and Remote Communities

To ensure that rural and remote populations are not overlooked in either district, RANZCOG will continue to advocate for regional investment and workforce development. Policies supporting regional training pathways must be strengthened. In particular, increasing rural training requirements for obstetrics and gynaecology trainees should be considered. This not only prepares clinicians for rural practice but also contributes to workforce sustainability in underserved areas.

Conclusion

The proposed separation offers a meaningful opportunity to strengthen equity, responsiveness, and accountability in healthcare delivery across the Hunter and New England regions. With appropriate safeguards and planning, this structural reform can improve care outcomes—particularly for women and families in rural and regional areas.

RANZCOG acknowledges with thanks the contributions of members from Tamworth Rural Referral Hospital and Tamara Private Hospital to this submission.

Yours sincerely,

Dr Gillian Gibson
President