Credentialing for General Practitioner Obstetricians and Rural Non Specialist Obstetricians practising Obstetrics in Australia

Objectives: To assist hospitals and committees when considering the appointment of urban and rural general practitioner obstetricians and rural non-specialist obstetricians to hospital posts.

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 1994 and most recently reviewed in November 2016.

Funding: The development and review of this statement was funded by RANZCOG.

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: November 2016
Review due: November 2019

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

2The term rural non-specialist obstetrician in this document does not include fellows of the ACRRM who hold specialist qualifications in obstetrics and gynaecology.
All hospitals with obstetric units are encouraged to appoint and provide general practitioner obstetricians and rural non-specialist obstetricians’ access to obstetrics, including intrapartum care, to both private and public patients.

The DRANZCOG (or its predecessor, the Diploma in Obstetrics RACOG) or its equivalent is the required minimum qualification for appointment to an obstetric unit.

General practitioner obstetricians (GPO) and rural non-specialist obstetricians (RNSO) should be accredited to practise a range of obstetric procedures, and these clinical credentials should be established upon appointment, and reviewed on a triennial basis by the appropriately constituted hospital committee. Review after a shorter interval should take place if requested by the GPO, the RNSO or the credentialing committee.

Each individual’s application for their scope of clinical practice should be judged on its own merit, taking into account the training and experience of the GPO or the RNSO and the local needs, facilities and support.

When credentialing and determining scope of practice the following should be taken into consideration:

- The curriculum and training program of the GPO or RNSO’s qualification.

- Available support including 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 general practitioner obstetrician or rural non-specialist obstetrician. It is recognised that, particularly in isolated rural areas, GPOs and RNSOs may be required to manage any obstetric problem until it is possible or appropriate to refer the patient.

- Additional training and experience. This may be 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.

- Recency of practice and an overview of satisfactory past clinical performance of procedures and services being credentialed.

- Evidence of relevant ongoing professional development and quality assurance activities.

- Satisfactory completion of the three yearly recertification requirements for those holding the DRANZCOG qualification.

The curricula and training program for the Dip RACOG and DRANZCOG should be seen as relating specifically to the Australian situation however the principles expressed in this statement also apply in broad outline to the New Zealand situation. In the New Zealand setting the appropriate diploma qualifications would include the respective diplomas of the University of Auckland and the University of Otago. In addition, the appointment process relates more to access agreements for respective hospitals or District Health Boards.

In all instances, the process should be formally documented in the organisation’s governance structure and the process must be clearly defined.

Links to other College Statements

Credentialing in Obstetrics and Gynaecology (WPI 23)

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)
Appendix 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.