



Fetal Surveillance Education Program (FSEP)

STAGE	ACTIVITY	POINTS CLAIMABLE
STAGE ONE (OPTIONAL) <i>Pre-education intervention audit</i>	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 <i>Clinical Audit</i> component of any <u>one</u> of the three domains.
STAGE TWO FSEP Full-day workshop	<ul style="list-style-type: none"> • Participation in the workshop. • Completion of the FSEP Assessment. • Completion of the FSEP Feedback form. 	7 PD points in the <i>Conferences/Workshops/Meetings</i> component of the <i>Clinical Expertise</i> domain.
STAGE THREE (OPTIONAL) <i>Follow-up activities</i>	<p>To be undertaken 3-6 months after the workshop or ongoing.</p> <p>a) Set goals, develop action plan and implement, monitor and evaluate the outcomes of the changes made and any adverse events/complications.</p> <p style="text-align: center;"><u>AND/OR</u></p> <p>b) Fellows may choose to do an audit of 30 consecutive deliveries (or all deliveries for three months) where CTG was used during labour.</p> <p style="text-align: center;"><u>AND/OR</u></p> <p>c) Conduct regular multidisciplinary meetings to review obstetric cases and deliveries.</p>	<p>7 PAR points in the <i>Practice Audit and Reflection Activity</i> component of any <u>one</u> of the three domains.</p> <p>1 PAR point per hour in the <i>Clinical Audit</i> component of any <u>one</u> of the three domains.</p> <p>1 PAR point per hour in the <i>Conferences/Workshops/Meetings</i> component of <u>either</u> the <i>Clinical Expertise</i> <u>or</u> <i>Professional Qualities</i> domain.</p>

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



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

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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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