

# **National Credentialling Committee Pelvic Floor Reconstructive Medicine and Uro-gynaecological, Mesh Revision and Removal Procedures National Credentialling Committee**

## **Introduction**

One key recommendation from '*Ngā korero a ngā mōrehu – he urupare*', *Hearing and Responding to the Stories of Survivors of Surgical Mesh* was the need for enhanced quality assurance processes to ensure appropriate skills and training of clinicians and services undertaking pelvic floor reconstructive surgery and urogynaecological procedures, including the implantation and removal of surgical mesh. The credentialling of surgeons was identified as a key response to addressing surgical mesh harm.

A credentialling framework was developed during 2020/21 upon which to assess the skills and expertise of surgeons undertaking pelvic floor reconstructive and uro-gynaecological procedures including the implantation of mesh, and the revision and removal of mesh. The prime focus of credentialling is patient safety.

Credentialling must respond to the specific needs of Māori and acknowledge the Government's responsibility under Te Tiriti o Waitangi to work in partnership to improve health outcomes for Māori. Cultural safety is identified as a specific tenet of the framework.

## **Purpose of the National Committee**

The National Committee has been convened by the Ministry of Health to provide the oversight and monitoring of credentialling for pelvic floor reconstructive surgery and uro-gynaecological procedures, mesh revision and removal.

In doing so the Committee will have a person-centred approach and be guided by the Treaty of Waitangi, with a focus on delivering equitable health outcomes, aligning with the 2020-2025 long term strategic direction of Pae Ora Healthy Futures.

Credentialling for other mesh procedures, including hernia, is out of scope for this committee and will be considered separately by the Ministry of Health.

## **Key functions and tasks**

The Committee will have these tasks. They will:

- a) Have central oversight of the whole credentialling process
- b) Develop relevant guidelines and tools to be used during the credentialling process
- c) Define the medium to longer term datasets
- d) Work with RACS/USANZ, RANZCOG, relevant international Colleges/Societies and consumers to maintain a panel of experts and appoint these to local credentialling panels (see below)

- e) Ensure all services/facilities are accredited within which pelvic floor and uro-gynaecological procedures, mesh revision and removal are provided
- f) Undertake the initial credentialling of all practitioners undertaking pelvic floor reconstructive and uro-gynaecological procedures, mesh revision and removal
- g) Undertake the ongoing credentialling of practitioners who undertake the revision and removal of mesh
- h) Review national outcome data and respond appropriately
- i) Review and ratify service/facility accreditation and credentialling reports
- j) Maintain a list of accredited services/facilities and credentialed surgeons.

### **Role of Appointed External Experts**

Clinical and consumer experts will form part of this Committee and will be appointed to local and regional credentialling panels.

International clinical experts will form part of the Credentialling Committee and will participate in the credentialling process specifically for the initial credentialling of practitioners removing surgical mesh. These experts will be selected on the basis of their credentialed status within their own jurisdictions.

Once Aotearoa New Zealand has its own credentialed practitioners, it is expected that some of them will form a group of local external experts.

External experts will provide independent advice to the local credentialling panels once the process has been devolved, and as required, the national credentialling committee. This independence, in tandem with sector wide knowledge will facilitate benchmarking, quality assurance and sharing of quality improvement opportunities. The external experts will also undertake an assessment of the credentialling process and ensure the standards outlined in the national framework are met.

### **Membership**

Clinical experts from other jurisdictions outside of Aotearoa New Zealand will form part of the Credentialling Committee.

Other members of the national committee have been nominated by stakeholder organisations and groups. Collectively the membership will have the following expertise and attributes:

- Clinical expertise in the management of pelvic floor reconstructive medicine and uro-gynaecological procedures, mesh revision and removal
- Knowledge of the credentialling process for senior medical officers within Aotearoa New Zealand public health system and Private Surgical Hospitals
- Consumer perspective
- Knowledge of and expertise in the obligations of the Crown under the Treaty of Waitangi and improving equity in access to services and outcomes.

**Members include:**

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists: x 2
- Royal Australasian College of Surgeons/Urological Society of Australia and New Zealand: x 2
- New Zealand Orthopaedic Association: x 1
- International Experts: x 2-3
  - Gynaecologist/Uro-gynaecologist
  - Urologist
- Continence New Zealand: x 2
  - Clinical Nurse Specialist, Continence
  - Gynaecologist
- New Zealand Urological Nurses Society: x 1
  - Clinical Nurse Specialist, Urology
- Physiotherapy New Zealand: x 1
  - Pelvic Health Physiotherapist
- New Zealand Private Surgical Hospitals Association: x 1
  - Chief Medical Officer/Clinical Director, Private Surgical Hospital
- Māori representative(s) x 1-2
- Consumer representatives: x 3
- Te Whatu Ora District Chief Medical Officer: x 1
- Ministry of Health
  - Chief Medical Officer (ex-officio)
  - Secretariat

The Chair may come from the Committee or be independently appointed.

**Meetings**

This Committee will meet as often as required to progress and achieve the tasks listed above. The Committee will agree how often it needs to meet to do this. Meetings will be face to face in Wellington or via Zoom or teleconference.

The quorum for meetings to proceed is 50 percent of members and must include at least one consumer representative.

## **Managing interest**

Members must perform their functions in good faith, honestly and impartially and avoid situations that might compromise their integrity or otherwise lead to a conflict of interest.

From time to time, a Committee member may find themselves in a position where they may have competing duties, responsibilities or interests to their membership of this group. In this situation members should document their conflicts of interests and identify any conflict of interest prior to a discussion of a particular issue. The Committee can ask a member to withdraw or limit participation in the event that the member has a conflict of interest.

## **Reporting**

The Committee will provide advice and recommendations to the Ministry of Health as required.

The Committee will provide advice and recommendations to the Credentialling Panels as required.

The Committee will agree on any key messages as required regarding their role and functions which will be provided to the Ministry of Health.

The Committee will maintain a registry of credentialed surgeons and accredited facilities.

## **Confidentiality**

Members will keep details regarding any individual clinicians, consumers and organisations confidential.

Key messages will be provided as required regarding the Committee's role and functions. Messages are able to be shared by members with their constituencies, unless advised by the Chair or the Ministry of Health. A rationale will be provided if any information is kept confidential.

## **Relationship between the Ministry and the Committee**

### **Secretariat**

The Ministry of Health will provide the secretariat and administrative support for the Committee.

This will include the preparation of reports to, and on behalf of, the Committee.

### **Payment and expenses**

Non-public sector employees will be remunerated consistent with the *CO (19) 1: Fees Framework for members appointed to bodies in which the Crown has an interest*.

Actual and reasonable expenses such as travel and accommodation will be booked directly by the Ministry of Health through the secretariat. The Ministry will not reimburse travel and accommodation costs incurred directly by Committee members. Expenses for international experts will be met by the Ministry

***In Confidence***

***National Credentialling Committee  
Terms of Reference***



Expenses related to experts appointed to the credentialling panels will be met by the organisation undertaking the credentialling of their employees/service.

**Media protocols**

The Committee members are not agents of the Ministry of Health and cannot speak on behalf of the Committee. This doesn't restrict members from making statements relating to their own expertise in an individual capacity.

If a member receives a media request or enquiry about the Committee's work, they should decline to comment and refer the issue immediately to the Chair of the Committee/Ministry of Health Chief Medical Officer who will manage the request according to agreed Ministry protocols.

**Endorsed by the Committee**

**19<sup>th</sup> July 2022**