Please find enclosed two items from the Joint Consultative Committee of the Royal Australian College of Obstetricians and Gynaecologists and the Royal Australian College of General Practitioners regarding the delineation of privileges for obstetrics for General Practitioners in hospitals. Both these documents have been approved by the Councils of both Colleges.

Bryant Stokes
ACTING CHIEF MEDICAL OFFICER
EXECUTIVE DIRECTOR
PERSONAL HEALTH SERVICES
GUIDELINES FOR THE ASSISTANCE OF HOSPITAL PRIVILEGES COMMITTEES IN DELINEATION OF CLINICAL PRIVILEGES FOR GENERAL PRACTITIONER OBSTETRICIANS

Each General Practitioner Obstetrician (GPO) should have his or her Clinical Privileges established by an appropriately constituted Hospital Privileges Committee upon appointment to a hospital, and reviewed on a triennial basis (or at a shorter interval should either the GPO or the Privileges Committee so request).

The initial determination of the Clinical Privileges should be based upon the curriculum of the GPO's qualification. The curriculum for the DipRACOG (offered until 1994) and the DRACOG (offered from 1995) is appended. The 'Grandfather clause' should apply to all other General Practitioner Obstetricians practising within the region.

Additional training and experience (whether formal, such as the RACGP Advanced Rural Training in Obstetrics, or informal, such as additional hospital-based training or experience in practice) should be taken into consideration in determination of privileges.

Each GPO's clinical experience and ongoing obstetric education should be reviewed at the triennial re-accreditation meeting. GPO's should be required to show a commitment to ongoing obstetric education and Quality Assurance activities.

The DRACOG is subject to compulsory re-accreditation by the JCC every three years. This involves showing detailed evidence of Continuing Medical Education and Quality Assurance activities.

Holders of other qualifications will be invited by the JCC to take part in the Continuing Medical Education and Quality Assurance process and we would ask Privileges Committee also take this into consideration.

Each individual's application for privileges should be judged on its own merit, taking into account the training and experience of the GP 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 credentialled GPO. It is recognised that particularly in isolated rural areas, GPO’s may be required to manage any obstetric problem until it is possible or appropriate to refer the patient.

Approved RACGP
Council Teleconference
8 August 1994
Dear

The JCC would like to advise all hospital administrators that since the introduction of the new DRACOG (Diploma of the Royal Australian College of Obstetricians and Gynaecologists), the guidelines for obstetrics and neonatal practise that have been used in the past are now no longer considered to be appropriate.

We believe that practitioners who hold the DRACOG have been assessed in their understanding and knowledge of obstetrics and office gynaecology and have shown themselves to be capable of performing obstetric procedures considered suitable for GP Obstetricians.

The JCC does not delineate privileges and this matter rests with the individual hospitals and their Accreditation committees. We believe that any practitioner who is undertaking GP obstetrics should hold either the DRACOG, which is a time limited Diploma requiring continuing medical education and QA activities to be carried out in order to maintain certification, the old Diploma in obstetrics RACOG which has now been replaced by the DRACOG or alternatively qualifications of similar standards.

If practitioners do not have the DRACOG which is automatically linked to recertification, then we believe the responsibility to ensure that practitioners take part in continuing education and QA programmes rests with the hospital.

For practitioners who wish to undertake shared ante-natal care we believe it is imperative that they should have either:

1. The Certificate of Satisfactory Completion of Training in Obstetrics and Gynaecology (CSCT), or

2. An appropriate level of obstetric experience and also show a commitment to continuing education, or

3. The DRACOG or its equivalent.

We do not believe that General Practitioners who have no previous experience in obstetrics or who have not attained the C.S.C.T. should be involved in shared ante-natal care either with specialists in isolation or with ante-natal clinics which are based on public hospital clinics.

Yours faithfully,

Ian Pettigrew
Chairman J.C.C. R.A.C.O.G./R.A.C.G.P.