



Credentialing Requirements for Non-Specialist Obstetricians Procedure

1. Purpose

The purpose of this procedure 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/operative obstetrics 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 (supported) or unsupervised (independent) practice.

For supported practice, the scope of practice and level of supervision required are to be determined by the nominated supervisor(s) and is to 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 who are to decide whether or not to revise the credentialing status and/or scope of practice.

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

General Practice (GP) registrars completing the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Associate training requirements may be credentialed to work under supervision of an obstetric medical practitioner credentialed at the level relevant to the training requirements being completed.

RANZCOG Associate (Proceduralist) | Royal Australian and New Zealand College of Obstetricians and Gynaecologists Associate (Procedural) (ARANZCOG (P)) – previous DRANZCOG

A medical practitioner must provide evidence of a current ARANZCOG(P) or Diploma in Obstetrics and Gynaecology from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG) qualification to work as a non-specialist obstetrician within a WACHS maternity unit. If credentialing is approved the scope of practice can include:

- induction of labour
- insertion of intrauterine device (Mirena)
- low cavity forceps

- low cavity ventouse
- perineal repair
- supervision of labour and birth for women with low risk of pregnancy and birth complications.

Note: The ARANZCOG(P) or 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 Clinical Lead of Obstetrics & Gynaecology (O&G) to assess and approve this scope of practice, in conjunction with the CASOP Committee.

RANZCOG Associate (Advanced Proceduralist) | ARANZCOG (Adv. P) – previous DRANZCOG (Adv)

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

- caesarean section
- dilation and curettage (D&C) for management of miscarriage and abortion up to 9 weeks
- emergency laparotomy for ectopic pregnancy
- manual removal of placenta
- midcavity non-rotational forceps assisted birth
- rotational vacuum assisted delivery
- supervision of labour and birth for women at moderate risk of pregnancy and birth complications
- tubal ligation at caesarean section.
- insertion of Bakri Balloon or similar
- laparotomy for B Lynch Suture.

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:

- anal sphincter repair (3rd Degree)
- external Cephalic Version (ECV) +/- tocolysis
- hysteroscopy
- marsupialisation of Bartholin's cyst/abscess
- surgical abortion up to 13 weeks
- water births.

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 ARANZCOG training) and experience in the practice of obstetrics; professional references and recent obstetric practice experience including number of cases performed.

Overseas trained medical practitioners should apply for review and assessment by the RANZCOG Conjoint Committee for the Associate Procedural Training (CCAPT). Recognition by RANZCOG would be accepted as comparable to the ARANZCOG training.

Currency of practice and experience are to be assessed and documented by the WACHS Clinical Lead of O&G or a delegated 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.

2.2 NeoResus (Neonatal Resuscitation)

All Non-Specialist obstetric medical practitioners and clinicians who attend births, including delivery by lower uterine segment caesarean section (LUSCS), are required to complete the NeoResus course as part of continuing professional development (CPD).

Acceptable evidence for credentialing includes:

- demonstration of participation in a suitable full day face-to-face neonatal resuscitation update and skill assessment activity (e.g. NeoResus)
- following the above; an annual practical refresher by approved qualified clinicians in NeoResus either face-to-face or on-line.

2.3 Maintenance of Clinical Practice

The obstetric credentialing application of each non-specialist obstetrician is to be reviewed at least once during each three-yearly credentialing cycle by the WACHS Clinical Lead of O&G or delegated WACHS specialist obstetrician.

Non-specialist obstetricians who hold a Medical Services Agreement (MSA) contract for occasional relief cover, or multiple MSAs in different regions to provide obstetric support in WACHS maternity units, are required to complete the non-specialist Obstetric summary form when providing obstetric services.

If a summary form or reference 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 is to 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) is to notify the medical practitioner of the action plan and any caveats with respect to obstetric scope of practice which is to form part of the overall WACHS Medical Practitioner Performance Assessment of the medical practitioner.

2.4 Continuing Professional Development

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

- NeoResus (NNR) requires demonstration of:
 - participation in a suitable full day face-to-face neonatal resuscitation update and skill assessment activity (e.g. NeoResus) every three (3) years
 - annual practical refresher by approved qualified clinicians in NeoResus either face-to-face or on-line.

- Fetal monitoring (in accordance with [MP 0076/18 Cardiotocography Monitoring Policy](#)) requires demonstration of:
 - participation in an advanced skill CTG education session which includes a face-to-face component and an assessment of skills e.g. Fetal Surveillance Education Program (FSEP) every three (3) years
 - annual CTG update of a minimum of two (2) hours duration e.g. Online Fetal Surveillance Education Program (OFSEP), K2 Simulation (5 cases), local CTG case discussions
- Demonstration of participation in a suitable obstetric emergency skills update activity every three (3) years e.g. Practical Obstetric Multi-Professional Training (PROMPT), In-time, Advanced Life Support in Obstetrics (ALSO).

Medical practitioners credentialed to perform caesarean sections are encouraged to participate in at least one (1) supervised obstetric clinical attachment per year, providing them with the opportunity to perform caesarean section procedures with 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 is to record of completion of at least one (1) clinical practice review (see [Maintenance of Clinical Practice](#)), including any imposed limitations of practice, satisfactory completion of any directed up-skilling or education requirements and/or any evidence of completion of CPD 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.

2.5 Working beyond designated scope of practice

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

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 RDMS in a timely manner. See section 9.4 Disaster and Emergency Scope of Clinical Practice in the WACHS [Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners Standard](#).

3. Roles and Responsibilities

Credentialing and Scope of Practice Committee 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.

The **Regional Director Medical Services** 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.

All staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

4. Monitoring and Evaluation

4.1 Monitoring

The monitoring of this procedure is performed through auditing medical practitioners providing clinical services as non-specialist obstetricians upon credentialing and/or re-credentialing of medical practitioners between one (1) to three (3) years.

4.2 Evaluation

The evaluation of this procedure is performed through the cohort of medical practitioners providing clinical services as non-specialist obstetricians, together with the percentage compliance rates, are to be reviewed and reported in accordance with the Non-Specialist Obstetric Credentialing Summary Form.

5. Compliance

This procedure is aligned with the Cardiotocography Monitoring Policy to mandate minimum requirements for cardiotocography (CTG) monitoring and interpretation practices, and staff education for providers of publicly-funded maternity services.

Failure to comply with this procedure 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](#) 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 and procedures is mandatory.

6. References

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). 2024. Available from: <https://ranzcog.edu.au/>

7. Definitions

Term	Definition
Credentialing	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.
Medical Practitioner	Refers to a person registered under the Medical Act 1894 (WA) and/or Medical Practitioners Act 2008 (WA).
Medical Services Agreement	A Medical Services Agreement (MSA) is an agreement to contract a medical practitioner to provide medical services to public patients at a health care facility.
Scope of Practice	Refers to the type of medical services that an individual medical practitioner is approved to provide at a health care facility.

8. Document Summary

Coverage	WACHS-wide
Audience	All clinical staff who provide non-specialist obstetric and/or intrapartum obstetrics services to WACHS.
Records Management	Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA) Medical Act 1894 (WA) Medical Practitioners Act 2008 (WA)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0078/18 Cardiotocography Monitoring Policy • MP 0048/18 Credentialing and Defining the Scope of Clinical Practice Policy • Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners Standard • Clinical Governance, Safety and Quality Framework
Related WACHS Policy Documents	<ul style="list-style-type: none"> • Medical Credentialing and Compliance Requirements Guideline
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> • Non Specialist Obstetric Credentialing Summary Form
Related Training Packages	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 1943
National Safety and Quality Health Service (NSQHS) Standards	1.22, 1.23, 1.24
Aged Care Quality Standards	Nil
Chief Psychiatrist's Standards for Clinical Care	Nil

9. Document Control

Version	Published date	Current from	Summary of changes
7:00	5 September 2024	5 September 2024	<ul style="list-style-type: none"> document type changed from guideline to procedure updates applied in relation to Fellowship of RANZCOG (FRANZCOG) college naming conventions and requirements. updates to scope of practice

10. Approval

Policy Owner	Executive Director Medical Services
Co-approver	Executive Director Clinical Excellence
Contact	WACHS Clinical Director of Obstetrics and Gynaecology and WACHS Credentialing Team Leader
Business Unit	Medical Services, Obstetrics and Gynaecology
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