

**Professor Michael Permezel**  
President



**The Royal Australian  
and New Zealand  
College of  
Obstetricians and  
Gynaecologists**

ABN 34 100 268 969

29 September 2015

Mr Lachlan Broadribb  
Coroners Registrar  
Coroners Court of Victoria  
65 Kavanagh Street  
SOUTHBANK VIC 3006

***Excellence in Women's Health***

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Dear Mr Broadribb

**Re: Investigation into the Death of Mabel Windmill  
(Court Ref: COR 2012 004563)**

Thank you for forwarding to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) the recommendation with respect to the Coroner's findings in the above inquest (Court Ref: COR 2012 004563).

The College welcomes the opportunity to respond to this recommendation and I wish to place on record our support for any review processes that contribute to the improvement of patient safety and the prevention of future adverse outcomes such as those that were the substance of the inquest into the death of Mabel Windmill.

Recommendation

*'...I recommend that the Royal Australian and New Zealand College of Obstetricians and Gynaecologists consider whether it would be both beneficial and feasible to implement a program whereby locum obstetricians are required to demonstrate current competency in fetal surveillance monitoring to maintain their accreditation.'*

RANZCOG Response:

In considering this recommendation, the RANZCOG Board reviewed the College statement on 'Guidelines for locum positions in specialist obstetric and gynaecological practice in Australia and New Zealand' (WPI-12). At its recent meeting held 12 September 2015, the RANZCOG Board approved revisions to this statement to provide that, where the locum position may include intrapartum care, the practitioner must provide relevant evidence to the employer of current competency in CTG interpretation. For the purposes of this requirement, relevant evidence may 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. A copy of the revised Statement is enclosed for your reference and is also available on the College website at [www.ranzcoq.edu.au/college-statements-guidelines](http://www.ranzcoq.edu.au/college-statements-guidelines) under 'Workforce and Practice Issues'.

Additionally, in order to reflect amendments made to College Statement WPI-12, the College is amending its eligibility criteria and associated application documentation for Specialist Obstetrician Locums participating in the Rural Obstetric and Anaesthetic Locum Scheme (ROALS); the national workforce support program administered by RANZCOG and funded by the Australian Government Department of Health. At present, to be eligible to register with ROALS as a Specialist Obstetric Locum, the practitioner must be a RANZCOG Fellow who remains 'active' and is participating in the RANZCOG Continuing Professional Development (CPD) program. In response to the recommendation in the Coroner's finding, the ROALS locum eligibility criteria for Specialist Obstetrician Locums will be amended to further require that College Fellows provide relevant evidence to the employer of current competency in CTG interpretation. For further information in relation to ROALS, please visit [www.roals.org.au](http://www.roals.org.au).

On behalf of RANZCOG I wish to acknowledge the content of your report and reiterate the College's commitment to excellence in the delivery of health care to all women, and also our ongoing commitment to quality assurance and maintenance of the highest standards of training, research and ongoing education of our membership.

Should you have any questions in relation to any of the above, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink that reads "Michael Permezel". The signature is written in a cursive style with a large initial 'M'.

Michael Permezel

**President**

RecFind Ref: 15/0712

Enclosure: RANZCOG Statement 'Guidelines for locum positions in specialist obstetric and gynaecological practice in Australia and New Zealand' (WPI-12)



# Guidelines for locum positions in specialist obstetric and gynaecological practice in Australia and New Zealand

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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: September 2015  
Next review due: November 2018

**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 most recently reviewed by the Provincial Fellows Committee in September 2015. Minor amendments were made by the RANZCOG Board in September 2015.

**Funding:** The development and review of this statement was funded by RANZCOG.

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 Medical practitioners who undertake locum obstetrics and gynaecology work placements must be Fellows of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) or must have been appropriately assessed by the College.
- 1.2. Financial arrangements between the hospital/specialist practice and the locum should be prospectively agreed.

## 2. 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.
- 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>

### 3. 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) 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 (SOLS Handover Guidelines).
- There should be a full briefing of the locum by the resident Specialist prior to his/her departure, on non clinical issues, including written instructions and explanations where necessary. At the conclusion of the locum position, a de-briefing should also occur.

### 4. Links to other College statements

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

[http://www.ranzcog.edu.au/component/docman/doc\\_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341](http://www.ranzcog.edu.au/component/docman/doc_download/894-c-gen-15-evidence-based-medicine-obstetrics-and-gynaecology.html?Itemid=341)

### 5. Patient information

A range of RANZCOG Patient Information Pamphlets can be ordered via:

[http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information\\_pamphlets.html](http://www.ranzcog.edu.au/publication/womens-health-publications/patient-information_pamphlets.html)

## Appendices

### Appendix A Women's Health Committee Membership

Name	Position on Committee
Associate Professor Stephen Robson	Chair and Board Member
Dr James Harvey	Deputy Chair and Councillor
Associate Professor Anusch Yazdani	Member and Councillor
Associate Professor Ian Pettigrew	Member and Councillor
Dr Ian Page	Member and Councillor
Professor Yee Leung	Member of EAC Committee
Professor Sue Walker	General Member
Dr Lisa Hui	General Member
Dr Joseph Sgroi	General Member
Dr Marilyn Clarke	General Member
Dr Donald Clark	General Member
Associate Professor Janet Vaughan	General Member
Dr Benjamin Bopp	General Member
Associate Professor Kirsten Black	General Member
Dr Jacqueline Boyle	Chair of the ATSIWHC
Dr Martin Byrne	GPOAC representative
Ms Catherine Whitby	Community representative
Ms Sherryn Elworthy	Midwifery representative
Dr Nicola Denton	Trainee representative

### Appendix B Overview of the development and review process for this statement

#### *i. Steps in developing and updating this statement*

This statement was originally developed in March 2004 and was most recently reviewed in November 2011. The Women's Health Committee carried out the following steps in reviewing this statement:

- Declarations of interest were sought from all members prior to reviewing this statement.
- Structured clinical questions were developed and agreed upon.
- An updated literature search to answer the clinical questions was undertaken.
- At the face-to-face committee meeting, the existing consensus-based recommendations were reviewed and updated (where appropriate) based on the available body of evidence and clinical expertise. Recommendations were graded as set out below in Appendix B part iii)

#### *ii. Declaration of interest process and management*

Declaring interests is essential in order to prevent any potential conflict between the private interests of members, and their duties as part of the Women's Health Committee.

A declaration of interest form specific to guidelines and statements was developed by RANZCOG and approved by the RANZCOG Board in September 2012. The Women's Health Committee members

were required to declare their relevant interests in writing on this form prior to participating in the review of this statement.

Members were required to update their information as soon as they become aware of any changes to their interests and there was also a standing agenda item at each meeting where declarations of interest were called for and recorded as part of the meeting minutes.

There were no significant real or perceived conflicts of interest that required management during the process of updating this statement.

*iii. Grading of recommendations*

Each recommendation in this College statement is given an overall grade as per the table below, based on the National Health and Medical Research Council (NHMRC) Levels of Evidence and Grades of Recommendations for Developers of Guidelines. Where no robust evidence was available but there was sufficient consensus within the Women’s Health Committee, consensus-based recommendations were developed or existing ones updated and are identifiable as such. Consensus-based recommendations were agreed to by the entire committee. Good Practice Notes are highlighted throughout and provide practical guidance to facilitate implementation. These were also developed through consensus of the entire committee.

Recommendation category		Description
Evidence-based	A	Body of evidence can be trusted to guide practice
	B	Body of evidence can be trusted to guide practice in most situations
	C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
	D	The body of evidence is weak and the recommendation must be applied with caution
Consensus-based		Recommendation based on clinical opinion and expertise as insufficient evidence available
Good Practice Note		Practical advice and information based on clinical opinion and expertise

### Appendix C 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.