
REGISTRARS GUIDELINES FOR SUPPORT IN O&G

Overview

Purpose

To provide Registrars with guidelines for support.

Scope

All Obstetric and Gynaecology (O&G) registrars working in National Women's Health.

Associated Documents

The table below indicates other documents associated with this policy.

Type	Document Title
Other	Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) – College Statements on Clinical Training http://www.ranzcog.edu.au/publications/collegestatements.shtml#CTrg

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Principles

Underlying Principles

The registrar must notify the specialist on duty of his or her surgical abilities and limitations via the in-hospital credentialing system.

The specialist must create a relationship that enables a registrar to refer readily and must be physically available when on duty, responding in a timely manner to requests.

Where anaesthetists and theatre staff have become aware of, or are alerted to specific case or surgical skill-mix difficulties, they should assist with seeking appropriate levels of surgical assistance.

These guidelines are flexible according to the clinical experience of the individual registrar and the complexity of the procedure.

Information regarding in-hospital credentialing will be available to senior staff of all disciplines as required.

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New Registrars or Senior House Officers (SHO)

New Procedures

- Follow the Clinical Training guidelines of the RANZCOG where they exist (e.g. endometrial ablation and laparoscopic surgery).
 - Follow a similar procedure for training and experience if there are no guidelines in existence.
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Minor Procedures, Ventouse, Forceps

The registrar (or SHO) is to:

- Observe five cases.
- Perform five cases under personal supervision by a senior registrar or specialist.
- Be observed for a further five cases (specialist or senior registrar in the theatre).

Note: The above is only a guide to the minimum requirements for numbers of cases

Caesarean Sections

The registrar (or SHO) is to:

- Assist at 10 operations.
- Perform 10 further operations with a senior specialist or senior registrar assisting throughout.
- Be observed for a further 10 operations by a specialist or senior registrar.

Note: The above is only a guide to the minimum requirements for numbers of cases

Major Gynaecological Surgery

- The registrar (or SHO) is always supervised until his or her post graduate qualification is achieved. (Membership of RANZCOG).
 - Post membership supervision depends on individual skill and the complexity of the case.
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New Registrars or Senior House Officers (SHO), Continued

Ultrasound

Registrars who perform ultrasound unsupervised out of hours must adhere to the following:

- Have worked under supervision in the Women's Health Ultrasound Department for at least one rotation
 - Have been assessed as competent to perform unsupervised scans (the time taken to reach this level will vary, and may be more than one rotation)
 - In every case, a formal scan must be arranged by the next working day and the patient informed that the ultrasound findings are not confirmed
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Notify the Duty Specialist

A registrar is to notify the Duty Specialist of any:

- Cases of pre-maturity < 34 weeks
 - Repair of vaginal or perineal trauma that is done in the Operating Room.
 - Any third degree tear or any cervical tear.
 - All emergency Caesarean sections.
 - Anytime his or her limits of expertise are reached.
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Specific Procedures Where the Specialist is to be in the Hospital

Requirement for Specialist to be in the Operating Theatre

A specialist should be in the Operating Room or Labour and Birthing Unit for the following:

- Blood loss greater than 1 litre.
 - Vaginal breech birth.
 - Vaginal twin birth.
 - Repeat evacuations.
 - Evacuations within one week of delivery.
 - Rotational instrumental deliveries.
 - Trial of forceps or Ventouse
 - Assessment prior to and during second stage LSCS
 - Cases of placenta praevia and major placental abruption.
 - Caesarean sections under 34 weeks gestation.
 - Evacuation of molar pregnancies when the registrar is inexperienced.
 - Laparoscopic surgery before the operator has the appropriate credentials.
 - All major gynaecological cases
 - Cases when requested by the Registrar.
 - Occasions where the workload exceeds safe limits without them, at the discretion of the Clinical Charge Midwife or other senior colleague
 - The specialist may, at their own discretion and with credentialing information available, give permission for a post membership registrar to perform one of the above procedures whilst the specialist is not in the hospital. Similarly, if a Registrar is not credentialled to do any given procedure then the specialist must provide appropriate supervision.
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