Health New Zealand
Te Whatu Ora

Pelvic Floor Reconstruction and Urogynaecological Procedures
PROVISIONAL CREDENTIALLING REPORT

Date:	TBI
Author(s):	
Report approved by:	Chair of the Credentialling Panel

Practitioner Name: Dr X (MCNZ No.)
Place(s) of Practice:

Private:

Executive Summary *(includes summary of findings, introduction to recommendations, whether credentialling achieved)*

The panel met on x date to assess whether Dr X met the criteria within the Credentialling Framework (the Framework) for Tiers 1 and 2 pelvic floor, urogynaecological, and mesh revision procedures.

Section 1 - Findings
1.0 Qualifications

1.1.1 Knowledge
Dr X 's formal qualifications were .....

1.1.2 Skills

Dr X demonstrated

1.2 Quality Assurance

1.2.1. Outcomes

Dr X

1.2.2   Peer Review

Dr X

1.3   Context

1.3.1   Support systems

Dr X indicated the facilities, equipment, and systems, in the organisations where they practice, were adequate for the management of their patients. *Indicate if not any not adequate.*

General Comment

The panel noted Dr X

2.0   Credentialling status – Credentialled (Met)/Credentialled with Conditions (Partially Met)/ Not Credentialled (Not Met)[1] - a table of all procedures can be found at Appendix 2.

2.1   Tier 1 – Met/Partially Met/Not Met
Pelvic organ prolapse
- List procedures requested and whether met/partially met/not met

Stress urinary Incontinence
- List procedures requested and whether met/partially met/not met

2.2   Tier 2 – Met Partially Met/Not Met

Pelvic Organ Prolapse
- List procedures requested and whether met/partially met/not met

Stress Urinary Incontinence
- List procedures requested and whether met/partially met/not met

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[1] These findings reflect the panels' assessment and consideration of all four (4) domains in the Framework.

3.0   Recommendations

List recommendations depending on whether procedures have only been partially met or not met.

Other

May include where the panel encourages or recommends things to the doctor other than the proctoring or upskilling that is listed above.

<u>NB:</u> 'must work with a credentialled surgeon' in the recommendations means a surgeon who is fully credentialled under the Framework or has the equivalent internationally in their own jurisdiction and has an international reputation in this area of practice.

Section 2 - Credentialling report

4.0   Documentation

Candidates were asked to provide documentation and associated evidence to support meeting each of the four domains and the criteria within the framework – **see Appendix 1.**

Candidates were expected to clearly demonstrate evidence of meeting the domain requirements and evidence of reflective practice through a combination of their documentation and interview/presentations.

5.0   Conflicts of interest

The Panel consisted of the following membership:

Name	Qualification

Prior to the panel convening in person a risk assessment was applied by Manatū Hauora to all known conflicts, real or perceived, between panel members and the clinicians being credentialled. A mitigation plan was agreed upon for each case.

In Dr X's case there were *no, low, moderate or high* risk conflicts identified with the panel members.

These conflicts were identified to the panel and no further mitigation was required, *or state what other action was required.*

6.0   Findings

Specific findings are reported in this section. Indicates whether the practitioner clearly demonstrates the requirements/demonstrates most requirements/has ineffective demonstration of requirements/fails to demonstrate most requirements.

6.1   Document review

A document review was undertaken by the panel prior to convening in person.

6.2   Interview/Discussion of Cases *(The cases presented were chosen by the external international experts on the panel).*

A face-to-face interview with Dr X was held on X date following submission of Dr X's written documentation.

A series of questions were asked during the interview, regarding [among other topics] Dr X's overall management of cases involving procedures from Tiers 1 and 2, informed choice and consent, interpersonal relationships between Dr X and their patients, their relationship with the multidisciplinary team, their understanding of cultural safety and the clinical governance and facility and support systems available in the places where they practice.

6.2.1 Comments/Discussion - *includes the detail about volumes[2], reflects the content of the discussion between the clinician and the panel and captures the qualitative components.*

The panel found Dr X:

List specifics such as volumes, informed consent process, use of PROMs, UDS proficiency, etc

Then provide a narrative of more in detail findings of the panel's assessment and interview.

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[2] All volumes quoted in the report have been taken from the international experts' assessment of logbook data.

7.0   Recommendations

Dr X requested to be credentialled for X procedures in Tier 1 and X procedures in Tier 2.

Include recommendations from section 2 above here.

Other recommendations:

Repeat what was said above in Section 2

8.0   Summary of Assessment

(*Note, not all sections have comments if the criteria has been Met*)

Credentialling Domain And Criteria	Panel member assessment/comment	Where evidence Was found (*if appropriate*)	Met/Partially Met/Not yet Met – (M/PM/NM)
Qualifications			
Domain 1: Knowledge – *the Surgeon has the appropriate qualifications and/or has the knowledge and experience required to diagnose and manage mesh complications including post removal reconstruction if applicable.*			
Formal qualifications, experience, broader clinical skill development. **Ongoing training and development**			
Domain 2: Skills (including non-technical) – *the Surgeon has the skills, experience and attributes required to appropriately assess and manage pelvic floor reconstructive and urogynaecological procedures (including non-surgical management) with acceptable documented outcomes.*			

Cultural safety (MCNZ[3] cultural safety standards			
Patient selection			
Quality and accuracy of UDS (if applicable)			
Communication			
Informed choice and consent			
Volumes (indicative) (last 3 - 5 years) **Case Mix**			
Cross recognition of Skills[4]			

Quality Assurance

Domain 3: Outcomes – *the Surgeon collects and appropriately reviews consumer outcomes and actively participates in ongoing improvement activities.*

Audit data			
Patient reported measures			
Complaints			

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[3] For more information, see the webpage Cultural safety on the Medical Council of New Zealand website at: **www.mcnz.org.nz/our-standards/current-standards/cultural-safety** (accessed 16 May 2022).

[4] There are procedures which share similar diagnostic evaluation with cross transferable diagnostic skills (all SUI procedures). There are also procedures with transferable components of surgical skills such as mid urethral synthetic slings and fascia slings. The whole scope also accounts for training and experience in resolving known complications.

Incidents and Treatment injuries			
Complications			
Domain 4: Peer Review – *the Surgeon participates in activities for regular review of practice by their peers, including the multidisciplinary team*			
Mentoring			
Proctoring			
Practice review			
Multidisciplinary Team(s)			

Domains 5 and 6: The credentialing governance committee is aware that not all organisations have all the support systems and facilities to support their teams undertaking these procedures. Therefore, some practitioners may not currently practice in a fully supported environment. This information assisted the panel with their overall assessment. It is expected that service-level accreditation will take place at a suitable time in the future. **The assessment made is based entirely on information provided by the candidate.**

Credentialling Domain And Criteria	Panel member assessment/comment	Where evidence Was found (*if appropriate*)	Met/Partially Met/Not yet Met – (M/PM/NM)
Context			
Domain 5: Support Systems – does the candidate show awareness of these support systems and understand their importance?			
Patient information systems			
Clinical data systems			
IT support			

External advice networks			
Registries			
Domain 6: Facilities and Services – does the candidate describe what the quality improvement and clinical governance structure/framework is for their organisation(s) and how it supports their practice?			
Clinical governance			
Patient safety culture			
Information and data systems			
Multidisciplinary team(s)			
Equipment			
Access to resources			
Admin support			
Support for CPD			

Approved:

Chair of Credentialling Panel   **Date:**

Key to assessment of evidence for the 4 Domains of Practice

Clearly demonstrates the requirements	Demonstrates most requirements	Ineffective demonstration of requirements	Fails to demonstrate *most* requirements

Translated into:

Met/Partially Met/Not Met

Appendix 1 - Table of submitted documentation – what was requested, what was provided

Documentation submitted:

Information Requested	Received (Y/N)
Self-assessment template	
Evidence of continuing professional development relevant to procedures undertaken in the last 5 years	
Logbook - last 5 years	
Volumes (previous 3 years)	
Outcomes including PROMS (previous 3 years)	
Audit notes and case review	
Nos. of known complaints, compliments, incidents and treatment injuries for the previous 5 years	

Appendix 2 – Table of Procedures Provisionally Credentialled for

Tier	Procedure	Requested Y/N	Credentialling Outcome Met/Partially Met/Not Met
1	• High uterosacral ligament suspension (transvaginal or laparoscopic)		
	• Non-mesh apical suspension (without permanent sutures		
	• Sacrospinous fixation/hysteropexy (without permanent sutures)		
	Acute Non-Mesh Revision:		
	• Repair of wound dehiscence along suture line		
	• Treatment of haematoma and infection		
2	**Pelvic organ Prolapse**		
	• Sacrocolpopexy/ • sacrohysteropexy		
	• Sacrospinous fixation/hysteropexy (with permanent sutures)		
	Stress Urinary Incontinence		
	• Retropubic MUS insertion		
	• Autologous sling		
	• Burch colposuspension		
	• Urethral bulking agents		
	Revision		
	• Acute loosening for voiding dysfunction		
	• Acute division for voiding dysfunction		

	• Vaginal division of MUS for obstruction		
	• Trimming (excision) of <1cm exposed vaginal mesh		