

# SESLHD PROCEDURE COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Credentialing in Obstetric & Gynaecology Procedures for Junior Medical Officers & overseas Fellows
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<b>KEY TERMS</b>	Responsibility/credentialing/credentialed/supervised
<b>SUMMARY</b>	Clarification of requirements for adequate in hospital credentialing for Junior Medical Officers & overseas Fellows working in obstetrics and gynaecology services.

## **COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**

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**Credentialing in Obstetric Procedures for Junior  
Medical Officers/ Fellows**

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**SESLHDPR/399****1. POLICY STATEMENT**

A formal credentialing process is required for all maternity and gynaecology services for Junior Medical Officers (JMO) who have not yet completed RANZCOG Basic Training and Fellows from overseas who do not hold Fellowship of RANZCOG prior to performing a procedure unsupervised.

The credentialing process is intended to identify the level of competency and confidence for each JMO/overseas Fellow in core obstetric procedures in the facility in which they are working.

It is the responsibility of each facility to ensure that there is a robust documented process for in-hospital credentialing of JMOs and overseas Fellows, and that it is undertaken in a timely manner.

**2. BACKGROUND**

It is mandatory that newly appointed JMOs/overseas Fellows must be observed for a minimum of three procedures before being assessed as competent to perform the procedure without an obstetric/gynaecology (O&G), consultant present. This is equivalent of level three as per RANZCOG Training Program document, Basic and Advanced Training; Registrar in-hospital credentialing document July 2013.

Following the observation and confirmation process that the JMO/overseas Fellow is competent to perform the procedure without the need for assistance or significant direction, sign off (with attached RANZCOG or local documentation), by an O&G consultant or delegated registrar who have completed basic training of RANZCOG, is required for each procedure.

- The procedure follows the RANZCOG process
- Re-credentialing is not required at each site
- Each site may require local orientation processes as locally determined, this may include a period of additional supervision
- Consultants may provide additional support for trainees for procedures that they are already credentialed in if they feel it is appropriate
- Assistance may be requested at any time by any JMO/overseas Fellow, on an individual case basis. Trainees can always ask for additional support even if credentialed
- The on-call O&G consultant will attend to support a trainee according to their credentialed level of supervision or as requested by the JMO/overseas Fellow. In emergencies trainees may commence or undertake procedures while waiting for the consultant.

For further RANZCOG information please see: <https://ranzcoq.edu.au/training/specialist-training>

For JMOs in accredited RANZCOG training positions, who have credentialing documentation from prior rotations and are new to a specific hospital/unit within the LHD (e.g. Royal Hospital for Women trainee on rotation to St George Hospital and vice versa), it should not be necessary to repeat the full credentialing process. Trainees should provide existing credentialing documentation to the Training Supervisor at the new facility and discuss this at the earliest available opportunity in their rotation to a new hospital, so that prior credentialing can be accepted as evidence of competence to perform procedures unsupervised. Some orientation to the new hospital may additionally occur e.g. single observation of assisted vaginal birth and Caesarean Section by a registrar already credentialed for these procedures. However, the expectation is that an accredited RANZCOG registrar should not need to “re-do” credentialing at each new rotation.

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A record of credentialed procedures for trainees should be easily accessible on the Birthing Unit of each facility and available to the team leader and consultants.

In addition to the formal credentialing document, the Training Supervisors at the three facilities will hold a teleconference not less than every six months, ideally close to the time of term changeover. At this meeting the progress of current and upcoming trainees on rotation to hospitals other than their "home" hospital will be discussed, and any perceived areas of concern identified.

**3. RESPONSIBILITIES:****3.1 Employees will:**

Read and comply with this Procedure

**3.2 Line Managers will:**

Ensure that employees will comply with the Procedure

**3.3 District Managers/ Service Managers will:**

- Ensure there is a designated obstetric supervisor who will ensure that new and existing staff in the facility have the appropriate documentation completed within a timely manner as soon after commencement as is practicable
- Ensure that all staff are familiar with: NSW Health Policy Directives and Guidelines, South Eastern Sydney Local Health District policies and procedures and Local Business Rule (LBR), Operating Procedures (LOP) and Work Place Instructions (WPI) and that they are aware of the requirement to adhere to all of the above
- Ensure that all staff are orientated to the intranet and are able to access NSW Health and SESLHD, guidelines, policies and procedures and site specific LBRs, LOPs & WPIs.
- A periodic three monthly review of compliance and update is undertaken
- Take appropriate action if policies are not adhered to

**3.4 Medical staff, JMOs and overseas Fellows will:**

- Ensure familiarity with this procedure
- Hold appropriate hospital credentialing prior to commencing a procedure
- Undertake periodic reviews and updates in conjunction with their nominated supervisor

**4. PROCEDURE:**

- 4.1** Any O&G procedure undertaken should only be done following a documented credentialing process in relation to the level of specialist supervision required for each procedure, as per RANZCOG or local in-house credentialing documentation.
- 4.2** The credentialing process should take place as soon as possible and JMOs/overseas Fellows should not perform procedures unsupervised until the credentialing processes for all listed procedures are complete.
- 4.3** Junior Medical Officers may have their level of credentialing reviewed at any time as required, and routinely at three monthly intervals.
- 4.4** It is the responsibility of the JMO/overseas Fellow to inform the O&G consultant of their

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supervision requirement when relevant, and for the consultant to comply with that minimum level of supervision.

- 4.5 Each site is responsible for maintaining a record of JMO's/Fellow's training which can be accessed by midwives/nurses in-charge, on-call consultants and advanced trainees supervising and delegating basic trainees and fellows.

### 5. DOCUMENTATION:

- Completion of RANZCOG Registrar in Hospital Credentialing Document July 2013 or locally designed equivalents
- Initially, frequent reviews as basic trainees acquire their skills, then three monthly and updating of the proforma as required

#### Distribution for completed documentation:

- Junior Medical Officer/overseas Fellow to retain original
- Lead Clinician Birthing and Gynaecology Services, Co Directors in Maternity and Gynaecology Services
- Birthing Services Midwifery Unit Managers and Gynaecology Nurse Unit Managers

### 6. AUDIT:

- 6 monthly audits to ensure 100% compliance

### 7. REFERENCES:

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists College Statements and Training Guidelines July 2013

<https://ranzcoq.edu.au/training/specialist-training>

NSW Health GL2018\_016 Maternity Resuscitation of the Newborn Guideline

[https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018\\_016](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=GL2018_016)

SESLHD/GL050 Assisted Vaginal Birth Guideline

<https://www.seslhd.health.nsw.gov.au/policies-and-publications/functional-group/96>

SESLHDPR/414, Neonatal Observations following Assisted Vaginal Birth

<https://www.seslhd.health.nsw.gov.au/policies-and-publications/functional-group/96>

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Date	Revision No.	Author and Approval
November 2011	0	Dee Sinclair Area CMC Maternity Clinical Risk Management
February 2012	1	Approved by SESLHD Clinical and Quality Council
February 2014	2	Revision approved by Professor M Chapman Medical Director of Women's and Children's Health SGSHHS, Executive Clinical Director RHW <a href="mailto:michael.chapman@sesiahs.nsw.gov.au">michael.chapman@sesiahs.nsw.gov.au</a>
August 2020	3	Revised by: Dr Amanda Henry, Dr Sarah Clements, Dr Leo Leader, A/Prof Daniel Challis, A/Prof Andrew Bisits, Dr Andrew Zuschmann, Dr Trent Miller, Alison Brown APMC WCCS.