



## **Guidelines for performing fertility related procedures**

### ***Consensus statement of the Australian and New Zealand Society of Reproductive Endocrinology and Infertility (ANZSREI).***

Infertility is generally defined as the inability to conceive following 12 months of unprotected intercourse. A complex interplay of aetiologies and the psychosocial and psychosexual impact experienced by those involved makes investigation and effective management challenging. Individuals or couples experiencing fertility problems should thus be managed by specialised teams to maximise treatment satisfaction, effectiveness and efficiency of treatment. Any medical treatment should be predicated on the best information, based on appropriate investigations and a measured discussion with the patient and / or couple of the available treatment options.

Access to high quality health outcomes for women of Australia and New Zealand predicate that fertility services are delivered not only by subspecialists, but a range of medical practitioners that require the clinical expertise, academic abilities and professional qualities necessary to provide these services with confidence, particularly in locations without a tertiary hospital or where specialist assistance is remote. As such, the Certificate of Women's Health, Diploma of the RANZCOG (DRANZCOG) and the DRANZCOG Advanced are offered by RANZCOG for medical practitioners practicing in all areas of Australia to equip them for practice to enable the delivery of high quality health outcomes for women. Only Fellows of the RANZCOG are specifically certified and trained in the assessment and basic management of patients with infertility, the suitability of pregnancy and the welfare of the unborn child. Subspecialists holding the RANZCOG Certification in Reproductive Endocrinology and Infertility (CREI) are certified and trained to provide care of more complex infertility cases, including expertise in male infertility and genetics

Any fertility management plan should be formulated on the basis of addressing relevant lifestyle factors, correct any primary pathology and offering specific treatment based on minimising patient risk and maximising the outcome for the patient and child, taking into consideration the cost effectiveness of any intervention. Individuals and couples accessing fertility services must have the opportunity to make informed decisions regarding their care and treatment via access to evidence-based information. These choices should be recognised as an integral part of the decision-making process.

While IVF remains an appropriate choice for many forms of infertility, IVF is neither the safest, the most cost effective nor the most appropriate choice of treatment for all forms of infertility. IVF should be seen as a last resort for couples with problems of anovulation, unexplained infertility or mild male factor infertility, while it may be the only appropriate treatment for couples with other causes of their problem. Couples with problems of anovulation, unexplained infertility or mild male factor infertility should be told that less costly, invasive and stressful treatments for their problems exist and may be a better option as first line treatment. Any discussion that leads to selection of a treatment should be undertaken with a Fellow of RANZCOG.

As for any treatment, practitioners should not perform unsupervised fertility assessment or management until they have reached the appropriate scope of clinical practice. Credentialing of practitioners should be undertaken by appropriate hospital or regional credentialing committees, with reference to the guidelines in this document. However, credentialing bodies need to understand that some fertility related competencies do not fall within the framework described in this document.

Most importantly, credentialing in fertility assessment and management must always proceed on an individual basis, and as such, may proceed outside of this framework, based on individual proof of training, skills and currency.

## **ANZSREI Levels of Scope of Clinical Practice**

ANZSREI have classified procedures that require similar scope of practice.

### **Level 1 Scope of Clinical Practice**

Description

Level 1 procedures include endoscopic procedures.

Training

Level 1 competency should be achieved by the completion of Year 4 of core RANZCOG training or obtaining the Certificate of Women's Health.

*The maintenance of Level 1 competency requires evidence of ongoing educational activities as per RANZCOG CPD requirements.*

Inclusions

Level 1 competency includes, but is not limited to, the clinical assessment of infertility, arrangement of appropriate investigations.

### **Level 2 Scope of Clinical Practice**

Description

Level 2 procedures encompass simple fertility management.

Training

Level 2 competency should be achieved by the completion of RANZCOG training.

*The maintenance of Level 2 competency requires evidence of ongoing educational activities as per RANZCOG CPD requirements.*

Inclusions

Level 2 procedures include, but are not limited to simple interventions for the management of infertility, including ovulation induction with oral agents, such as aromatase inhibitors.

### **Level 3 Scope of Clinical Practice**

#### Description

Level 3 procedures encompass advanced fertility management,

#### Training

Level 3 clinical practice may be achieved by the completion of a RANZCOG Advanced Training Module and formal course work, or the RANZCOG DRANZCOG and formal coursework. For each of the listed procedures, practitioners must have achieved appropriate competence in each domain based on the successful completion of an assessment of procedural skills.

*The maintenance of Level 3 surgical competency requires a minimum of 50 oocyte retrievals and 50 embryo transfers be performed annually.*

#### Inclusions

Level 3 clinical practice includes, but is not limited to ovulation induction with gonadotrophins, performance of specific procedures, including intrauterine insemination, oocyte retrievals and embryo transfers.

### **Level 4 Scope of Clinical Practice**

#### Description

Level 4 procedures encompass advanced fertility management that focus on the initiation and supervision of assisted reproductive procedures.

#### Training

Level 4 clinical practice may be achieved by the completion of RANZCOG and formal course work.

*The maintenance of Level 4 competency requires a minimum of managing 50 ovarian hyperstimulation (IVF) cycles annually unsupervised. In addition, a minimum of 75 RANZCOG CPD points in the area of REI over a 3 year accreditation cycle is required.*

#### Inclusions

Level 4 clinical practice includes, but is not limited to supervision of ovarian hyperstimulation.

### **Level 5 Scope of Clinical Practice**

#### Description

Level 5 procedures encompass the highest level of complexity.

#### Training

Level 5 competency may be achieved by the completion of the RANZCOG Subspecialist Training Program or another accredited advanced training program of no less than three years with equivalence.

#### Inclusions

Level 5 competency includes the management of fertility preservation in the setting of malignancy, management of assisted reproduction associated with complex medical conditions including andrology and genetics, management of recurrent IVF or implantation failure.

*The maintenance of Level 5 competency requires evidence of ongoing educational activities as per RANZCOG CPD Subspecialty (CREI) requirements.*