

The JCCO: a tripartite commitment to GP obstetrics

The Joint Consultative Committee in Obstetrics (JCCO) was formed in the early 1980s as a result of collaboration between the RACOG and the RACGP in an attempt to define the requirements for general practitioner training in obstetrics.

Prior to the establishment of the RACOG in 1978, the basic training in obstetrics for GPs was the D (Obst) RCOG from the RCOG in the United Kingdom. With the start of the new RACOG, a separate curriculum was developed and the RACOG Diploma in Obstetrics came into being.

The Diploma in Obstetrics was not recognised as a reciprocal qualification by the RCOG, as the diploma had minimal office gynaecology in the curriculum. This was to become a minor problem with the development of the DRACOG in 1995.

The JCCO was made up of equal representation from the RACOG and the RACGP with a committee of 12 appointed by the relevant College Council. The RACOG appointed the chairman and the RACGP the secretary and there was representation from each state. This setup worked very well and the JCCO became a tripartite committee of three Colleges following the formation of the Australian College of Rural and Remote Medicine.

Following the formation of the RANZCOG in 1998, the name of the diploma was amended from DRACOG to DRANZCOG.

Three of the JCCO's major achievements in recent years have been:

- the development of a new curriculum that was introduced in 1995;
- the introduction of the DRANZCOG and the CSCT; and
- the development of the DRANZCOG Advanced.

CURRICULUM

The curriculum focuses on office gynaecology and more care of the newborn. This was developed over a period of time and was reviewed in 2000. This change ensured there was reciprocity between the DRACOG and the DRANZCOG so holders of the DRACOG would automatically get the DRANZCOG through application to the College.

DRANZCOG AND CSCT

At the same time that the new Diploma was being developed, the RACGP asked that an appropriate qualification be developed for GPs wishing to do only antenatal care and so the Certificate of Satisfactory Completion of Training (CSCT) was developed. Unlike the DRANZCOG, this qualification was not recertifiable and so was granted for life. There has been a declining interest in the CSCT and this has steadily been phased out over the last two years. The CSCT has now ceased, with the last candidates sitting the written examination in August 2002.

The DRANZCOG is granted following six months training in an accredited post during which a logbook is kept of the procedures performed and skills attained.

When signed as satisfactory, it is forwarded to the JCCO for signing by the chairman of the State Review Committee (SRC), following which the candidate is eligible to sit the exam. This comprises a multiple choice question paper of 150 questions, the first 100 relating to antenatal care and gynaecology and the remaining 50 to intrapartum care.

Those successful in the written examination are eligible to sit the Objectively Structured Clinical Examination (OSCE) which comprised 20 stations (lasting five minutes each) initially. The number of stations in the examination has now been reduced to 15, each lasting seven minutes.

DRANZCOG ADVANCED

This qualification was introduced in 1999, following the development of the curriculum and method of assessment. In order to obtain this qualification a GP needs to obtain the DRANZCOG and then undertake a further six months training in an approved post where they acquire the necessary skills for performing caesarean section, instrumental deliveries and operative skills such as laparotomy.

There are two formative assessments and the candidate needs to complete five case commentaries that are then discussed at the exit interview. If all is satisfactory, the SRC recommends the granting of the DRANZCOG Advanced.

Other functions of the JCCO have been to develop guidelines for use by hospitals when appointing general

practitioners with expertise in obstetrics and also guidelines for shared care programs.

The JCCO secretariat is located at the RACGP at present. All three Colleges are currently negotiating an appropriate location for the Committee, mainly to alleviate some of the problems associated with having the log book and training registration in one college and the examination and recertification process in the other.

Wherever it is decided to base the Committee, the RANZCOG, RACGP and ACCRM will be involved intimately

in the ongoing curriculum and continuing professional development, and the administrative staff of all three colleges will continue their close collaboration.

The JCCO firmly believes there will be a continuing place for general practitioners practising obstetrics in the coming years and this is affirmed by the high number of GPs wishing to obtain the DRANZCOG.

Ian Pettigrew

Chairman Joint Consultative Committee on Obstetrics

Rural Women's GP Program

In an effort to improve the equity of health services for women in rural and remote Australia, the Commonwealth Government set up a program called the Rural Women's GP Program (RWGP).

The aim of this program is to improve access to primary and secondary health services for women in rural Australia who currently have little or no access to a female general practitioner. It provides women in rural and large remote communities with the opportunity to seek health care of their choice. Female GPs attend these identified rural communities as the need requires and deliver a range of services.

The contract to deliver this program was signed in May 2000, between the National Office of the Royal Flying Doctor Service (RFDS) and the Commonwealth Department of Health and Aged Care. The service covers all States and the Northern Territory, and involves consultation and negotiation between the community, the local general practitioner, local health providers and agencies, and the female GP to deliver the service.

The RFDS strives to ensure that

the program continues to meet the needs of and is culturally appropriate to the communities it serves. The majority of RWGP clinics are conducted in local GP practices that provide detailed insight into the culture of the local community. This proximity/co-location of services creates an environment where communication between the local GP and the RWGP female GP is facilitated.

The rural clinic sites for the RWGP are nominated by the RFDS and approved by the Minister for Health, Senator Kay Patterson. These sites comply with a set of criteria outlined in the RWGP's guidelines. During July to December 2001, 314 clinics were conducted at the 94 sites throughout Australia which resulted in 4305 consultations.

The majority of these consultations were for cervical screening; however breast examination and management of menopause were also a significant component of the treatments. Other conditions managed within the RWGP clinics were depression, sexual/reproductive health and continence.

The RWGP clinics were also used by indigenous people and males.

This utilisation depends upon the location of the clinic and the demographics of the geographical area.

The RWGP has been extremely successful throughout rural and remote Australia. For example, four clinics per year were planned at Tennant Creek in the Northern Territory, but demand was so great that the community requested the service monthly.

There have been three clinics since, with each fully booked for two clinics in advance. Clinics were also planned quarterly at Cummins on the Eyre Peninsula in South Australia, but now operate every four to six weeks, with women travelling up to 150 km to attend.

The female GPs providing this service also engage in health promotional activities both at an individual patient level and where possible with organised groups within the rural communities, including the local high school.

For further information about the RWGP, telephone the RFDS hotline on 1800 467 435.

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