

**Submission
No 47**

**HEALTH SERVICES AMENDMENT (SPLITTING OF THE MURRUMBIDGEE
LOCAL HEALTH DISTRICT) BILL 2025**

Organisation: Royal Australian and New Zealand College of Obstetricians and
Gynaecologists (RANZCOG)
Date Received: 18 December 2025

Partially
Confidential

Submission

Parliament of New South Wales – Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025

Thank you for inviting the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, the College) to provide a submission to the Parliament of New South Wales on the *Health Services Amendment (Splitting of the Murrumbidgee Local Health District) Bill 2025* (the Bill).

RANZCOG is the peak professional body for women's health in Australia and New Zealand. The College is responsible for setting clinical standards and overseeing postgraduate education, accreditation, recertification, and continuing professional development for practitioners, including specialist obstetricians, gynaecologists, and GP obstetricians.

Background

RANZCOG has a strong interest in health system governance, service planning and workforce arrangements to the extent that they influence the safety, quality, sustainability and accessibility of maternity and gynaecological care, particularly for women and families living in regional and rural areas.

The Murrumbidgee region encompasses a large and geographically diverse area, with communities that face well-documented challenges in accessing specialist medical care. These include persistent workforce recruitment and retention difficulties, long travel distances for patients, reliance on smaller hospitals with limited on-site specialist capacity, and the need for clear and reliable referral and escalation pathways to higher-acuity services. Maternity and gynaecological care is especially sensitive to these constraints, requiring stable, appropriately staffed multidisciplinary teams to support safe 24-hour services, continuity across antenatal, intrapartum and postnatal care, and timely access to emergency and surgical interventions.

The Bill proposes to dissolve the existing Murrumbidgee Local Health District and establish two new local health districts—the Murrumbidgee Local Health District and the Western Riverina Local Health District—together with associated changes to governance arrangements and the transfer of assets, rights and liabilities.

RANZCOG's submission is informed by feedback received from within the NSW health system, as well as by the College's broader experience of the factors that most materially affect the delivery of safe and sustainable obstetric and gynaecological services in regional New South Wales. The comments below focus on whether the proposed structural changes are likely to address these underlying challenges, or whether alternative policy approaches may be more effective.

Specific Feedback

I. Workforce Shortages as the Primary Constraint on Services

The feedback provided to RANZCOG identifies workforce shortage as the principal challenge affecting health service delivery in regional and rural New South Wales, rather than the location of the administrative seat or the size of a local health district.

In obstetrics and gynaecology, the capacity to provide safe and sustainable services is critically dependent on the availability of sufficient numbers of appropriately trained medical practitioners, midwives and nursing staff to support continuous 24-hour, seven-day-a-week care. RANZCOG's experience in NSW is that maternity and gynaecological services are most often reduced, reconfigured or closed due to an inability to staff services safely, rather than because of insufficient funding to maintain physical facilities or infrastructure.

On this basis, RANZCOG considers that the proposed splitting of the Murrumbidgee Local Health District is unlikely, of itself, to address the core workforce challenges currently limiting service availability and sustainability in the region.

II. Risk of Increased Administrative Duplication and Diversion of Resources

Feedback also raises concern that the creation of two separate local health districts may lead to duplication of executive, governance and administrative functions. RANZCOG notes the risk that additional layers of bureaucracy may divert limited financial and workforce resources away from patient-facing services.

In regional health systems where resources are already constrained, any increase in administrative overhead has the potential to reduce investment in frontline clinical care, including maternity and gynaecological services. In the absence of clear evidence that the proposed governance changes will deliver efficiencies or tangible improvements in workforce recruitment, retention or service delivery, RANZCOG urges caution in progressing reforms that may increase administrative complexity.

III. Cross-Border and Inter-District Care Arrangements

RANZCOG acknowledges that health services in the Murrumbidgee region operate within complex inter-district and cross-border care arrangements, particularly for maternity services that require referral to higher-acuity centres. While RANZCOG does not have detailed operational expertise in these arrangements, feedback suggests that splitting the current local health district into two separate entities may further complicate coordination, referral pathways and clinical governance.

RANZCOG considers it important that any restructuring explicitly assess and address potential impacts on continuity of care, clarity of referral pathways and the safe escalation of care for pregnant women and gynaecological patients.

IV. Limited Consideration of Maternity and Gynaecological Services

RANZCOG notes that public materials and parliamentary debate relating to the Bill appear to give limited consideration to maternity and gynaecological services. Given the essential nature of maternity care and its central importance to regional communities, RANZCOG considers it critical that any proposed governance reform clearly articulate how obstetric and gynaecological services will be supported, staffed and sustained under the proposed new local health district arrangement.

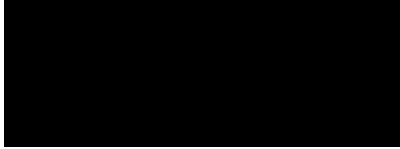
Summary

RANZCOG considers that structural changes to local health district boundaries are unlikely, in themselves, to resolve the underlying challenges affecting maternity and gynaecological services in regional NSW. RANZCOG encourages policymakers to maintain a clear focus on workforce supply, workforce sustainability and continuity of care, and to carefully consider whether the proposed split will deliver demonstrable benefits for patient

outcomes, or whether it risks increasing administrative burden without addressing the primary constraints on service delivery.

RANZCOG acknowledges with thanks the contributions of [REDACTED] to this submission.

Yours sincerely,



Dr Nisha Khot
President