| CPD INFORMATION |

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Excellence in Women's Health

Fetal Surveillance Education Program (FSEP)

STAGE	ACTIVITY	POINTS CLAIMABLE
STAGE ONE ***(OPTIONAL)*** *Pre-education intervention audit*	**To be undertaken prior to the workshop** Perform an audit of 30 consecutive deliveries, (or all deliveries for three months), where CTG was used during labour.	**1 PAR point per hour** in the *Clinical Audit* component of any one of the three domains.
STAGE TWO FSEP Full-day workshop	• Participation in the workshop. • Completion of the FSEP Assessment. • Completion of the FSEP Feedback form.	**7 PD points** in the *Conferences/Workshops/Meetings* component of the *Clinical Expertise* domain.
STAGE THREE ***(OPTIONAL)*** *Follow-up activities*	**To be undertaken 3-6 months after the workshop or ongoing.** a) Set goals, develop action plan and implement, monitor and evaluate the outcomes of the changes made and any adverse events/complications. **AND/OR** b) Fellows may choose to do an audit of 30 consecutive deliveries (or all deliveries for three months) where CTG was used during labour. **AND/OR** c) Conduct regular multidisciplinary meetings to review obstetric cases and deliveries.	**7 PAR points** in the *Practice Audit and Reflection Activity* component of any one of the three domains. **1 PAR point per hour** in the *Clinical Audit* component of any one of the three domains. **1 PAR point per hour** in the *Conferences/Workshops/Meetings* component of either the Clinical Expertise or Professional Qualities domain.

VERIFICATION DOCUMENTATION

Stage 1 *(optional)*: A summary of your audit, such as the completed *Audit Template*.

Stage 2: Certificate of Attendance.

Stage 3 *(optional)*: a) Completed *Practice Audit and Reflection Worksheet*; b) A summary of your audit, such as the completed *Audit Template*; c) Evidence of participation in clinical meetings (*Clinical Meetings Template).*

For information on the FSEP Program, contact FSEP staff on +61 3 9412 2958 or fsep@ranzcog.edu.au or www.fsep.edu.au

For queries, contact CPD staff on +61 3 9417 1699 or cpd@ranzcog.edu.au

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| CPD TEMPLATE |

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Intrapartum CTG Fetal Surveillance Audit Tool

Date: _____ Patient Id: _____

1. What was/were the indication(s) for CTG monitoring?

   a) antenatal risk factors ☐ Yes * ☐ No

   *If yes, please specify: _____

   b) intrapartum risk factors ☐ Yes * ☐ No

   *If yes, please specify: _____

2. If the indication for CTG monitoring was **not** medical, who initiated the monitoring?

   Doctor initiated ☐

   Midwife initiated ☐

   Patient initiated ☐

3. Was admission CTG performed? ☐ Yes * ☐ No

   *If yes, was the CTG ☐ Normal ☐ Abnormal

4. Was the use of a CTG in line with RANZCOG clinical practice guidelines?

   ☐ Yes ☐ No

5. Was there clear documentation on the CTG of:

   a) the patient's name? ☐ Yes ☐ No

   b) the patient's hospital number? ☐ Yes ☐ No

6. Does the date and time on the CTG correlate with the date and times in the patient's/client's medical history? (ie; are the date and time settings on the CTG machine correct?)

☐ Yes ☐ No

7. Is the CTG of generally high quality:

a) with well recorded fetal heart rate? ☐ Yes ☐ No

b) with well recorded uterine activity? ☐ Yes ☐ No

8. Was the CTG: ☐ Normal ☐ Abnormal

9. If the CTG was abnormal:

a) Did it influence management? ☐ Yes ☐ No

b) Did it influence/affect delivery? ☐ Yes ☐ No

10. In the patient's history, in a written/stamped report of the CTG:

a) present ☐ Yes ☐ No

b) appropriate/accurate ☐ Yes ☐ No

c) signed ☐ Yes ☐ No

ACKNOWLEDGEMENTS: *Dr Bruce Warton and staff at The Western District Health Service are thanked for their contributions to the development and trialing of this audit tool.*

RANZCOG Fellows should refer to the *Fetal Surveillance Education Program (FSEP) Information Flyer* for further details about points claimable and verification documentation associated with each stage of the FSEP activity.

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