Guidelines for the assistance of hospital committees in the delineation of credentials and scope of clinical practice for General Practitioner Obstetricians and Rural Non Specialist Obstetricians practising Obstetrics in Australia

Policy Statement of the Training, Accreditation and Recertification (TAR) Subcommittee of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG)

This statement has been developed by the Training, Accreditation and Recertification (TAR) Subcommittee of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG).

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: 1994
Current: March 2015
Review due: March 2018

Background: This statement was first developed by the Training, Accreditation and Recertification (TAR) Subcommittee of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) in November 2011 and most recently reviewed in March 2015.

Funding: The development and review of this statement was funded by RANZCOG.
Each general practitioner (GPO) and rural non specialist obstetrician (RNSO) should have his or her clinical credentials recognised by an appropriately constituted hospital credentials and scope of clinical practice committee upon appointment to a hospital, and reviewed on a triennial basis (or at a shorter interval should either the GPO/RNSO or the credentials committee so request).

The initial recognition of credentials should be based upon the curriculum of the GPO/RNSO’s qualification.

The curricula for the Dip RACOG and DRANZCOG should be seen as relating specifically to the Australian situation but the principles expressed in them also apply in broad outline to the New Zealand situation. In this setting the appropriate diploma qualification would include the respective diplomas of the University of Auckland and the University of Otago.

Additional training and experience (whether formal, such as the DRANZCOG Advanced, the RACGP Graduate Diploma in Rural General Practice in Obstetrics, FACRRM or informal, such as additional hospital-based training or experience in practice) should be taken into consideration in determining the scope of clinical practice.

Each GPO/RNSO’s clinical experience and ongoing obstetric education should be reviewed at the triennial reaccreditation meeting. GPO/RNSOs are required to show a commitment to ongoing obstetric education and continuing professional development activities.

The DRANZCOG is subject to compulsory reaccreditation by the Training, Accreditation and Recertification (TAR) Subcommittee every three years. This involves showing detailed evidence of continuing medical education and quality assurance activities. Holders of other qualifications should be involved in continuing medical education in women’s health and we would ask that the privileges committee also take this into consideration.

Each individual’s application for credentialing should be judged on its own merit, taking into account the training and experience of the general practitioner obstetricians and rural non specialist obstetricians and the local needs, facilities and support. Support includes informal consultation or formal consultation with or without transfer of care. Consultation could be with a specialist obstetrician or paediatrician, or where appropriate, with a suitably skilled and credentialed GPO/RNSO. It is recognised that, particularly in isolated rural areas, GPO/RNSOs may be required to manage any obstetric problem until it is possible or appropriate to refer the patient.

1 The terms general practitioner obstetricians and rural non specialist obstetricians includes practise in urban, regional, rural, remote and very remote areas.

2 The term rural non specialist obstetrician in this document does not include fellows of the ACRRM who hold specialist qualifications in obstetrics and gynaecology.

Links to other College Statements
Hospital access for the practice of obstetrics by GPs (WPI 05)
Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
Appendix C Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.