



JOINT POLICY STATEMENT

NUMBER OF BIRTHS TO MAINTAIN COMPETENCE

*This policy statement has been prepared and approved by
The Society of Obstetricians and Gynaecologists of Canada
The College of Family Physicians of Canada
The Society of Rural Physicians of Canada*

The belief that attending a specific number of births can imply a competence threshold for all providers fails to take into account several important variables. These include stage of a provider's career (early, middle, or approaching retirement) and hence the value of accumulated experience; the shared experience of the members of a practice group; well developed collegial relationships among family physicians, specialists, and subspecialists; practice setting and organization; and use of risk management or quality assurance programs.

Although the literature clearly supports volume thresholds for complex surgical and some rare medical conditions,^{1,2} there is no evidence to support extrapolation of these volume concepts to normal pregnancy and newborn care.² Rather, findings demonstrate good outcomes in low-volume settings when access to specialist consultation and timely transfer is available and used appropriately.³⁻⁹

In light of this evidence, the Society of Obstetricians and Gynaecologists of Canada, the College of Family Physicians of Canada, and the Society of Rural Physicians of Canada affirm that competence in obstetric care is not dependent on number of births attended annually.

Maintaining competence in all elements of practice is the professional responsibility of every practitioner. Maintaining competence depends on an appropriate, ongoing, and self-directed program of continuing professional development that should be structured to the needs and responsibilities of individuals and practice groups. This program can include, but is not limited to,

consultation with colleagues, attendance at meetings and courses, and participation in special workshops, such as Advances in Labour and Risk Management (ALARM) and Advanced Life Support in Obstetrics (ALSO) provider courses.

Maintaining hospital privileges to provide intrapartum care should be based on locally determined quality assurance programs and on individual participation in self-directed maintenance of competence programs. Requiring attendance at a minimum number of births should not be an element of any credentialing program. ♦

References

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