

Mackay HHS

Obstetrics and Gynaecology

Mid-way Progress Update

Now that we are over halfway through implementation of recommendations from the Mackay Hospital and Health Obstetrics and Gynaecology Investigation Report, we thought that it was important to update the community on the status of each of the 122 recommendations.

The oversight and monitoring of the implementation of recommendations is governed by the Mackay Obstetrics and Gynaecology Implementation Working Group. This group is made up of representatives from executive, doctors, midwives and consumers. The group reviews each recommendation, validates evidence and offers ideas on how to enhance implementation even further.

To date, the group has determined that 76 recommendations are completed with a further 46 well underway. We will continue to publish progress updates via email and our webpage (<https://www.mackay.health.qld.gov.au/mackay-hhs-obstetrics-and-gynaecology/>) within one week of each meeting with the next meeting scheduled for 22 May 2023.

	Recommendation	Status
1	The Investigation Team have been informed by the Mackay Hospital and Health Service that changes have been introduced into Obstetrics and Gynaecology services within the Mackay Hospital and Health Service since the commencement of the Investigation. Notwithstanding this, the Investigation Team make the following recommendations based on findings discovered during the Investigation.	Complete.
2	The Investigation Team notes that where a timeframe is not stipulated, it is anticipated that these recommendations will be enacted, or be in progress, within 6 months of receipt of this report. Thereafter, the recommendations require regular monitoring for implementation and effectiveness.	Complete.
3	The implementation of the recommendations arising from this Report should be supervised by the Safety and Quality Committee of the Mackay Hospital and Health Service Board.	Complete.
4	The progress in adoption of the Report's recommendations should be a standing agenda item for the Mackay Hospital and Health Service Board to consider until they are satisfied that all recommendations have been fully implemented. Thereafter, monitoring and measures should be in place and reported to the Board to ensure that the issues identified in this Report are not recurring.	Complete.
5	Delegate an Obstetrics and Gynaecology Consultant and a Senior Midwife to each carry a portfolio of consumer engagement and to sit on the newly formed Women's Health Consumer, Women's Health Safe Care Committee and Safe Care Committees detailed below.	Complete.

6	Ensure that the designated Obstetrics and Gynaecology Consultant and Senior Midwife both report directly to the Health Service Chief Executive and the Mackay Hospital and Health Service Board (that latter through the Safety and Quality Committee of the Mackay Hospital and Health Service Board) to champion consumer concerns and engagement, and to ensure relevant consumer matters reach the highest level in the health service. Sufficient time allocation should be allowed to ensure that that Obstetric and Gynaecology Consultant and Senior Midwife can devote sufficient time to the role.	Underway.
7	Establish an improved Women's Health Consumer committee, the Chair of which sits on the newly established Safe Care Committee, to improve consumer engagement strategies by listening to, and partnering with women.	Complete.
8	Review and modify current systems and approaches to better respond to consumers' complaints in a more meaningful way.	Underway.
9	Retire the proforma letter that is currently sent to consumers in response to their feedback and complaints are individualized, respecting the unique experience of each complainant.	Complete.
10	Commit additional effort and resources to ensuring that consumers are aware of complaints processes and that speaking up by consumers is encouraged.	Underway.
11	In order to better address concerns raised by consumers regarding their care with the clinical staff who directly provided their care that resulted in an adverse outcome.	Complete.
12	Consumers should have the opportunity, if they wish, to discuss their care with the clinical staff who directly provided their care that resulted in an adverse outcome.	Complete.
13	Assess the success of improvement in systems and approach to consumers by implementing specifically developed Patient Reported Experience Measures (PREMS), and Patient Reported Outcome Measures (PROMS) and reviewing and auditing the consumer complaints and feedback on a quarterly basis at the Safe Care Committee, Women's Health Consumer Committee and Women's Health Safe Care Committee.	Underway.
14	Review the consumer complaints and compliments at the Safe Care Committee's meeting and Women's Health Consumer committee, ensuring that there is a record of the action taken and resolution, before close out of each complaint as an agenda item for the Safe Care Committee and Women's Health Consumer Committee.	Underway.
15	Incorporate into the complaints management process a pathway that allow women who have made a complaint to understand the service improvement action that has been developed as a result of their feedback. This needs to be an open, transparent interprofessional approach with the consumer at the centre of their care and communicated effectively to consumers, staff and relevant community reference groups.	Complete.
16	Senior obstetric and nursing and midwifery staff are to undertake partnering with consumers training to ensure an appropriate culture is in place for consumers to raise issues or concerns in a supportive way.	Complete.
17	Consider using the information collated by the women's interviews in this report as case studies to inform staff training on partnering with consumers and displaying empathy.	Underway.
18	Document reliable and accurate consumer discussions and the informed consent process in clinical notes to an auditable standard including such details as risks and benefits of proposed surgical procedures, agreed birth plans and plans for when women decline recommended care.	Underway.
19	Implement changes to better support women's choices regarding preferences for birth and consider the Normal Birth Guideline to support this.	Underway.
20	Utilise the Declining Recommended Care Guidelines when women are, or considering declining recommended care.	Complete.
21	Open Disclosure should be compliant with the Open Disclosure Framework and Queensland Health policy, including ensuring it is	Complete.

	performed as soon as reasonably possible after an adverse outcome other triggering event. Compliance with this recommendation should be audited annually and the audit outcome reviewed at the Safe Care Committee.	
22	Senior obstetric, nursing and midwifery staff should undertake Open Disclosure training to ensure the process is conducted appropriately.	Underway.
23	A consultant obstetrician and senior midwife with direct managerial responsibility or who were involved in the woman's care should, with the woman's consent, be present at the Open Disclosure meeting.	Underway.
24	Involve women and their families in the clinical/system review and/or root cause analysis conducted after an adverse outcome, to ensure that all relevant information is obtained and any recommendations are reflective of their lived experience and care within the Mackay Hospital and Health Service.	Underway.
25	All consumer and community members working with the Mackay Hospital and Health Service on a strategic level should be remunerated pursuant to the Health Consumers Queensland's rates.	Underway.
26	Obstetrics and Gynaecology care for each woman should be overseen by both consultant obstetric and senior midwifery staff, respecting each other's scope of practice and the wishes of the woman.	Underway.
27	The Clinical Director of Obstetrics and Gynaecology and senior midwifery leadership team should work collaboratively to review policies, procedures and workplace based instructions that underpin Obstetric and Gynaecology services to ensure they are evidence based, reflective of an interprofessional approach to care, up-to-date, and subject to regular review by the Safe Care Committee.	Complete.
28	Evidence based, woman-centred birthing policies should be developed and ensure that treating staff comply with those policies to an auditable standard, reviewed annually.	Complete.
29	A policy must be developed to ensure adequate recognition of emerging antenatal risk with a system for triaging women antenatally such they receive consultant obstetric input as required in a timely way. Ensure that treating staff comply with this policy to an auditable standard, reviewed 6 monthly.	Complete.
30	A policy should be in place that clearly articulates when a woman, whose labour has deviated from normal, according to Queensland Health Normal Birth Guidelines, needs medical review; the policy must be audited 6 monthly, and results reviewed by the Safe Care Committee.	Underway.
31	A policy should be in place that category-1 caesarean sections are only able to be called by a Consultant. This policy must be audited six monthly to review outcomes and to identify gaps in safe-service provision.	Complete.
32	Develop strategies and policies to ensure that identified vulnerable women can receive appropriate, safe, acute and ongoing care, for example, by having child safety officers involved in teenage pregnancies on site, and culturally appropriate support for Aboriginal and Torres Strait women.	Underway.
33	External professional oversight be put in place from a tertiary hospital, by a senior obstetrician and gynaecologist and senior midwife, to contribute to, and oversee, Perinatal and Gynaecological morbidity and mortality review meetings, for a period of three years.	Underway.
34	Consultant gynaecology care should be organized using the Royal College of Gynaecology (RCOG), Gynaecology care standards as a reference document, suitably adjusted for healthcare provision within the Mackay Hospital and Health Service. This should be developed to an auditable standard and regular audits carried out annually by various staff and presented to the Safe Care Committee.	Underway.
35	The Mackay Hospital and Health Service develops systems that ensure women referred with abnormal cervical screening are triaged according to current guidelines. This should be developed to an auditable standard and an annual audit carried out.	Underway.
36	Following hysterectomy by whichever route, a cystoscopy must be performed at the conclusion of the procedure to determine patency of both ureters and bladder integrity. This should be developed to an auditable	Underway.

	standard and an annual audit completed and presented to the Safe Care Committee.	
37	The Consultant designated on call for a 24-hour shift to cover Birth Suite and acute gynaecology admissions and triage gynaecology referrals during the day should have no other rostered duties during that shift.	Complete.
38	Develop a failsafe call in system for Category 1 Caesarean Section, co-ordinated through the hospital switchboard, which notifies appropriate personnel, for example, the on-call obstetrician, anaesthetist, paediatrician, operating theatre manager and wardsmen in the event of a Category 1 Caesarean Section being called.	Underway.
39	Review all emergency caesarean-section cases and cases of trial of operative birth in operating theatre the following day at the morning inter-professional clinical handover meeting supervised by the duty consultant in Obstetrics and Gynaecology to ensure the indication and clinical decisions made about the need for emergency caesarean-sections are documented in i-eMR and are valid.	Complete.
40	The on-call consultant must review the proposed inductions of labour for the following days and triage these with the Nursing Unit Manager, Birth Suite.	Underway.
41	Management and review of all perinatal deaths must be led by consultant obstetric and senior midwifery staff. This includes the requirement that all perinatal deaths should be classified using the Perinatal Society of Australian and New Zealand guidelines discussed at an interprofessional perinatal meeting according to an agreed template.	Complete.
42	Every mother who suffers a perinatal death must have a dedicated de-brief with the Consultant Obstetrician and senior midwife involved in her care within 3 months of the perinatal death. The debrief is to be documented and placed in the medical record.	Complete.
43	A level 6 midwife who is trained in bereavement services carry the portfolio of perinatal bereavement to ensure women who suffer perinatal loss receive comprehensive, woman centred care. Care needs to be led by Consultant obstetric and senior midwifery staff.	Complete.
44	The three midwifery models of care in place (including the Birth Centre model) should be reviewed using co-design principles to ensure consumer needs are met within a safe governance framework and reviewed by both the Safe Care and Women's Health Consumer committees prior to adoption.	Underway.
45	Establish a project team using co-design principles to consider the return of birthing services to Bowen Hospital at its current clinical services capability using the Australian Rural Birthing Index tool. Consumers and key stakeholders from the community should have the opportunity to make an equal contribution to this group recognizing the principles of partnership working. In undertaking this project, engage with similar hospitals who have been able to return birthing services such as Beaudesert Hospital to establish learnings.	Complete.
46	Establish a Safe Care Committee with representatives from Mackay Base Hospital, Proserpine Hospital and Bowen Hospital in a hub and spoke model to meet monthly virtually, as per proposed Terms of Reference, to monitor the quality and safety of women's health care.	Complete.
47	Stipulate that junior medical staff and midwives booking inductions have Consultant approval for the booking. This process should be audited every six-months.	Underway.
48	The on-call Consultant consult each day at a designated time with the junior doctor consulting with patients in the Early Pregnancy Assessment Unit to determine appropriate management for each patient.	Complete.
49	Roster a designated on-call Obstetrics and Gynaecology consultant each day for Mackay Base Hospital, whose sole responsibilities are supervision and management of birth suite, assessment and treatment of acute gynaecology admissions and triaging of incoming outpatient gynaecology referrals using appropriate guidelines.	Complete.

50	Undertake inter-professional clinical handover at Mackay Base Hospital at least twice daily, for example at 0800 and 2000. Inter-professional clinical handover must be Consultant led, by the rostered Consultant on call for Birth Suite that day and night.	Complete.
51	Handover must be inter-professional with the Consultant on-call, the incoming and outgoing Registrar or Principal House Officer, Resident Medical Officer, and Birth Suite midwifery team leader attending. Others should attend where possible, for example, the anaesthetist or Registrar on call for birth suite and paediatric consultant or registrar on call for Birth Suite.	Complete.
52	Handover must be held in a private, designated, space proximate to acute care areas, and away from public scrutiny.	Complete.
53	Handover attendance should take precedence over all other clinical duties, except in critically acute situations.	Complete.
54	Handover should follow the situation, background, assessment and recommendation (SBAR) format.	Complete.
55	Consideration should be given to have a written continuously updated handover sheet outlining each patient, printed for handover attendees. Clinical handover sheets should be archived on a designated computer drive for future reference.	Complete.
56	Clinical handover should be used to identify cases that may need to be entered into the RiskMan system or which require other review. Accountability with this rests with the Clinical Director and Midwifery Birth Suite lead. A designated representative of the handover team should accept responsibility for entering into RiskMan or taking steps to initiate review.	Complete.
57	Promote contemporary evidenced based practice in leadership by partnering with Clinical Excellence Queensland in instituting a clinical leadership development program.	Underway.
58	Review and where necessary, amend the position descriptions for the Executive Director Nursing and Midwifery, Executive Director Medical Services, Executive Director Operations and Director of Operations stream two to ensure contemporary evidence based practice in leadership is reflected.	Underway.
59	Monitor the effectiveness of clinical and operational leadership at organizational and departmental level using the Mackay Hospital and Health Service performance review policy. This should be performed regularly, incorporate follow up on agreed actions and this be documented.	Complete.
60	Ensure that Professional Development Plans have a specific performance objective designed to measure contribution to leading the re-establishment of safe woman centred care and trust in Obstetrics and Gynaecology services.	Underway.
61	Attract senior specialist support from tertiary hospitals to have practitioners onsite from tertiary hospitals intermittently to expand and support Obstetrics and Gynaecology services offered locally. These practitioners can fulfill the role of clinical coaches for the Mackay Base Hospital Obstetrics and Gynaecology staff and provide means of mentoring and oversight.	Underway.
62	Examine the format of the Mackay Hospital and Health Service Clinical Directors meeting. Ensure there is an agenda item that focuses on quality and safety where cross referencing and communication between departments can be encouraged. For example, an increased number of women from Women's Health Unit being transferred to the Intensive Care Unit, or an increased number of women returning to theatre following routine surgery could be discussed and analysed for trends. The Executive Director Medical Services should lead this initiative.	Complete.
63	Establish the Clinical Director of Obstetrics and Gynaecology in a defined leadership role, as professional head of the Obstetrics and Gynaecology service, with a defined job description linked to an annual performance review.	Complete.

64	The Clinical Director of Obstetrics and Gynaecology should have excellent State and National knowledge and connections including Royal Australian and New Zealand College of Obstetricians and Gynaecologists training requirements and guidelines, sit on the Queensland Maternity and Neonatal Clinical Network, contribute to the work of other bodies such as the Queensland Maternal and Perinatal Quality Council, Retrieval Services Queensland and other appropriate bodies.	Complete.
65	When recruiting to the position of Clinical Director of Obstetrics and Gynaecology, the Mackay Hospital and Health Service should adopt positive recruitment processes to incentivise and attract a strong field. The recruitment panel should include lead clinical and administration staff, a Royal Australian and New Zealand College of Obstetricians and Gynaecologists external representative, a James Cook University Medical School representative, a senior midwife and a consumer representative. All referee checks should be closely followed up by the lead clinician prior to making an offer of appointment.	Complete.
66	On appointment, the Clinical Director of Obstetrics and Gynaecology should work collaboratively with the Senior Medical Officer team to review role descriptions and define Obstetrics and Gynaecology leadership roles for other Obstetrics and Gynaecology consultants. Each consultant should have a defined portfolio area linked to key performance objectives. Performance should be monitored closely as per the Mackay Hospital and Health Service policy and should include a 360-degree performance review at least bi-annually.	Underway.
67	Each Obstetrics and Gynaecology post and portfolio should have a defined job description linked to an annual performance review. Designated clinical portfolios for each consultant Obstetrics and Gynaecology working at Mackay Base Hospital must include: (a) Education and Training; (b) Safety, Quality and Audit; (c) Perinatal, Maternal and Gynaecological Morbidity and Mortality; (d) Resident Doctor management; and (e) Consumer Engagement	Underway.
68	When a new specialist in Obstetrics and Gynaecology is credentialed and employed within the Mackay Hospital and Health Service for the first time, an external Royal Australian and New Zealand College of Obstetricians and Gynaecology representative, James Cook University Medical School representative and a senior midwifery representative should be on the interview panel.	Complete.
69	A stable, skilled Midwifery leadership team needs to be developed that takes accountability for staffing, skill mix, communication, providing respectful collaborative woman centred care, continuing professional development and mentoring, supporting junior staff, and working to change the workplace culture. This should be made clear in job descriptions and be subject to performance review against these criteria. The following recommendations provide the foundations necessary to begin the changes needed.	Complete.
70	The Mackay Hospital and Health Service should work with external advisors (e.g. Director of Midwifery Department of Queensland Health) to develop a role description for a level 10 Director of Midwifery. Use peer network and positive recruitment strategies to attract a strong field to this role. As part of the recruitment process for this role, the interview panel should include an external contemporary midwifery leader, the Obstetrics and Gynaecology Clinical Director and a consumer representative.	Complete.
71	Review and where necessary amend the position descriptions for the level 7 leadership roles within the Women's Health Unit at Mackay Base Hospital. Monitor performance using the Mackay Hospital and Health Service performance review policy guidelines with a specific focus on their contribution to leading the re-establishment of safe woman centred care and trust in obstetrics and gynaecology services.	Complete.

72	Senior midwifery staff are to address training deficits and safety concerns within current and future Midwifery staffing to improve patient safety, stress, and morale within the Women's Health Unit and to ensure staff are competent to rotate into all areas of Obstetrics and Gynaecology care.	Complete.
73	Develop portfolio areas for level six midwives – use the Performance and Development process effectively to identify and support emerging leaders within the organisation. Provide opportunities for midwives and nurses within the Mackay Hospital and Health Service Obstetrics and Gynaecology services to gain leadership experience in a supported way to grow confidence and build leadership potential from within.	Complete.
74	Adopt and implement the organisational values in all aspects of clinical practice, team collaboration and education and training. Organisational values should be central and visible to all aspects of operation in the Mackay Hospital and Health Service.	Complete.
75	Strategies should be introduced, with adequate measurable outcomes and monitoring, to assess individual and unit adherence to the organisational values. Consideration should be given to recruiting external facilitators to begin some foundational work to embed the values into care and professional communication and behaviour. This should include an increased focus on individual accountability, and recognition of the professional and ethical requirements to speak up for safety.	Complete.
76	The Mackay Hospital and Health Service Obstetrics and Gynaecology service implements a clinical team structure based on the following design principles: (a) Inter-professional patient care delivered by defined clinical teams; and (b) Distribution of Obstetrics and Gynaecology and midwives specialist portfolio roles and special interests including teaching and research across the team(s).	Underway.
77	Structure the Obstetrics and Gynaecology service in 4 teams, each one headed by an Obstetrics and Gynaecology Consultant to ensure clinical continuity and accountability for patients allocated to those teams.	Complete.
78	Define and assign a range of portfolio roles with defined areas of individual and where appropriate joint responsibility and accountability. These roles should be distributed equitably across the Obstetrics and Gynaecology and midwifery parts of the service to encourage shared working and build professional relationships, trust, and respect.	Underway.
79	Develop a new Department Manual that clearly sets out for all Department members, both medical and midwifery staff, 'the way we do things around here' based on the service's vision, values, and goals for excellence.	Underway.
80	The Clinical Director Obstetrics and Gynaecology and the Clinical Midwife Consultant should work with the clinical safety team to develop clear guidance for staff defining which clinical scenarios/incidents should be reported in the RiskMan system.	Complete.
81	Training should commence for all staff to raise awareness of incident definition and reporting requirements and ensure individual practitioners understand how to use the RiskMan reporting system.	Complete.
82	Measures are put in place to ensure incidents delineated at clinical handovers are entered in the RiskMan system and conduct spot audits on this every 6 months.	Complete.
83	A named person must take responsibility for collating the information derived from clinical incident reporting and review to identify learnings, develop education strategies where appropriate and disseminate feedback to all staff to ensure the loop is closed.	Complete.
84	All Root Cause Analysis/Human Error and Patient Safety analysis recommendations must be actioned and closed within 6 months of the receipt of the report.	Complete.
85	Review the findings from the Improving Safety Through Education and Training; Report by the Commission on Education and Training for Patient	Complete.

	Safety and audit the Mackay Hospital and Health Service practice against these recommendations where applicable to the Queensland context.	
86	All hospitals within the Mackay Hospital and Health Service should develop a series of annually performed inter-professionally developed audits in conjunction with the Safety and Quality team focusing on key areas of practice such as adherence to published clinical guidelines for Continuous Intrapartum Fetal Surveillance, induction of labour, labour management, referral /escalation of care and review of critical incidents e.g. unexpected admission of a term baby to the Special Care Nursery, unexpected admission of a mother to the Intensive Care Unit, blood transfusion for post-partum haemorrhage.	Underway.
87	Mackay Base Hospital should carry out a six-monthly clinical audit about the indications, clinical documentation and outcomes of emergency caesarean-section and present it for discussion at the Safe Care Committee meeting.	Underway.
88	Commission an independent assessment of service profile needs to establish the correct nursing and midwifery staffing profile required to deliver safe sustainable nursing and midwifery services within Mackay Base Hospital using the following staffing ratios: allowing for 1:1 care during labour and birth, one midwife to 4 postnatal patients and 1 neonatally trained midwife to 2 cots in the Special Care Nursery, if those babies are on continuous positive airway pressure (CPAP), ventilated, or are otherwise unstable; or 1 midwife to 4 cots if the babies are stable.	Complete.
89	Recruitment and re-training policies are implemented or updated such that employed midwives can work across a complete midwifery scope of practice (antenatal, intrapartum, postnatal and the Special Care Nursery) when required.	Complete.
90	Explore utilising private obstetricians who work in Mackay as Visiting Medical Officers, to supplement the staff specialist Obstetrics and Gynaecology workforce shortage and to facilitate equitable rostering.	Complete.
91	Undertake an urgent recruitment process to fill gaps in consultant obstetrician staffing, identifying any barriers to recruitment and addressing those barriers.	Complete.
92	Develop and sustain a casual 'on call' pool of midwives who will be available to help in times of peak demand, identifying any barriers to recruitment and addressing those barriers.	Complete.
93	Introduce longer term measures to attract, recruit, retain and sustain the nursing and midwifery workforce.	Complete.
94	Develop an implementation plan to provide clinical supervision as per the Queensland Health supervision framework for nurses and midwives. Within 12 months ensure all nurses and midwives within the Women's Health Unit have access to reflective supervision on a regular basis.	Underway.
95	Co-locate Butterfly Room so it is not within birthing suite.	Underway.
96	Establish a private space for women who have experienced pregnancy loss to return for consultation and debriefing in relation to the loss.	Underway.
97	Undertake a clinical need/clinical risk/clinical benefit analysis with consumer input to determine the best place to provide continuing and post-operative care for women who have undergone gynaecological surgery comparing the Women's health Unit with the General Surgical Unit.	Underway.
98	Ensure future building plans place birthing services within an approximately 5-minute transfer window to operating theatre space.	Underway.
99	Ensure future building plans include consumer input in the design and location of women's health facilities.	Underway.
100	Maintain the stand-alone Birth Centre space within any future Hospital build.	Underway.
101	Allocate space to midwives working in Continuity of Care models where they can see women and manage their administrative duties associated with caseload care. If sufficient suitable space is not available within the hospital, it may be necessary to consider off site tenancy agreements.	Underway.

102	Implement empathy ongoing training for all staff within the Mackay Hospital and Health Service. Consider the use of women's experiences in this report to inform that education and training.	Underway.
103	Increase the Midwifery educator Full Time Equivalent to a fulltime position and provide a level 6 clinical facilitator to support midwifery students and junior midwives.	Complete.
104	Consultants in Obstetrics and Gynaecology at Mackay Base Hospital should attend an accredited operative vaginal birth workshop within 6 months of delivery of this report to the Mackay Hospital and Health Service and thereafter should occur for any new consultants.	Complete.
105	All staff providing Obstetric care should receive formal training via Royal and Australian and New Zealand College of Obstetricians and Gynaecologists Intrapartum Fetal Surveillance Education Program. This should occur bi-annually, with access to the On-Line program at least annually.	Complete.
106	Fortnightly interprofessional case discussion meetings should occur between medical and midwifery staff that should include: review of relevant cases identified at clinical handover especially those where Cardiotocography (CTG) interpretation was difficult.	Complete.
107	Consultant obstetricians and senior midwives should determine the cases for presentation at the fortnightly interprofessional case discussion meetings and a Registrar, Principal House Officer or midwife nominated to present the case, detailing learning points. Coordination should come under the purview of the level 7 nursing/midwifery educator position supported by the Clinical Nurse/ Midwife consultant and Staff Obstetrics and Gynaecology carrying the Education and Training portfolio.	Complete.
108	Staff attending external educational meetings and conferences, or State Clinical Guidelines meetings should present a summary of the key findings and learnings relevant to the Women's Health Unit at the fortnightly meetings within 2 months of attending.	Complete.
109	Convene and run an interprofessional obstetric emergency management course every 3-4 months, with all staff providing obstetric care with all staff attending at least 1 course in a two-year period.	Complete.
110	The interprofessional obstetric emergency management course must be run by an obstetrician and midwifery educator who should be present throughout the course.	Complete.
111	Develop a dashboard to monitor improvement in various clinical outcomes following interprofessional obstetric emergency management course education.	Complete.
112	The Mackay Hospital and Health Service should partner with a tertiary provider to build strong links to support midwifery education and research.	Underway.
113	The Mackay Hospital and Health Service should work towards restoring Royal Australia and New Zealand College of Obstetricians and Gynaecologists Training status as soon as possible and should ensure that at least three of the staff consultant Obstetricians are accredited Royal Australian and New Zealand College of Obstetricians and Gynaecologists Training Supervisors and, if not, they must undertake the training for this role this year.	Underway.
114	At least one of the Obstetrics and Gynaecology Consultants should be an accredited Royal Australian and New Zealand College of Obstetricians and Gynaecologists examiner and a nominated person should apply this year.	Complete.
115	The new Clinical Director of Obstetrics and Gynaecology should apply to Royal Australian and New Zealand College of Obstetricians and Gynaecologists for re- accreditation for training within 6 months of the receipt of this report with a view to having trainees on site during the 2024 training year.	Complete.
116	The new Clinical Director of Obstetrics and Gynaecology should aim to appoint a Senior Registrar in Obstetrics and Gynaecology for the 2024 training year.	Complete.

117	Accreditation should be sought from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for 2 Integrated Training Program Registrars at level 3 or 4 when the above recommendations are met. Consideration should be given to having a senior registrar appointed.	Complete.
118	No first year Registrars should be appointed at Mackay for at least the next 3 years.	Underway.
119	Accreditation should be sought from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists for 2 Principal House Officers per year to undergo the Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Advanced training.	Complete.
120	Clinical teaching should be provided during each handover with a management plan clearly documented for each patient, with reference to evidence based practice Guidelines.	Complete.
121	Establish a Microsoft Teams site for Women's Health Care Education within 6 months of receipt of this report.	Complete.
122	Gynaecology and Perinatal Morbidity and Mortality meetings are to be run quarterly as per the guidelines provided.	Complete.