

Fetal Surveillance Education Program

There has been considerable development within the Fetal Surveillance Education Program (FSEP) over the past 12 months, including the continued expansion in the number of institutions utilising the program and the ongoing development of a number of projects vital to the long-term success of the program. These include in the test validation, the development of a book and the updating of the Online Fetal Surveillance Education Program (OFSEP).

In addition, a formal evaluation of the program, based on participant feedback from the first 4439 participants (2004-2006) was published in The Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) in June this year.¹ The report, planned since the inception of the FSEP, is the first large-scale evaluation of its kind to be published and demonstrated that the FSEP was considered a high-quality educational resource, rated equally well by midwives and obstetricians.

Online education (OFSEP)

Since its release in May 2008, the OFSEP has been well received with overwhelmingly positive feedback. The OFSEP was designed as an additional learning tool to complement the face-to-face education that the FSEP offers. The OFSEP has expanded the FSEP's ability to respond to varying adult learning needs, as well as meeting the industry's need for on-demand and geographically independent material. It is anticipated that the OFSEP will increase the perceived value of the FSEP and expand its base of participating institutions, thereby aiding long-term sustainability.

Test validation

The FSEP and Test Validation Steering Committee is working on the development of a reliable and valid assessment tool to ultimately assess competency in fetal surveillance across all clinical groups. This tool is being developed with the assistance of the Assessment Research Centre in the Faculty of Education at the University of Melbourne and is currently being tested across Australia and New Zealand.

An article was recently published in BioMed Central², an online medical education journal. The article, entitled 'Rasch scaling procedures for informing development of a valid Fetal Surveillance Education Program multiple-choice assessment', outlines the important initial steps in the validation process. It is anticipated that this tool will ultimately be used by the varying institutions to broadly assess clinical competence as well address specific risk management needs.

FSEP book

A comprehensive book, Fetal Surveillance: A Practical Guide, being co-developed with the Department of Maternal Fetal Medicine at Southern Health, Clayton, Melbourne, is nearing completion. The book will act as a valuable resource to support the face-to-face and web-based components of the program and will tightly integrate with both the FSEP and the RANZCOG Intrapartum Fetal Surveillance Clinical Guidelines. The book will also act as a stand-alone reference for those not accessing the program.

Videoconferencing

The FSEP has continued to utilise videoconferencing as a mode of educational delivery to regional centres with small workforces. Videoconferencing provides greater accessibility and reduced costs for regional and remote areas and significantly reduces work demands on the clinical educators. Interest in this mode of delivery is growing with increasing awareness.

We look forward to the continued development and expansion of the FSEP and meeting the fetal surveillance educational needs across Australia and New Zealand.

1. Kroushev A, Beaves M, Jenkins V and Wallace E. Participant evaluation of the RANZCOG Fetal Surveillance Education Program. ANZJOG; Volume 48, number 3, June 2009.
2. Zoanetti N, Griffin P, Beaves M and Wallace E. Rasch scaling procedures for informing development of a valid Fetal Surveillance Education Program multiple-choice assessment. BioMed Central 2009; 9:20 (29 Apr 2009) www.biomedcentral.com/1472-6920/9/20

Professor Euan Wallace

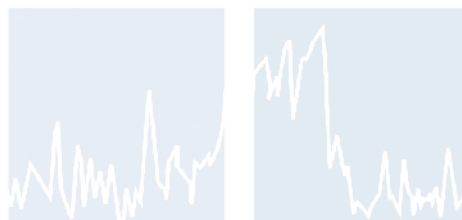
Chair, FSEP Steering Committee

Mark Beaves

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Specialist Obstetrician Locum Scheme

The Specialist Obstetric Locum Scheme (SOLS) is a Commonwealth-funded project that aims to maintain and improve the access of rural women to quality local obstetric care by providing the rural obstetric workforce with efficient and cost-effective locum support. In addition, SOLS aims to sustain safety and quality in rural practice by facilitating access to personal leave, professional development leave or breaks from on-call commitments for rural obstetricians.

In 2008-09, ongoing government funding has enabled SOLS to build on the successful pilot and SOLS Stage Two project by increasing the number of subsidised rural specialist locum placements and establishing a rural GP obstetrician locum scheme for obstetricians in RRMA 3-7.

The experience that the SOLS Management Group and Secretariat has gained during the development and expansion of SOLS is being shared with the Australian Society of Anaesthetists (ASA), as they develop a locum scheme for GP anaesthetists (GPALS) based on the SOLS model. SOLS and ASA are working together on the design and implementation of an external evaluation plan for SOLS and GPALS.

In summary, since the SOLS pilot project in 2006, SOLS has achieved the following results:

1 July 2006 – 30 June 2007:

19 specialists received 174 days of locum support, with 156 days subsidised and 18 days unsubsidised.

1 July 2007 – 30 June 2008:

52 specialists received 473 days of locum support, with 324 days subsidised and 149 days unsubsidised.

1 July 2008 – 30 June 2009:

101 specialists received 980 days of locum support, with 767 days subsidised and 213 days unsubsidised; and 16 GP obstetricians received 245 days of locum support with 185 days subsidised and 69 days unsubsidised.

The supply of specialist locums continues to be excellent. However, the supply of GP obstetrician locums has been more difficult to build. Further recruitment planning is required for this aspect of SOLS.

SOLS enables rural women to be looked after in their rural location, within their social network and supports. During 2008-09, SOLS directly assisted in the prevention of transfer to another medical centre of at least 224 rural women during the absence of their regular obstetrician. Based on transfer costs of between A\$4000-\$5000 this represents a saving of between \$896,000 and \$1,112,000.

Feedback from SOLS applicants indicated that they took leave for professional development and recreation, with the majority of obstetricians indicating that they were able to take more leave because of SOLS.

The administration of SOLS was rated as excellent by a large majority of both applicants and locums.

The quality of continuity of care was rated higher by locums who used the *SOLS Clinical Handover Guidelines* than those who did not.

SOLS was able to fill 88 per cent of advertised specialist placements and 81 per cent of GP obstetrician placements. The majority of unfilled positions occurred when there was very short notice of the need for a locum or when none of the available locums were interested in taking up a placement in that location. Several placements were unfilled when the applicant withdrew their application due to lack of funds.

The internal evaluation data supports the project's rationale as a workforce support mechanism designed to contribute to workforce retention, with applicants indicating the value they place on the scheme.

Dr Pieter Mourik

Chair, SOLS Advisory Committee

Valerie Jenkins

Chair, SOLS Management Group



Support Scheme for Rural Specialists (SSRS) Project: Perinatal Mortality & Morbidity Audit

Following the success of the perinatal audits of obstetric units throughout Australia over the past five years, RANZCOG has received funding to run the project again, with visits not confined to one or two States this time.

The Perinatal Mortality and Morbidity (PNM&M) project was piloted in Victoria in 2004/05, conducted in rural Queensland and Northern Territory in 2005/06, in rural New South Wales in 2006/07 and in rural South Australia and Western Australia in 2008.

Aims and Objectives

The project seeks to improve the audit, investigation and peer review skills of regional and rural obstetricians and paediatricians, who have been involved in perinatal adverse events ('near misses') that have resulted in a transfer to a neonatal intensive care unit, special care nursery or a perinatal death.

To date, there has been a range of approaches to investigating perinatal mortality. The project seeks to develop a more standardised and nationally understood approach to investigating and improving clinical practice and systems that surround perinatal deaths using the Perinatal Society of Australia and New Zealand (PSANZ) guidelines.

This project also aims to promote the idea of peers visiting others to facilitate the investigation of perinatal deaths and help in developing action plans for improvement.

PNM&M in 2009

In early March 2009, invitations were sent to all rural O and Gs and paediatricians to participate in the project by receiving a site visit. All Fellows who had participated in the PNM&M project in the past as audit facilitators were invited to participate again as audit facilitators in this round. Twenty-three Fellows have agreed to participate in the project either as visitors or siteees.

An audit facilitators training teleconference was held on the 14 May 2009 in order to:

- Refresh the skills required to undertake the audits;
- Give an overview of the changes to the PSANZ guidelines; and
- Give facilitators an opportunity to have any questions answered.

Eight regional sites have volunteered to host a visit with external facilitators carrying out retrospective audits of medical records that fit within the

inclusion criteria. Of the eight sites, four are in Victoria, three are in Queensland and one is in New South Wales. Four of the hospitals involved have received a perinatal audit in the past and by revisiting these sites, the quality cycle can be completed.

Thus far, three site visits have taken place with positive feedback received from both those Fellows receiving the visit and those acting as audit facilitators.

The visits are undertaken over the period of one full day and involve a review of records, interviews with the unit staff, provision of feedback on clinical and systems issues and development of an action plan for improvement in collaboration with the clinicians involved. A follow-up teleconference for all participants is planned once all of the site visits have taken place.

Qualified Privilege

This project is covered under the Commonwealth Qualified Privilege Scheme. This encourages health professionals to undertake efficient quality assurance activities in connection with the provision of health services. The scheme has been designed to provide important safeguards by protecting certain information from disclosure and protecting persons involved in the activity from civil liability.

Professor Ian Pettigrew

Chair, Perinatal Mortality and Morbidity Audit Project Working Party

Holly Coppin

Coordinator, SSRS Projects



REGENTS PARK CANAL 1955/6 Stone Lithograph. RANZCOG Research Foundation.

Support Scheme for Rural Specialists (SSRS) Project: Practice Visits

Practice visits have been running successfully in New Zealand for a number of years. Following the successful Australian pilot in 2005/06, the College obtained funding to run the Practice Visits project in 2009 at rural sites throughout Australia.

A steering group was set up to oversee the project, chaired by Dr Philip Hall and involving two Provincial Fellows, one New Zealand Fellow and College House staff.

Aims and Objectives

Practice visits provide collegial peer review of specialists within their work environment. Practice visits aim to identify the strengths and assess relative risks within a practice which, if modified, may lead to improved patient satisfaction and outcomes, as well as a reduction in medico-legal issues for the Fellow concerned. The project provides an excellent opportunity for rural and regional Fellows to gain collegiate support and feedback from colleagues who understand the context and challenges of working in regional practice.

What is Involved?

Before the visit takes place, each visited Fellow will complete:

- A memorandum of understanding in relation to the visit
- A practice profile questionnaire
- Part one of the RANZCOG Patient Satisfaction Questionnaire
- A prospective surgical audit of three months of procedures
- A self-assessment survey.

During the visit, each Fellow will:

- Be interviewed by two Fellows
- Be observed carrying out one major and one minor procedure in theatre
- Receive feedback about the visit and be given initial findings.

The reviewers also interview a number of key people who work closely with the visited Fellow, about the context of care provided in the organisation and systems issues.

After the visit:

- The results of the visit will be discussed confidentially between the Practice Visits Steering Group and the Fellows conducting the site visit.
- The visited Fellow will be provided with a report outlining positive aspects of his/her practice and areas of vulnerability, with suggestions on practice improvement.

In late February 2009, invitations were sent to all Provincial Fellows to participate in the project by receiving a site visit or acting as a visitor. Twenty-three Fellows have agreed to participate in the project either as visitors or as a visited Fellow. Eight separate site visits have been arranged with the first visit taking place in late August 2009.

The Benefits of Participation

A visited Fellow will:

- Gain valuable feedback on how their practice is progressing
- Identify areas of vulnerability and reduce risk

- Receive a confidential report on their performance
- Compare their practice and outcomes with that of their colleagues
- Earn CPD points in PR&CRM.

A practice visitor will:

- See how other practices operate
- Gain training and development in how to conduct peer review
- Earn CPD points in PR&CRM.

Qualified Privilege

This project is covered under the Commonwealth Qualified Privilege Scheme. This encourages health professionals to undertake efficient quality assurance activities in connection with the provision of health services. The scheme has been designed to provide important safeguards by protecting certain information from disclosure and protecting persons involved in the activity from civil liability.

Dr Philip Hall

Chair, Practice Visits Working Party

Holly Coppen

Coordinator, SSRS Projects



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