



CATEGORY: GOVERNANCE

Locum positions in specialist obstetric and gynaecological practice in Australia and New Zealand

This statement has been developed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

Disclosure statements have been received from all members of this committee.

Disclaimer This information is intended to provide general advice to practitioners. This information should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient. This document reflects emerging clinical and scientific advances as of the date issued and is subject to change. The document has been prepared having regard to general circumstances.

First endorsed by RANZCOG: March 2004

Current: July 2020

Next review due: July 2023

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed in March 2004 and minor amendments were made by the RANZCOG Board in September 2015. The statement was most recently reviewed by the Regional Fellows Committee in July 2020.

Funding: This statement was developed by RANZCOG and there are no relevant financial disclosures.

In order to assist prospective locums and hospitals or specialist practices wishing to employ locums, the following matters must be considered:

1. General considerations

1.1. Financial arrangements between the hospital/specialist practice and the locum should be prospectively agreed.

2. Responsibilities of hospital or specialist practice accepting locum

- The Credentialing Committee (or equivalent body) at the appropriate Hospital should review the visiting locum's curriculum vitae and ensure current good standing with the Australian Health Practitioner Regulation Agency (AHPRA) or Medical Council of New Zealand and The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Where the locum position may include intrapartum care, evidence should be obtained of current competency in CTG interpretation. Relevant evidence might include completion of an online fetal surveillance module or attendance at a recognised fetal surveillance workshop within the last three years, or evidence of regular peer review of CTG interpretation.
- The hospital/specialist practice must provide the locum with an appropriate orientation to the hospital and/or practice (including operating equipment), and the opportunity to meet with the relevant nursing, midwifery and medical staff.
- The hospital/specialist practice should provide the locum with an approved appointment prior to commencement of duties.
- There should be a comprehensive clinical handover with the Locum prior to and upon completion of the placement.
- A full briefing of the locum by the resident Specialist should occur when locum arrives on local operating non-clinical protocols, including written instructions and any necessary explanations. At the conclusion of the locum position, a de-briefing should be encouraged, with an invitation for written comments that may facilitate better use of locums in the future.

3. Responsibilities of locum

The locum must:

- Have and maintain current Medical Registration appropriate to their scope of practice.
- Prospectively ensure adequate medical indemnity cover for any consultations, procedures or related activities.
- Undertake an appropriate orientation to the hospital/specialist practice.
- Be responsible for the procedures he/she performs and make appropriate arrangements for post-operative care.
- Where the locum position may include intrapartum care, provide relevant evidence to the employer of current competency in CTG interpretation. Relevant evidence might include completion of an online fetal surveillance module or attendance at a recognised fetal surveillance workshop within the last three years, or evidence of regular peer review of CTG interpretation.
- Be aware of the health care facility's infrastructure and adhere to local guidelines and referral system in relation to complex patient care at that location.
- Have a prospectively approved appointment with the hospital/specialist practice prior to commencement of his/her duties.

In Australia, the locum must:

- Ensure that he/she has a registered Provider Number for each location of employment.
- When using ultrasound equipment, use the Location Specific Practice Number (LSPN) that is attached to each piece of ultrasound equipment. Information on LSPNs (including registering equipment) can be found at: <http://www.medicareaustralia.gov.au/provider/medicare/lspn.jsp>

4. Links to other College statements

Evidence-based Medicine, Obstetrics and Gynaecology (C-Gen 15)

http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341

Appendices

Appendix A Women's Health Committee Membership

Name	Position on Committee
Professor Yee Leung	Chair and Board Member
Dr Gillian Gibson	Deputy Chair, Gynaecology
Dr Scott White	Deputy Chair, Obstetrics
Associate Professor Ian Pettigrew	Member and EAC Representative
Dr Kristy Milward	Member and Councillor
Dr Will Milford	Member and Councillor
Dr Frank O'Keeffe	Member and Councillor
Professor Sue Walker	Member
Professor Steve Robson	Member
Dr Roy Watson	Member and Councillor
Dr Susan Fleming	Member and Councillor
Dr Sue Belgrave	Member and Councillor
Dr Marilyn Clarke	ATSI Representative
Professor Kirsten Black	Member
Dr Thangeswaran Rudra	Member
Dr Nisha Khot	Member and SIMG Representative
Dr Judith Gardiner	Diplomate Representative
Dr Angela Brown	Midwifery Representative, Australia
Ms Adrienne Priday	Midwifery Representative, New Zealand
Ms Ann Jorgensen	Community Representative
Dr Rebecca Mackenzie-Proctor	Trainee Representative
Dr Leigh Duncan	He Hono Wahine Representative
Prof Caroline De Costa	Co-opted member (ANZJOG member)
Dr Christine Sammartino	Observer

Appendix B Full Disclaimer

This information is intended to provide general advice to practitioners, and should not be relied on as a substitute for proper assessment with respect to the particular circumstances of each case and the needs of any patient.

This information has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case. Clinical management should be responsive to the needs of the individual patient and the particular circumstances of each case.

This information has been prepared having regard to the information available at the time of its preparation, and each practitioner should have regard to relevant information, research or material which may have been published or become available subsequently.

Whilst the College endeavours to ensure that information is accurate and current at the time of preparation, it takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

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