



# Credentialing requirements for Non-Specialist Obstetricians Guideline

## 1. Guiding Principles

The purpose of this document is to assist WA Country Health Service (WACHS) in ensuring that non-specialist obstetricians who provide intrapartum obstetric clinical services have the appropriate credentialing requirements.

## 2. Guideline

### 2.1 Obstetric Qualifications

All non-specialist obstetricians requesting credentialing for intrapartum/ operational obstetric services must complete a Non Specialist Obstetrician Credentialing Summary form at the time of submitting a credentialing/re-credentialing application.

Credentialing may be granted for supervised or unsupervised practice.

For supervised practice, the scope of practice and level of supervision required will be determined by the nominated supervisor/s and will be amended by the nominated supervisor/s over time as clinical skills are demonstrated and consolidated. Once supervision is no longer deemed necessary by the nominated supervisor/s, this information should be forwarded in writing to the WACHS Credentialing and Scope of Practice (CASOP) committee which will decide whether or not to revise the credentialing status and/or scope of practice.

Credentialed non-specialist obstetricians are expected to follow local procedures and clinical/referral guidelines at each site, including local escalation procedures at regional sites where consultant assistance is available.

General Practice (GP) registrars completing the training requirements for a Diploma of Royal Australia and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) may be credentialed to work under supervision of an obstetric medical practitioner credentialed at the level relevant to the training requirements being completed.

#### 2.1.1 Diploma in Obstetrics from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG)

A medical practitioner must provide evidence of a current Diploma to work as a DRANZCOG qualified non-specialist obstetrician within a WACHS maternity unit. If credentialing is approved the scope of practice can include:

1. Supervision of labour and birth for women with low risk of pregnancy and birth complications
2. Induction of labour
3. Low cavity forceps

4. Ventouse-assisted births
5. Perineal repair

**Note:** The DRANZCOG qualification does not qualify a medical practitioner to perform caesarean sections. However, if documented evidence of training and credentialing for caesarean sections is provided, it is at the discretion of the WACHS Obstetrics Clinical Lead to assess and approve this scope of practice, in conjunction with the CASOP committee.

### **2.1.2 Advanced Diploma in Obstetrics from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG Advanced)**

A medical practitioner must provide evidence of a current DRANZCOG Advanced qualification to work as a DRANZCOG Advanced qualified non-specialist obstetrician within a WACHS maternity unit. If credentialing is approved, the scope of practice can include:

1. DRANZCOG scope of practice, as listed in section 2.1.1
2. Supervision of labour and birth for women at moderate risk of pregnancy and birth complications
3. Caesarean section
4. Tubal ligation at caesarean section
5. Midcavity non-rotational forceps assisted birth
6. Ventouse rotation assisted birth
7. Manual removal of placenta
8. Laparotomy for ectopic pregnancy
9. Dilation and curettage (D&C) for management of miscarriage.

### **2.1.3 Examples of Additional Procedures which may be covered by individual site level maternity and operating theatre procedures:**

A medical practitioner must provide additional evidence of a sufficient number of procedures performed within an operating theatre or site level maternity unit to be credentialed to perform the following Additional Procedures:

1. Anal Sphincter repair
2. Laparotomy for B Lynch Suture
3. Surgical pregnancy termination up to 10 weeks
4. Surgical pregnancy termination up to 12 weeks
5. Hysteroscopy
6. Marsupialisation of Bartholin's cyst/abscess
7. Insertion and removal of intrauterine contraceptive devices
8. Water births
9. External Cephalic Version (ECV) +/- tocolysis

### 2.1.4 Documented Experience

For initial credentialing to practice procedural obstetrics in WACHS facilities, the medical practitioner is required to provide evidence of postgraduate training (comparable to DRANZCOG training) and experience in the practice of obstetrics; professional references; and, where possible, a logbook of training and recent obstetric practice experience.

Overseas trained medical practitioners should apply for review and assessment by the RANZCOG Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG). Recognition by RANZCOG would be accepted as comparable to the DRANZCOG training.

Currency of practice and experience will be assessed and documented by an approved WACHS specialist Obstetrician prior to a medical practitioner commencing obstetric practice. A period of review and/or supervision for a specified time may be required at the discretion of the CASOP Committee.

Non-specialist obstetricians without DRANZCOG qualifications who have long-term WACHS contracts are encouraged to work to achieve DRANZCOG qualification where there is opportunity to do so.

### 2.2 Neonatal Resuscitation

Expected or unexpected neonatal asphyxia requires skilled resuscitation in order to prevent or ameliorate long-term damage. All obstetric medical practitioners and clinicians who attend births, including delivery by Lower Uterine Segment Caesarean Section (LSCS), should be credentialed for neonatal resuscitation according to the [Neonatal Resuscitation Policy](#).

Acceptable evidence for credentialing includes any of the following:

- Demonstration of participation in a suitable full day face-to-face neonatal resuscitation update and skill assessment activity (e.g. NNR/STABLE) **or**
- Possession of the Fellowship of the Royal Australasian College of Physicians (FRACP) (Paediatrics and Child Health) with current neonatal experience.

### 2.3 Maintenance of Clinical Practice

The obstetric credentialing profile of each non-specialist obstetrician will be reviewed at least once during each three-yearly credentialing cycle by the senior regional Obstetric Consultant.

If there is no senior regional specialist obstetrician position, or the position is vacant or not held by a Fellow of RANZCOG (FRANZCOG), the review will be performed by a WACHS-appointed FRANZCOG obstetrician.

Non-specialist obstetricians who hold a Medical Services Agreement contract (MSA) for occasional relief cover, or multiple MSAs in different regions to provide obstetric support in WACHS maternity units, are required to maintain a logbook of obstetric experience, including deliveries, procedural events, complications and outcomes.

Logbooks must be reviewed by a WACHS-appointed FRANZCOG obstetrician at least once during each three-yearly credentialing cycle.

If a practice profile or logbook review identifies areas of concern with respect to training, skillset or experience, then ongoing credentialing may be dependent on formulation of an agreed plan for addressing the concern/s - further training, education or practice modification. An agreed review date will be set to ascertain whether the concerns have been addressed or whether further action is required, including the possibility of amending the practitioner's scope of practice or suspending/terminating their credentialing. The Regional Director Medical Services (RDMS) will notify the medical practitioner of the action plan and any caveats with respect to obstetric scope of practice which will form part of the overall WACHS Medical Practitioner Performance Assessment of the medical practitioner.

### 2.4 Credentialing review notifications

A regional monitoring process will be established to trigger reminders of any designated practice review dates and outstanding routine practice reviews prior to re-credentialing renewal dates. Reminders will be forwarded to clinicians in a timely manner. Obstetric practice review summaries will be forwarded to the RDMS for presentation to the CASOP Committee.

### 2.5 Continuing Professional Development (CPD)

All non-specialist obstetricians will be required to meet the following minimum requirements for maintenance of essential skills:

1. Neonatal Resuscitation (NNR)
  - a) Demonstration of participation in a suitable full day face-to-face neonatal resuscitation update and skill assessment activity (e.g. NNR/STABLE) every three (3) years
  - b) Demonstration of annual practical refresher by approved qualified clinicians in NNR either face-to-face or on-line
2. Foetal monitoring (in accordance with MP 0076/18 [Cardiotocography Monitoring Policy](#)).
  - a) Demonstration of participation in an advanced skill CTG education session which includes a face-to-face component and an assessment of skills e.g. Advanced fetal monitoring (FSEP) every three (3) years
  - b) Demonstration of annual CTG update of a minimum of two (2) hours duration e.g. OFSEP, K2 Simulation (5 cases), local CTG case discussions, K2 perinatal
3. Demonstration of participation in a suitable obstetric emergency skills update activity every three (3) years e.g. In-time, PROMPT, ALSO, Rural Health Workshop

Medical practitioners credentialed to perform caesarean sections are encouraged to participate in at least one (1) supervised obstetric clinical attachment, providing them with the opportunity to perform caesarean section procedures with Obstetrics and Gynaecology (O&G) consultant/senior registrar assistance. Alternatively, opportunity

may be sought for consultant review of surgical skills within the region of WACHS engagement.

As part of the medical practitioner's re-credentialing process, the CASOP committee will require a record of completion of at least one (1) clinical practice review (see 2.3), including any imposed limitations of practice, satisfactory completion of any directed up-skilling or education requirements and/or any evidence of completion of Continuing Professional Development activities as listed above.

Where a medical practitioner has not met re-credentialing requirements, the CASOP committee may (but is not obliged to) agree to a period of conditional credentialing, provided an established progression plan is in place requiring the medical practitioner to meet the requirements within the allocated timeframe.

### 2.6 Working beyond designated scope of practice

**2.6.1** If a medical practitioner acquires skills beyond their current credentialing, they may seek to increase their scope of practice through the CASOP committee. See 4.6 Variations to Scope of Practice of the WACHS [Medical Credentialing and Compliance Requirements Guideline](#).

**2.6.2** In some emergency situations where no other appropriately credentialed medical practitioner is available, a medical practitioner may be required to work beyond their credentialed scope of practice, in order to preserve the health and life of a patient. Wherever possible, such actions should only proceed with consultant advice and with access to ongoing telephone or video-link support. Such actions and advice should be carefully documented, and the event reported to the Regional Director of Medical Services in a timely manner. See 9.4 Disaster and Emergency Scope of Clinical Practice of the WA health system MP 0084/18 [Credentialing and Defining the Scope of Clinical Practice Policy](#).

## 3. Definitions

<b>CASOP</b>	Credentialing and Scope of Practice committee (WACHS)
<b>Credentialing</b>	Is the formal process used to verify the qualifications, experience and professional standing of medical practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisation environments
<b>RANZCOG</b>	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
<b>DRANZCOG</b>	Diploma in Obstetrics from RANZCOG
<b>DRANZCOG Advanced</b>	Advanced Diploma in Obstetrics from RANZCOG
<b>FRANZCOG</b>	Fellows of RANZCOG
<b>Medical Practitioner</b>	Refers to a person registered under the Medical Act 1984 and/or Medical Practitioners Act 2008

<b>Medical Services Agreement (MSA)</b>	Is an agreement to contract a medical practitioner to provide medical services to public patients at a health care facility
<b>Scope of Practice</b>	Refers to the type of medical services that an individual medical practitioner is approved to provide at a health care facility

## 4. Roles and Responsibilities

### **Credentialing and Scope of Practice (CASOP) Committee**

CASOP is responsible for the review and verification of qualifications and training to ensure the medical practitioner's experience and skills support the scope of practice required to provide obstetric services.

### **Regional Director Medical Services**

The Regional Director Medical Services (RDMS) is responsible for supervision of the administration of the credentialing process at regional level, including temporary and interim regional credentialing prior to endorsement by CASOP along with performance reviews.

## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

Non-Salaried Medical Practitioners (NSMP) are required to comply with the terms of the Medical Services Agreement (MSA). Failure to comply, and any disputes in respect of clinical privileges, conduct and governance should be dealt with under the terms of the MSA and the WA health system MP 0083/18 [Disputes About the Professional conduct of a Contracted Medical Practitioner Engaged Under a Medical Services Agreement Policy](#).

## 6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System.

[Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

## 7. Evaluation

The number of medical practitioners providing clinical services as non-specialist obstetricians, together with the percentage compliance rates, are to be reviewed and reported annually.

## 8. Standards

[National Safety and Quality Health Service Standards](#) – 1.22, 1.23, 1.24

## 9. Legislation

[Health Services Act 2016](#)

## 10. References

[The Royal Australian and New Zealand College of Obstetricians and Gynaecologists \(RANZCOG\)](#)

WACHS Non-Specialist Obstetricians Accreditation Record Logbook

## 11. Related forms

WACHS [Non Specialist Obstetric Credentialing Summary Form](#)

## 12. Related Policy Documents

WACHS [Medical Credentialing and Compliance Requirements Guideline](#)

WACHS [Neonatal Resuscitation Policy](#)

## 13. Related WA Health System Policies

MP 0076/18 [Cardiotocography Monitoring Policy](#)

MP 0083/18 [Disputes About the Professional conduct of a Contracted Medical Practitioner Engaged Under a Medical Services Agreement Policy](#)

MP 0084/18 [Credentialing and Defining the Scope of Clinical Practice Policy](#)

## 14. Policy Framework

[Clinical Governance, Safety and Quality Policy Framework](#)

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