

Registrars' guidelines for support in Obstetric and Gynaecology (O&G)

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1. Purpose of guideline

The purpose of this guideline is to provide all Obstetric and Gynaecology (O&G) Registrars working in National Women's Health (NWH) with guidelines for support.

2. Principles

Safe patient care is our first priority.

Senior medical officers (SMOs, specialists) and registrars must develop a working relationship that enables a registrar to ask for assistance. Senior medical officers must be physically available when on duty, responding in a timely manner to requests.

SMOs should be aware of the credentialing status and approximate level of experience of the Registrar/s with whom they are working with, particularly when on-call.

Where other medical, nursing or midwifery staff become aware of specific concerns regarding procedural complexity or supervision, they should assist with seeking appropriate levels of assistance.

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

Information regarding registrar in-hospital credentialing is available on the N-drive, in the registrar folder.

3. Registrars: RANZCOG trainees

Prior to arrival at NWH, RANZCOG Trainees will complete a credentialing spreadsheet of procedures, which is based on the RANZCOG assessment of procedural and surgical skills 'sign-offs'. Each trainee indicates which procedures they have satisfactorily completed a SUMMATIVE assessment (Yes/No/Not applicable). In an adjacent column, they self-assess their required level of supervision (1=SMO in room 2=SMO on-site 3=SMO offsite). For clarity, SMO presence onsite must be provided for certain procedures and situations (see [Section 4](#)) regardless of a trainee's self-assessment.

The credentialing spreadsheet documents are merged and placed on the N drive at the beginning of the attachment. It is expected that each registrar will discuss their credentialing document with their training supervisor at their first meeting together, which should occur in the first two weeks of the attachment and the registrar will arrange alterations of the N-drive document as necessary.

Ultrasound:

- Trainees who have commenced training in or after December 2016 are credentialed for ultrasound as per their APSS sign-offs. <https://www.ranzcog.edu.au/Training/Specialist-Training/Training-Requirements/Ultrasound-Training>
- Trainees who commenced training before 2016 are credentialed for USS as per their in-hospital clinical assessment (IHCA) ultrasound module.

- It is recognised that trainees yet to complete their IHCA *may* already be competent to perform basic fetal viability, presentation, number, placental position and liquor volume assessments, in line with the new APSS mentioned above. They should discuss their required level of supervision with their training supervisor and duty SMO on a case by case basis.
- In most cases, and unless agreed otherwise by the patient's responsible SMO, a formal ultrasound should be requested for the next working day.

4. House officers (including senior house officers) and registrars who are not RANZCOG trainees

Registrars who are not RANZCOG Trainees will undergo credentialing on an individual basis, in discussion with a nominated training supervisor. The credentialing process for procedures should be similar to that for trainees, for example, utilising the RANZCOG APSS form as a means for feedback and objective assessment of competency. Their credentialing information will also be on the N-drive. Information such as prior competency assessments (eg RCOG or ACOG) may be included as appropriate.

House officers and senior house officers will be directly supervised by a consultant or a delegated senior registrar for procedures in theatre or delivery suite, with the exception of facilitating a normal birth, which may be supervised by an appropriately experienced midwife.

5. Notify the duty specialist

A registrar is to notify the duty specialist of all cases of:

- Prematurity < 34 weeks
- Instrumental deliveries of parous women
- Syntocinon augmentation of established labour in parous women or women with previous caesarean section
- Repair of vaginal or perineal trauma that is done in the operating room
- Third degree tear or any cervical tear
- Emergency caesarean section
- Stillbirth
- Suspected neonatal encephalopathy, or other unexpected serious neonatal morbidity or mortality
- Maternal death or perimortem caesarean
- Major gynaecological procedure
- Admissions to High Dependency Unit (HDU) or Department of Critical Care Medicine (DCCM)

AND

- At any time the registrar believes his or her limits of expertise are reached.

6. Specific procedures where the specialist is to be in the hospital

A specialist should be in the operating room or labour and birthing unit for the following:

- ALL procedures for which the registrar is not credentialed
- Repeat evacuations of uterus, including ERPOC post STOP
- Evacuations within one month of delivery
- Evacuation of uterus in setting of infected RPOC
- Evacuation of suspected molar pregnancy
- Ruptured ectopic pregnancy
- Vaginal breech birth
- Vaginal twin birth
- Rotational instrumental deliveries
- Trial of forceps or ventouse in theatre
- Assessment prior to and during second stage LSCS
- Placenta praevia and major placental abruption
- Eclampsia
- Caesarean sections under 34 weeks gestation
- Caesarean with transverse lie and ruptured membranes
- Suspected amniotic fluid embolism
- Postpartum haemorrhage greater than 1 litre
- 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
- Registrar-only lists must have a named SMO present on site, agreed by and with sufficient notice to the SMO, with each of the cases discussed between the registrar and SMO and assessed for suitability and degree of supervision required. It is expected that such discussion will occur at least one week before the planned list. The SMO must be realistically available to attend - preferably with no concurrent clinical commitments. The registrar must confirm with the SMO that they are present on site before the first patient is anaesthetised. The registrar should inform the anaesthetist and theatre nursing staff of the name and cell-phone number of the supervising SMO at the start of the list.

In an emergency, and under extraordinary circumstances, a registrar may commence a procedure for which they are not credentialed. They must immediately notify the Duty Specialist of this intention, and the decision should be supported by a senior midwifery or nursing staff member.

7. Supporting evidence

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). *RANZCOG Training Registrar Supervision Guideline*. Retrieved from, https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-

[MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Training/RANZCOG-Training-Registrar-Supervision-Guideline-\(C-Trg-5\).pdf?ext=.pdf](#)

- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). *Registrar in-Hospital Credentialing*. Retrieved from, https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Training%20and%20Assessment/Specialist%20Training/Hospitals/Registrar-In-House-Credentialing.pdf
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). *Ultrasound training - revised*. Retrieved from, <https://www.ranzcog.edu.au/Training/Specialist-Training/Training-Requirements/Ultrasound-Training>

8. Disclaimer

No guideline can cover all the variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

9. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or the [Clinical Policy Advisor](#) without delay.