# Self-Assessment Template for Practitioners

For Credentialling of pelvic floor reconstructive, urogynaecological and mesh revision and removal procedures

**Name of Practitioner:**

**Place(s) of Practice:**

**Private:**

When completing your self-assessment please refer to the relevant sections within the Credentialling Framework. Provide evidence within the template as much as possible and refer the panel to other documents as required, eg: logbook.

**Note:** The credentialing governance committee recognises that it may not be possible at this time for candidates to provide all the evidence being sought. Any evidence that supports the practitioner’s clinical competence in achieving quality patient-focused outcomes is welcomed, including published research and other such material.

Please list any additional documents included (other than those requested as part of the process) with this self-assessment:

**Section 1: Qualifications**

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| --- | --- | --- |
| Credentialling DomainAnd Criteria | Descriptors | Evidence  |
| Domain 1: Knowledge |
| Formal qualifications, experienceOngoing training and development | ***Refer sections 4, 5 and 6 of the Framework*** for the categories – include the category within which you sit.The practitioner has undertaken broader clinical skill development, including communication, training in trauma-informed care and cultural safety.Include contributions to the service, such as quality initiatives, teaching and planned service extensions. |  |
| Domain 2: Skills (including non-technical) |
| Cultural safety | Demonstrate how you meet the MCNZ[[1]](#footnote-1) cultural safety standards.Provide evidence of commitment to achieving health equity for Māori[[2]](#footnote-2).  |  |
| Patient selection It is expected that decision-making will be guided by and consistent with accepted international guidelines, such as the National Institute for Health Care and Excellence (NICE) NG123 guideline: *Urinary Incontinence and Pelvic Organ Prolapse in Women: Management*.[[3]](#footnote-3) | The quality of decision-making around preferred treatment options (patient selection and patient choice) will show the practitioner has: * Used appropriate investigations.
* Utilised the multidisciplinary team in decision-making **(*wider discussion with the multidisciplinary team is expected*)**, and
* the quality of the informed consent process.

Practitioners must demonstrate to the credentialling committee their knowledge and experience of accurately interpreting urodynamic studies. *A study will be provided at the time of interview to facilitate assessment.* |  |
| CommunicationGood consumer-centric communications and cultural safety are core clinical skills | Practitioners should provide evidence that this is a component of their ongoing professional development, such as through peer review, multisource feedback or 360º review, complaints or compliments and audit.  |   |
| Informed choice and consentInformed consent and choice processes are expected to be consistent with the MCNZ published standard*: Informed Consent: Helping patients make informed decisions about their care.[[4]](#footnote-4)* The process must be supported with the use of appropriate consumer information, such as the co-designed 2019 booklet published by the Ministry, *Considering Surgical Mesh to Treat Stress Urinary Incontinence? Using permanent polypropylene (plastic) mesh tape in mid-urethral sling (MUS) operations*.[[5]](#footnote-5)  | The practitioner explains the various treatment options available (including conservative, medical, and surgical options) thoroughly and accurately, with the risks and benefits of each clearly explained to women. Comprehensive, informed choice discussions with women include clearly identifying the steps involved in surgery.* The consumer should take an active role in the informed choice process, and decisions regarding treatment must be made with the women
* Obtaining consent will be a multi-step process, with the women given ample time to consider the verbal and written information provided.

***Refer to page 21 in the framework for more in-depth detail of what is expected.*** |  |
| Volumes (indicative) (last 3 years)The indicative volumes described in the framework provide guidance for practitioners in terms of what will be expected for credentialling. Case Mix | ***Provide indicative volumes per procedure for which credentialling is being sought.******Refer to pages 22, 31-33, 35 and 42 of the framework.******Logbooks will be used to cross-reference*** |  |
| Cross recognition of SkillsSome knowledge and skills are transferable between procedures, including anatomical knowledge, technical expertise, and communication skills.  | Assessment will consider the whole scope of a surgeon’s practice.  |  |

**Section 2: Quality Assurance**

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| Credentialling DomainAnd Criteria | Descriptors | Evidence |
| Domain 3: Outcomes |
| Audit dataIncludes Individual, team and unit review mechanisms for both cases and accumulated data relating to outcomes, complications, incidents and clinical process reviews (Including mortality and morbidity meetings) | Provide copies of:* Audit data (de-identified) and any documentation on ongoing improvements resulting from the audit(s). Please provide a summary of your analysis of this data in terms of your practice.
 |  |
| Patient reported measures | ***Refer to page 37 of the Framework***Include (if available): * patient-reported outcome measures (PROMs) and PREMs *(PREMs should be utilised as they become available from the appropriate registry (once it is in place). A 360 multisource feedback tool for patients will be utilised in the interim)*
* functional outcomes, including:
* sexual function
* effect on daily life
* severity of complications to daily life
* years lived with disability (YLD)
* ability to return to exercise
* effects on relationships
 |  |
| Complaints | Provide ***numbers*** of any known complaints, including HDC[[6]](#footnote-6) ones.and the written response to them and any improvements as a result of them. Had any of these been presented for review by the MDT/MDM previously and/orsubsequently? |  |
| Incidents and Treatment injuries | Provide ***numbers*** of:* incidents involving any of your cases and the outcomes
* known treatment injuries (ACC)
* improvement activity resulting from the above

If applicable, please identify if any have been presented to,or subsequently for review by the MDT? |  |
| Complications | Provide complications rate information per procedure for which credentialling is being sought.Audit of whole practice (for all practitioners) to identify the denominator and close the audit loop.Are complications rates regularly reviewed by the MDT? | .  |
| Domain 4: Peer Review |  |  |
| Mentoring | Provide evidence of any mentoring received.When did this occur? |  |
| Proctoring | Provide evidence of any proctoring received, in thesense of monitoring, observing and supervising (as opposed to invigilating)?* When did this occur?
 |  |
| Practice review | Include:* Participation in college-based processes that contribute to recertification programmes
* learning from other disciplines
 |  |
| Multidisciplinary Team(s)  | Describe how the multidisciplinary meetings of which you are a member function (in both public and private practice or combined)  |  |

**Domains 5 and 6:** The final two domains relate to the support systems and environment in which the procedures take place. It is acknowledged that these are largely beyond the control of individual candidates however it is important that candidates have knowledge and appreciation of their importance.

**Section 3 Context**

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| Credentialling Domain And Criteria | Descriptors | Evidence |
| Domain 5: Support Systems |
| Patient information systems |  |  |
| Clinical data systems |  |  |
| IT support |  |  |
| External advice networks |  |  |
| Registries |  |  |
| Domain 6: Facilities and Services |
| Clinical governance |  |  |
| Patient safety culture |  |  |
| Information and data systems |  |  |
| Multidisciplinary team(s) |  |  |
| Equipment |  |  |
| Access to resources |  |  |
| Admin support |  |  |
| Support for CPD |  |  |

1. 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](http://www.mcnz.org.nz/our-standards/current-standards/cultural-safety) (accessed 16 May 2022). [↑](#footnote-ref-1)
2. MCNZ. 2019. *He Ara Hauora Māori: A pathway to Māori health equity.* Wellington: Medical Council of New Zealand (MCNZ). URL: [www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf](http://www.mcnz.org.nz/assets/standards/6c2ece58e8/He-Ara-Hauora-Maori-A-Pathway-to-Maori-Health-Equity.pdf) (accessed 16 May 2022). [↑](#footnote-ref-2)
3. NICE. 2019.*Urinary Incontinence and Pelvic Organ Prolapse in Women: Management* NICE guideline [NG123]. London: National Institute for Health and Care Excellence (NICE). URL: [www.nice.org.uk/guidance/ng123](http://www.nice.org.uk/guidance/ng123) (accessed 17 May 2022). [↑](#footnote-ref-3)
4. MCNZ. 2021. *Informed Consent: Helping patients make informed decisions about their care.* Wellington: Medical Council of New Zealand (MCNZ). URL: [www.mcnz.org.nz/assets/standards/79e1482703/Statement-on-informed-consent.pdf](http://www.mcnz.org.nz/assets/standards/79e1482703/Statement-on-informed-consent.pdf) (accessed 17 May 2022). [↑](#footnote-ref-4)
5. Ministry of Health. 2019. *Considering Surgical Mesh to Treat Stress Urinary Incontinence? Using permanent polypropylene (plastic) mesh tape in mid-urethral sling (MUS) operations*. Wellington: Ministry of Health. URL: [www.health.govt.nz/system/files/documents/publications/considering-surgical-mesh-to-treat-stress-urinary-incontinence-aug2019.pdf](http://www.health.govt.nz/system/files/documents/publications/considering-surgical-mesh-to-treat-stress-urinary-incontinence-aug2019.pdf) (accessed 17 May 2022). [↑](#footnote-ref-5)
6. Health and Disability Commission [↑](#footnote-ref-6)