

As part of the hospital's responsibility to ensure the attainment of clinical competency by trainees at the appropriate level, and to ensure that they are provided with the necessary level of consultant support, the hospital should have implemented a documented credentialing process to identify each trainee's competence in core obstetric and gynaecological surgical procedures.

IMPORTANT NOTE: The credentialing process is intended to identify each registrar's level of competency and confidence for various key surgical procedures and is a guide for the consultants and other staff at that particular hospital; it must not be confused with, or regarded as a substitute for, the RANZCOG process of formal assessment of a trainee surgical competency. The in-hospital credentialing process is the responsibility of the Training Supervisor/staff specialist in collaboration with consultants and senior registrars.

If a registrar is listed as requiring a certain level of supervision for a procedure, it is a high priority expectation that the on-call consultant comply with that minimum level of supervision. Even in the event that a trainee is considered competent in a procedure, this does not preclude him/her from seeking assistance from a consultant should the trainee feel that assistance is needed, nor does this preclude the consultant providing support when requested to.

This RANZCOG In-house registrar credentialing document has been designed to comply with Standard 6 of the RANZCOG ITP re-accreditation document and also to enhance communication between hospitals with respect to trainee competence. For this reason it is recommended that the document should accompany the trainee as they rotate from site to site. It is a minimum standard document covering acute procedures and allows space for individual hospitals to add other procedures if they desire. The document can be extended to cover senior registrars and elective procedures if desired, however this was not the original purpose of the document.

This document should be distributed to all consultants and senior midwifery staff and reviewed and updated for each trainee every six months (minimum). It must be clearly understood by trainees, supervisors, consultants, midwifery staff and senior registrars that if the credentialing documents lists a trainee as requiring supervision for a specific procedure such a trainee must not be permitted to open theatre on their own. In the event of an emergency, however, it may be necessary for a registrar to commence a procedure for which they are not credentialed. In these situations the responsible consultant should be notified by the registrar or next available senior staff member and attendance in theatre requested urgently.

Suggested definition of terms used

Term	Definition
Vaginal delivery with significant maternal risk	significant maternal medical co-morbidity, including morbid obesity, severe pre-eclampsia, cardiac disease
Caesarean: simple	first caesarean, non-labouring or early first stage, absence of complicating factors
Caesarean: complex	obesity, second stage, transverse lie, placenta praevia/accreta, anticipated classical caesarean
Low/outlet vacuum or forceps	non-rotational (<45 degrees), presenting part >= +2
Laparoscopy: Level 1 & 2	diagnostic, simple cyst aspiration
Laparoscopy: Level 3	ovarian cystectomy, oophorectomy with normal anatomy, salpingectomy/salpinotomy for ectopic pregnancy

Obstetrics

Full name

Period covered

From	/	/	To	/	/	Levels of supervision
						Level 1: In room/OT Level 2: On Site Level 3: Not on site

Year of training									
Vaginal delivery with significant maternal risk									
Vaginal Breech									
Vaginal Multiple									
Forceps: Low/outlet									
Forceps: mid cavity/rotational									
Vacuum: Low/outlet									
Vacuum: mid cavity/rotational									
LSCS: simple									
LSCS: complex									
Manual Removal Placenta									
EUA PPH > 1000ml									
3rd or 4th Degree Tear									

Gynaecology

Full name

Period covered

From	/	/	To	/	/	Levels of supervision Level 1: In room/OT Level 2: On Site Level 3: Not on site
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Year of training									
D & C									
D & C: Post-partum									
Abscess management									
Hysteroscopy									
Laparoscopy: Level 1&2									
Laparoscopy: Level 3									
Laparotomy: Ectopic									
Laparotomy: Other									

Obstetrics

ASSESSMENT FORM

Full name

Year of training

Training Supervisor name

Period covered

Levels of supervision

From	/	/	To	/	/	Level 1: In room/OT Level 2: On Site Level 3: Not on site
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	Self assessment	Supervisor assessment	Agreed assessment
Vaginal delivery with significant maternal risk			
Vaginal Breech			
Vaginal Multiple			
Forceps: Low/outlet			
Forceps: mid cavity/rotational			
Vacuum: Low/outlet			
Vacuum: mid cavity/rotational			
LSCS: simple			
LSCS: complex			
Manual Removal Placenta			
EUA PPH > 1000ml			
3rd or 4th Degree Tear			

Trainee signature

Training Supervisor signature

Date

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Gynaecology

ASSESSMENT FORM

Full name

Year of training

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Period covered

Levels of supervision

From / / To / /

Level 1: In room/OT

Level 2: On Site

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	Self assessment	Supervisor assessment	Agreed assessment
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Trainee signature

Training Supervisor signature

Date

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