



## **Supervision of O&G Trainees in Birthing Unit: Guidelines**

RANZCOG is responsible for the training of future specialists in women's health and for setting the standards of care that women receive. In relation to the supervision of O&G trainees on labour ward, RANZCOG recommends that all units have formal arrangements to ensure that these trainees have immediate access to the duty consultant for advice, and, where appropriate, the physical presence to help with decision making, and for the supervision and assistance of procedures. In these guidelines, 'O&G trainees' refers to accredited trainees undertaking the specialist FRANZCOG training program, or the DRANZCOG and/or DRANZCOG Advanced certificate program.

During routine office hours there are frequently senior consultant staff available in a hospital be they either full-time, part-time or visiting medical officers (VMO) to fulfil this need. However, it is important that trainees know who to contact in this situation, to avoid delays. Likewise it is imperative that units have firm arrangements in place for after hours and weekend coverage to provide trainees access to consultant input and presence as required.

RANZCOG strongly believes that it is vital that trainees are never left without direct access to consultant staff to give advice or to ask for a consultant to be physically present and involved in patient care. This includes assistance with assessment of a clinical situation, making management and treatment plans, counselling and performing procedures.

To achieve this, it is recommended that consultants who are on-call, be immediately available by telephone at all times during their allocated period of responsibility and that they be able to attend in person at the hospital within a reasonable time frame to be agreed on at local institutions depending on local situations. (**NOTE:** The RANZCOG hospital re-accreditation guidelines recommend that a consultant on-call should be available within 30 minutes or, failing that, the hospital contract should stipulate that the consultant stay overnight when on-call and be provided with appropriate accommodation.)

Some larger institutions may choose to have consultant staff rostered and physically present in high acuity areas such as labour ward at all times (\*Safer Childbirth RCOG). There may also be instances where having more than one person to cover a busy labour ward would be advantageous and the situation of a 'second on-call' may be required. For someone in this position, they would need to be

instantaneously contactable by telephone but be able to have a greater period of time before they would have to be physically present in the hospital.

Irrespective of the size of the unit or its clinical workload, the RANZCOG recommends that the unit have an appropriate protocol in place which ensures that an emergency contact person (nominated by the O&G department head) is available whom the trainee can contact in the event that the on-call consultant is not available for any reason.

RANZCOG acknowledges that access to operating theatres is essential and strongly supports that staffing levels are in accordance with the College Statement *C-obs 14 - Urgency of Caesarean section*.

It is in the best interests of the institution and the trainees to have this supervisory role undertaken by as many different staff who currently provide services at the hospital, as possible. RANZCOG believes that diversity in consultants is useful for training to allow exposure to alternate points of view for management of particular clinical scenarios, different teaching styles and personal experiences. To this end, RANZCOG supports consultant staff of a hospital being made up of a mixture of full-time hospital-based consultants, part-time hospital based consultants and VMO consultants.

RANZCOG also believes it is important for as many consultants as is reasonable to be involved in on-call arrangements, which assists in lowering the individual load for each consultant. This also provides an increased pool of teachers for trainees; to enable them to take part in mentorship programs with consultants they feel reflect their interests and methods of practice (including academic practice).

RANZCOG believes it is important that these supervisory consultants keep up to date with best practice, are aware of local guidelines and have undergone credentialing at the institution.

Obstetricians (or gynaecologists) are unable to function independently of other members of the team and so similar on-call arrangements must be in place for anaesthetists, neonatologists, haematologists and other specialists as required. As with obstetric staff, this may be telephone advice or a requirement to be physically present in proportion to work-load and local arrangements.

\* Safer Childbirth: Minimum Standards for the Delivery and Organisation of Care in Labour  
RCOG 2007