



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

# RANZCOG Pacific Associate Membership Program

Evaluation Report, February 2016



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## Glossary of abbreviations

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<b>ACPDS</b>	Australian Agency for International Development (AusAID) Community and Professional Development Scheme
<b>ANZJOG</b>	Australian and New Zealand Journal of Obstetrics & Gynaecology
<b>CPD</b>	Continuing Professional Development
<b>FIGO</b>	International Federation of Gynecology and Obstetrics
<b>FGD</b>	Focus Group Discussion
<b>GHU</b>	Global Health Unit
<b>O and G</b>	Obstetrics and Gynaecology
<b>PSRH</b>	Pacific Society for Reproductive Health
<b>PICs</b>	Pacific Island Countries
<b>RANZCOG</b>	Royal Australian and New Zealand College of Obstetricians and Gynaecologists

# Executive summary

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## Evaluation of the RANZCOG Pacific Associate Membership Program

Since 2007, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) has offered Associate Membership to medical practitioners who are registered by Pacific Island Countries as a specialist in obstetrics and gynaecology. The Associate Membership is contingent on registration as a specialist, satisfactory participation in the RANZCOG Continuing Professional Development (CPD) Program for Pacific O and G specialists, and residence in a Pacific Island Country (PIC). The aim of the program is to support Pacific specialists who often work in professional isolation. This is the first review of the program.

In 2015, the Pacific CPD Program for Pacific O and G Specialists Advisory Committee proposed that an evaluation of the Pacific Associate Membership Program be undertaken. The objectives of the evaluation were broad, aiming to look at a range of levels within the delivery and impact of the Program.

The key findings of the evaluation were largely positive. The program improved knowledge, skills, and supportive networks and reduced feelings of isolation of program participants. CPD activities such as reading, accessing educational resources; teaching staff; learning through teaching; audit meetings and guideline development were perceived by the participants to have improved their patient care to varying degrees.

Barriers to applying for Associate Membership have been addressed in recent times, including removal of the previous annual subscription fee for Associate Members as from 30 June 2015, and changes to the application form requirements for Associate Membership. These, and other matters pertaining to the program, need to be regularly communicated to Pacific colleagues, across multiple pathways. In addition, it is suggested that RANZCOG have discussions with organisational stakeholders about ways to work together on the provision of CPD support for specialist obstetricians and gynaecologists in the PICs.

Analysis of the CPD program structure and participation revealed that a review of the requirements was timely and suggestions for improvements will be considered by the CPD Program for Pacific O and G Specialists Advisory Group.

Consideration of the findings of this evaluation, if progressed, will strengthen the support provided by RANZCOG to Associate Members and therefore contribute to capacity building of the O and G workforce in the PICs. In this regard, the opportunity for Associate Membership and engagement in the RANZCOG CPD program is much appreciated by colleagues responsible for the provision of women's health services in the Pacific. It is noted that the sustainability of the program is reliant on RANZCOG maintaining a commitment to the Pacific as part of its long-term strategic planning and suggestions for strengthening the sustainability of the program are included in the findings.

# Introduction

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## Background

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) Pacific Associate Membership and continuing professional development (CPD) program is a pathway of providing support to specialist obstetricians and gynaecologists in the Pacific Island Countries (PICs).

The Pacific CPD Program for Pacific O and G Specialists was initially supported by the International Federation of Gynaecology and Obstetrics (FIGO) following a submission by RANZCOG and the Pacific Society for Reproductive Health (PSRH). In response to the RANZCOG/PSRH proposal, FIGO provided a seeding grant in 2002 to develop a proposal for a CPD Program for specialist obstetricians and gynaecologists practicing in the Pacific. From this grant a committee comprising representatives of RANZCOG and PSRH developed a proposal to the Australian Agency for International Development (AusAID) Community and Professional Development Scheme (ACPDS) in late 2002, for a three-year Pilot CPD Program for O and G specialists in the Pacific. Funding was awarded to RANZCOG by ACPDS to support the proposed three-year Pilot CPD program. In early 2003 the RANZCOG/PSRH CPD Program for Pacific O and G specialists was launched and offered to all eligible O and G specialist in the Pacific. Funding was provided through ACPDS on an annual basis from 2003-2005.

The program was managed by the CPD Program for Pacific O and G Specialists Management Committee comprising representatives of RANZCOG and PSRH, Dr Alec Ekeroma (Chairman), Prof Glen Mola, Dr Wame Baravilala, Dr Miriam O'Connor, Ms Valerie Jenkins and Ms Carmel Walker. The committee was joined by Prof Rajat Gyaneshwar in 2009.

At the completion of the pilot program, it was reported that an invitation to join the program had been issued to 50 Pacific O&G specialists. Thirty-five Pacific O&G specialists were actively participating in the program, 3 had officially left the program and 12 were inactive in the program. (AusAID Community and Professional Development Scheme Project Final Report 2006). With a participation rate of 74 percent of Pacific O and G Specialists, the results of the pilot program recommended continuation of the CPD Program for Pacific O and G Specialists and suggested formalisation of the relationship between Pacific obstetricians and gynaecologists and RANZCOG through Associate Membership.

Following review of the pilot program results, the RANZCOG Council approved amendments to the RANZCOG Constitution in 2007, to allow for Pacific obstetricians and gynaecologists to become Associate Members of RANZCOG under the College's Associate Member category of membership. Since 2007, Pacific O and G specialists have been admitted by Council as Associate Members as shown in Table 1.

*Table 1. Number of Pacific O and G Specialists admitted as Associate Members of RANZCOG 2007-2015*

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Number of Pacific O and G Specialists admitted as Associate Members RANZCOG	25	1	2	4	3	1	-	2	7

As a result of resignations or removals from Associate Membership due to a variety of factors/situations, the number of Associate Members as at August 2015 was 31.

In 2015, with Associate Membership having been available to Pacific obstetricians and gynaecologists for eight years and the Pacific CPD program having been available for eleven years, it was felt timely to evaluate the Pacific Associate Membership Program and CPD Program for Pacific O and G Specialists.

An evaluation team (hereafter referred to as ‘the team’) from within the CPD Program for Pacific O and G Specialists Advisory Committee was formed, comprising the Chairman, Dr Alec Ekeroma, and Global Health Unit (GHU) staff, Carmel Walker and Georgia James. Other members of the CPD Program for Pacific O and G Specialists Advisory Committee, and the Manager, Workforce and Evaluation Unit, Ms Effie Margiolis, were consulted during the evaluation process.

The agreed objectives for the evaluation were to:

- Provide clear information on whether the program is being implemented and utilised as intended by the stakeholders.
- Ascertain the value and perceived impact of the program on the target population.
- Identify measurable and intangible benefits of the program.
- Identify areas of improvement for the program, and ways to better engage with relevant stakeholders.

The following procedures and processes relating to Associate Membership and the CPD Program for Pacific O&G Specialists are provided as background information.

1. Associate Membership for Pacific is initiated by RANZCOG making information on Associate Membership available to new Master of Medicine (O and G) candidates at the University of Papua New Guinea and the Fiji National University. This information is also promoted by Associate Member representatives on the RANZCOG CPD Program for Pacific O and G Specialists Advisory Committee.

To apply for Associate Membership, a Pacific obstetrician and gynaecologist completes the Application Form, including agreement to the professional conduct requirements of the College, attaches supporting documentation as detailed on the form, nominates two referees who are medical practitioners and submits the application to the GHU with an application fee of AUD20.00. Each application is checked by the GHU staff to ensure it meets the requirements and references are obtained. Applications are reviewed and approved by the CPD Program for Pacific O and G Specialists Advisory Committee. Applications are

ratified by the Global Health Committee and recommended to the Board and, subsequently, Council for the award of Associate Membership.

2. The requirement for maintenance of Associate Membership is satisfactory completion of the requirements of the RANZCOG CPD Program for Pacific O and G specialists. This requirement is completion and submission of 150 CPD points over a three year triennium.

The CPD activities must be claimed across four categories of CPD activity as follows:

- Educator Activities (activities such as mentoring, presentations, publications, teaching, training supervision);
- Continuing Medical Education Meetings (Obstetrics and Gynaecology meetings, training workshops and other meetings);
- Practice Review (activities such as practice review projects, developing and reviewing guidelines, audit meetings, practice review visits and practice review CDs);
- Reading/Self Education (activities such as undertaking educational CDs, research, further education, reading journals, on-line education).

The structure of the above four categories of CPD activity was taken from an early iteration of the RANZCOG CPD program for Fellows.

There is no minimum or maximum number of points for any category of activity; the only requirement is that there must be a minimum of one point (one hour) claimed in each of the four categories. Evidence of activity is supplied through either a certificate (where possible), or the signature of a supervisor for that activity. For self-education activities, the signature of the doctor themselves is accepted.

From 2007 to 2015, there were a total of 38 CPD points submissions.

The most common CPD activities for which CPD points were claimed were:

- Reading (35 of 38 submissions)
- O&G Meetings (32 of 38 submissions)
- Teaching (31 of 38 submissions)
- Attending audit meeting (29 of 38 submissions)
- Attending training workshops or giving presentations (25 of 38 submissions each)

3. At the time of introduction of Associate Membership for Pacific obstetricians and gynaecologists, the requirements for Associate Membership included payment of an annual subscription fee. However, following a review of the Associate Membership subscription fee in 2015, a decision was made by the Board to cease this fee from 2 July 2015.
4. Associate Membership provides:
  - Access to RANZCOG CPD Program and support from RANZCOG staff
  - Access to online learning resources
  - Bi-monthly copies of *The Australian and New Zealand Journal of Obstetrics & Gynaecology* (ANZJOG)

- Quarterly copies of the *O&G* magazine
  - Opportunities for scholarships to attend training workshops and conferences
5. Since 2014, the Pacific Associate Members have had representation on the RANZCOG CPD Program for Pacific O and G Specialists Advisory Committee, and observer status on the Global Health Committee.

# The evaluation

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## Participants

Overall, 13 Associate Members, 13 Pacific obstetricians and gynaecologists not participating in the Associate Membership Program and five organisational stakeholders participated in the evaluation through surveys. Of the Associate Members, eight participated in the focus group discussion (FDG).

The 13 Associate Members were made up of seven males and six females; within the FDG, there were four males and four females. The 13 non-participating specialists were made up of seven males and six females.

Associate Members were approached at either the 2015 Pacific Society of Reproductive Health Biennial Conference, or the 2015 Papua New Guinea Obstetrics and Gynaecology Society Annual Meeting, and/or by email.

Non-Associate Member Pacific obstetricians and gynaecologists were defined as those specialists who were working and identified themselves as recognised obstetricians and gynaecologists in their country and therefore eligible to join the program, but who had not joined the program. A sample of Non-Associate Member obstetricians and gynaecologists were approached at either the 2015 Pacific Society of Reproductive Health Biennial Conference, or the 2015 Papua New Guinea Obstetrics and Gynaecology Society Annual Meeting.

A total of 14 organisational stakeholders were identified, made up of the Pacific Ministries or Departments of Health with Specialist Obstetrics and Gynaecology services available, the Pacific Society for Reproductive Health (PSRH), the Papua New Guinea Obstetrics and Gynaecology Society and the Fiji Obstetrics and Gynaecology Society.

The CPD claim data analysed related to 20 Associate Members, with a total number of 38 CPD points submissions used.

## Methods

The team developed a program logic model for the Associate Membership Program, as part of the preparatory work for the evaluation (Appendix 1).

The evidence was reviewed that continuing professional development and access to colleagues is an important tool in not only improving the skills and knowledge of practitioners, but also in reducing feelings of isolation (Curran, Rourke & Snow, 2010). In turn, this will improve retention of specialists in the Pacific Islands (Curran, Rourke & Snow, 2010; Bagayoko et al, 2013). By creating a 'carrot-and-stick' program, whereby participants are required to meet minimum CPD requirements in order to continue to access the Associate Member benefits, there is an opportunity for gaining longer-term outcomes. It was noted that the CPD program is based on the principle of self-directed learning, which underpins adult-learning techniques (Hiramanek, 2005).

The team agreed on a series of objectives and questions, developed within the RE-AIM framework (Glasgow, Vogt & Boles, 1999). The key evaluation questions were:

### Reach

- What percentage of obstetricians and gynaecologists in the region are engaged in any CPD program?
- What percentage of obstetricians and gynaecologists in the region are engaged in the RANZCOG Associate Membership program?

### Effectiveness

- To what extent and how has the program:
  - Improved specialist networks and reduced feelings of isolation?
  - Changed the service provided to patients?
  - Increased the knowledge of Associate Members?
- To what extent is the program valuable to Associate Members?

### Adoption

- To what extent have local Obstetrics and Gynaecology Societies adopted the RANZCOG CPD program?
- Has the program been disseminated to specialists and stakeholders in a form that is understandable?
- To what extent was the annual subscription fee for Associate Membership a barrier to adoption?
- To what extent is the CPD requirement for Associate Membership a barrier to adoption?

### Implementation

- To what extent are RANZCOG Associate Members completing the CPD program as intended?
- To what extent and how:
  - Do Associate Members feel supported by RANZCOG staff?
  - Do resources and support activities (e.g. journals, workshops, and scholarships) support Associate Members?

### Monitoring

- To what extent is the Associate Membership program and CPD program sustainable?

It was agreed that the evaluation would address the above questions using qualitative and quantitative data, as well as routinely collected and new data.

The team recognised that the evaluation had a relatively small sample size, due to the defined nature of those who are eligible for the program. As such, the team invested a greater focus on a qualitative understanding of the experience and impact for users of the program.

It was decided that free text responses would not be made available. This decision reflects the agreed anonymity and confidentiality of participants' responses, and the potential for identification and, therefore, breach of the confidentiality agreement.

## Tools

Three surveys and a set of FGD guiding questions were developed. The surveys were for Associate Members (Appendix 2); Non-Associate Member Pacific Obstetricians and Gynaecologists (Appendix 3); and organisational stakeholders (Appendix 4). Survey questions included a mix of yes, no or not sure questions and open-ended questions. The FGD questions are available in Appendix 5.

## Face-to-face and email communications

Individual participant surveys were distributed face-to-face or by email.

The face-to-face surveys were distributed at either the 2015 Pacific Society of Reproductive Health Biennial Conference held in July 2015, or the 2015 Papua New Guinea Obstetrics and Gynaecology Society Annual Meeting held in September 2015.

Any participants who had not been reached at this time were sent the survey by email invitation in September 2015. If no response was received, a reminder email invitation was forwarded in October 2015.

Organisational stakeholders were sent the survey once, either by email or fax in December 2015.

The focus group discussion was held during the 2015 Pacific Society for Reproductive Health Biennial Conference, and was led by Dr Christine Tippett FRANZCOG. Global Health Unit (GHU) staff was present but had limited involvement in the discussion. The FGD was recorded and transcribed by the GHU staff.

## Focus Group Discussion

As part of efforts to ensure data triangulation and to utilise research methods appropriate to Pacific island culture, a Focus Group Discussion (FGD) was undertaken. A total of eight Associate Members, from a variety of Pacific Island Countries (PICs), were included in the FGD. A purposeful sample of the Associate Members was taken to ensure appropriate representation from both large and small islands. There were six guiding questions for the FGD facilitator, Dr Christine Tippett, and these were generally followed.

The topics of the guiding questions were:

- Whether participation in the Program had increased knowledge or skills in O and G
- The application of knowledge or skills gained from participation in the Program
- Regularity of CPD activities
- Barriers to undertaking CPD activities, for themselves and others
- Views on the role of CPD

## Analysis

GHU staff conducted descriptive analyses of survey responses and CPD claims data, and qualitative analysis with themes identified using a grounded theory approach.

## Ethical Considerations

Informed consent was sought from all participants in the evaluation. The survey materials and focus group discussion questions, as well as the overall design of the evaluation, were developed in line with the principles of ethical research, as outlined in the Belmont Report (1978). The principles of

engaging with Pacific Islanders, as outlined in the Pacific Health Research Guidelines (Health Research Council of New Zealand [HRCNZ], 2014) were also given consideration throughout the evaluation process.

Ethical approval was granted by the Fiji Human Research Ethics Committee.

# Results

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## Associate Members

There was a total of 31 Pacific Associate Members as at August 2015 when the surveys were conducted. All these Associate Members were approached to complete a survey, and there were 13 participants.

The results were as follows.

### Perceptions about the purpose of a CPD program

Participants were surveyed about their perception on the purpose of a CPD program and the responses were analysed for common themes. These themes, and the number of times they appeared across all answers to the question, are set out below (Table 2).

The majority of participants cited the maintenance of skills as the purpose of a CPD program, as well as a connection to colleagues and the medical community. This second aspect includes the perception of keeping up-to-date with what is occurring in obstetrics and gynaecology throughout the world, and in most instances co-occurred with the theme of maintenance of skills (six of eight citations).

*Table 2. Participants' perceptions of purpose of CPD program*

Information source/delivery method	Number of responses
Status and recognition	1
Association with RANZCOG	1
Reduced isolation	2
Access to resources	2
Connection to colleagues and medical community	8
Improved quality of care	5
Maintenance of skills	11
Motivation	1
Structured learning	1
Networking	4
Motivates change to policy or protocol	1

### Perceptions about an increase in professional networks

Of the 13 participants, 12 indicated that their professional network had grown as a result of being involved in the Program.

### Interactions with professional networks

Participants were asked to give examples of interactions they had had with professional networks as a result of their Associate membership. Examples given are set out in Table 3.

*Table 3. Participants' interactions with professional network*

Information source/delivery method	Number of responses
Accessing resources	3
Connection to colleagues and medical community	1
Audits and practice improvement	2
Support from international colleagues	8
Opportunities for learning, including workshops	5
Knowledge sharing	2

### Changes in practice as a result of undertaking particular CPD activities as part of participation in the CPD Program

Of the 13 participants, 10 indicated that they had changed their practice as a result of activities undertaken as part of being in the Program. Two participants indicated that they had not changed their practice as a result of activities undertaken as part of participation in the CPD program, and one participant was undecided.

The participants who felt that there had been a change in their practice as a result of undertaking CPD activities, attributed their change in practice to the following activities (Table 4).

*Table 4. Participants' CPD activities that resulted in a change in practice*

Information source/delivery method	Number of responses
Reading journals	3
Teaching	3
Research	1
Surgical skills teaching and learning	2
Unit audit meetings	2
Emergency obstetric drills performed on a regular basis	1
Improved ultrasound skills	1
Guideline development	2

### Attendance at workshops run or supported by RANZCOG

Nine of the participants had attended a training workshop run or supported by RANZCOG. Three participants had not attended a training workshop run or supported by RANZCOG, and one participant was unsure.

Participants who had indicated that they had attended a training workshop run or supported by RANZCOG, were asked to provide information on whether the skills learnt in the RANZCOG training workshop had been applied to practice. There were six responses to this question, with five of the six responses including information that the workshop knowledge had been shared with colleagues (e.g. with trainees or midwives). Four of the responses referenced an improvement to a particular skill. One response indicated that attendance at a workshop had motivated a change in practice from the respondent's normal practice. The Anatomy of Complications Workshop, offered through a CPD Program scholarship, was cited as a workshop that had been attended.

### Information provided about the CPD Program overall

Overall, participants were positive in their description of the information provided to them about the program. 12 of the 13 survey participants reported that there were no areas about participation in the program that were unclear to them. The remaining participant indicated that they were unclear about use of CD-ROMs and an online program.

Participants were asked to indicate the ways in which they had received or accessed information about the Program. Information had been accessed across the range of sources, indicating that all communication channels are effective (Table 5).

*Table 5. Participants' methods of accessing information regarding the Program*

Information source/delivery method	Number of responses
RANZCOG Website	11
Letter by post from RANZCOG	9
Email communication from RANZCOG	12
Fax communication from RANZCOG	1
Face-to-face contact with RANZCOG representative	11
Local colleagues	6
At a meeting, e.g. PSRH meeting, RANZCOG ASM, local O&G Society meeting	11

### Types of CPD activities undertaken most often

A range of types of CPD activities were undertaken as shown in Table 6. When participants were asked why they undertook these types of activities the theme of the responses was that these regular activities were able to be undertaken independently, or as part of their everyday work.

Table 6. Types of CPD activities undertaken by participants

Type/theme	Number of responses
Easily accessed resources	6
Connecting with international colleagues or practices	2
Quality of care improvements	7
Maintenance of skills	1
Knowledge sharing (e.g. teaching)	9
Changes to policy or protocol	1

### Satisfaction with resources and support provided by RANZCOG

Most of the participants, 10 of 13, rated their satisfaction with the CPD Program overall as High to Very High, and 11 of the 13 participants rated their satisfaction with the support provided by RANZCOG staff as High to Very High.

Suggestions for improvement to the Program or support from GHU staff included sharing of opportunities between countries, providing annual reminders for CPD submission, provision of in-country CPD activities and training.

Eleven of the 13 participants rated the usefulness of the College O&G magazine as 'Extremely Useful' and one participant rated the College O&G magazine as 'Useful'.

Ten of the 13 participants rated the usefulness of the ANZJOG journal as "Extremely Useful", with two ratings of 'Useful'.

The participants indicated that there was a high level of information gained from the resources and the connection to the wider obstetrics and gynaecology community through receiving the resources.

### Key themes from the Focus Group Discussion

A set of common themes across the FGD was revealed. These themes are listed in Table 7, along with a description. Further comments from the FGD are included as Appendix 6.

Table 7. Key themes through the Focus Group Discussion

Theme	Description
Status and recognition	Status, recognition and respect from colleagues and supervisors as a result of Associate Membership.
Association with RANZCOG	Being a part of a prestigious international College.
Reduced isolation	Reduced feeling of isolation as a result of receiving contact and support from international colleagues, and being a part of an international network.
Access to resources	Access to the College resources (e.g. ANZJOG, CLIMATE, policies and protocols)
Connection to colleagues and medical community	Link to international community and exposure to best practice
Improved quality of care	Improved quality of care for patients as a result of learning activities
Maintenance of skills	Maintenance of skills and knowledge at the highest level, with a focus on continual learning
Motivation	Motivation to improve personal practice from exposure to the most up-to-date practices
Structured learning	CPD program gives structure to everyday learning and allows for self-evaluation, review and reflection on professional development
Networking	Networking with colleagues across Australia, New Zealand and the Pacific, with the ability to seek support and connect with experts
Knowledge sharing	Sharing of knowledge with colleagues, including junior doctors, midwives and nurses
Changes to policy or protocol	Changes to policy or protocols if read or hear new information. Closely related to 'Improved quality of care'
Level of priority	Relative priority of applying for Associate Membership following graduation from Master of Medicine (O&G)
Lack of awareness of logistics	Unaware or uncertain of the process to become an Associate Membership
Logistical issues	Issues with access to the Internet, payment of fees or obtaining supporting documentation (e.g. evidence of specialist registration from the local medical board)
CPD as an everyday activity	CPD as an everyday activity in the workplace

*The things you do every day nobody notices. This (the CPD Program) is recognition for what you do every day, and being associated to RANZCOG, that's a big thing.*

*Associate Membership) gives you the feeling that you are not alone, that there's somebody you can tap into in the event that you're in trouble."*

*"To become an Associate member of a renowned College has that special feeling about it, you feel you are part of the bigger college of specialists in Australia and New Zealand"*

*"The O&G Magazine is one of my favourite journals because I get to know who's doing what in what country in the Pacific....I'm hardly exposed to the world so these journals that we get through the program help us and keep us motivated to do things for your country, audit meetings and things like that".*

*This (CPD Program) gives me structure for how I want to learn, and because I'm associated with academics, I have a framework for my everyday work and can actually say this counts towards professional development."*

*As a result of this program I think I need to be more mature, provide direction (to staff) and conduct workshops, it's very good and a great opportunity to update myself with what has happened in other countries.*

## Non-Associate Member Pacific Obstetricians and Gynaecologists

Pacific Obstetricians and gynaecologists who were not Associate Members were approached to complete a survey at either the Pacific Society of Reproductive Health meeting in July 2015 or the Papua New Guinea Obstetrics and Gynaecology Society meeting in September 2015. This resulted in 13 participants.

The responses to each of the four questions are shown below (Table 8).

*Table 8. Responses to questions by Program non-participants*

Question	Yes	No
Are you involved in a structured Continuing Professional Development (CPD) Program, for which you are required to record CPD activities?	3	10
Have you heard about the opportunity for Associate Membership of RANZCOG, which includes a CPD program for Pacific O&G specialists?	12	1
Are there any barriers which have prevented you from pursuing a Associate Membership with RANZCOG?	8	5
Would you be interested in finding out about Associate Membership of RANZCOG and the RANZCOG CPD Program for Pacific O&G specialists?	13	-

The program non-participants were asked if there were any barriers to pursuing Associate Membership, and a follow up question was asked to find out what those barriers were to pursuing Associate Membership. The barriers cited were grouped into three themes as follows (Table 9).

*Table 9. Program non-participants description of barriers to involvement*

Theme	Number of citations
Level of priority	1
Lack of awareness of logistics	2
Logistical issues	6

## Organisational Stakeholders

A survey was distributed to 14 organisations that are stakeholders in the Program, including the Pacific island Ministries or Departments of Health who have specialist obstetrical and gynaecological services available within their PICs, and partner organisations, the Pacific Society of Reproductive Health and local Obstetrics and Gynaecology societies.

Five stakeholders responded by the due date for the survey. Responses are set out below (Table 10).

*Table 10. Organisational stakeholders survey responses*

Question	Yes	No	Not sure
Does your organisation support (either formally or informally) compulsory Continuing Professional Development (CPD) for medical practitioners in your country?	100%	-	-
Is your organisation aware of the availability of RANZCOG Associate Membership to O&G specialists living and working in the Pacific?	100%	-	-
Is your organisation aware of the RANZCOG CPD Program for Pacific O&G Specialists?	100%	-	-
Is your organisation aware that it is a compulsory requirement for Associate Members of RANZCOG living and working in the Pacific, to undertake the RANZCOG CPD Program for Pacific O&G Specialists?	83%	-	17%
Does your organisation recognise (either formally or informally) RANZCOG as a provider of a CPD program for Specialist Obstetricians and Gynaecologists in your country?	100%	-	-
Do you think there is potential for RANZCOG and your organisation to work together on provision of CPD support for Specialist Obstetricians and Gynaecologists in your country?	83%	-	17%

Although the number of respondents was small given the timeline to respond, the high percentage of positive responses across all questions indicates there is an awareness of the Program throughout Pacific-based health organisations. The results also indicate support for the goals of the Program and the Program itself.

## Findings

1. The Evaluation of Associate Membership and the CPD Program for Pacific O and G Specialists was timely. The review has produced results and suggests actions which, if approved, can be enacted following further collaboration with Associate Members through the CPD Program for Pacific O and G Specialists Advisory Committee, the Global Health Committee and the Global Health Unit.
2. CPD claims data was analysed as part of the evaluation and this analysis supports review of the Pacific CPD Program for Pacific O and G Specialists requirements, as occurs from time to time with the RANZCOG CPD Program for Fellows. This review should include:
  - CPD points claim processes
  - CPD requirements in various categories of educational activity/domains.
3. Processes, queries and perceived barriers to Associate Membership for Pacific obstetricians and gynaecologists should be discussed with eligible Pacific obstetricians and gynaecologists, via a number of forums, including face-to-face communications at the annual meetings of the Papua New Guinea Obstetrics and Gynaecology Society and the Fiji Obstetrics and Gynaecology Society.
4. RANZCOG should continue to inform the Pacific licensing bodies about the program and that it may be used for their specialist registration requirements, where these systems are in place.
5. The sustainability of Associate Membership and the CPD program for Pacific O and G Specialists is reliant on RANZCOG continuing to have a strong focus on its Pacific neighbours as part of its long-term strategic plan and, currently, is wholly reliant on RANZCOG to provide administrative support to run the program and the resources and opportunities that are provided as part of Associate Membership.

To strengthen sustainability into the future, it is recommended that RANZCOG approach stakeholders who have an interest in the Pacific O and G workforce, to seek a financial contribution as a co-contributor to the program. In this regard, RANZCOG should engage in further consultation with stakeholders, with regard to ideas and pathways to work together on the provision of CPD support for specialist obstetricians and gynaecologists in their respective countries.

6. The opportunity for Associate Membership, a CPD Program and a collegial relationship with RANZCOG is highly valued by the Pacific O and G Specialists and the regional O and G Societies with whom RANZCOG interacts.

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# Appendix 1

## Program Logic Model

Inputs	Activities	Outputs	Outcomes	
			Short-Term	Long-Term
2 x staff members Funding for resources and training opportunities Pacific CPD Advisory Committee, including Associate Member rep Global Women's Health Committee, including Associate Member rep Funding support for Pacific Society for Reproductive Health (PSRH)	Provision of <i>O&amp;G</i> magazine and ANZJOG Scholarships for Pacific Obstetricians and gynaecologists Training workshops (RANZCOG/PSRH) CPD program support 2 x face-to-face meetings of the committees per year	Associate Members undertaking CPD activities Majority of Pacific Obstetricians and gynaecologists involved in program Regular communication between staff and program participants Strengthened relationships between RANZCOG and local O&G societies	Increased knowledge in Pacific Obstetricians and gynaecologists Increased feelings of support/reduced feelings of isolation Increased professional network for case discussion	Increased retention in Pacific Obstetricians and gynaecologists Improved clinical outcomes for Obstetrics and Gynaecology services Strong international network for all Pacific Obstetricians and gynaecologists Program replicated in other specialties
<b>Assumptions</b>				
1. That access to a CPD program and resources increases knowledge and feelings of support/reduces feelings of isolation. 2. That training opportunities are valuable to Pacific Obstetricians and gynaecologists. 3. That a meeting between RANZCOG, an Associate Member rep and representatives from local Obstetrics and Gynaecology societies/training institutions strengthens the relationship between stakeholders.				
<b>External Factors</b>				
Funding approval from DFAT/other aid agencies for training opportunities Number of graduates of Obstetrics and Gynaecology training programs in the Pacific Ongoing investment from RANZCOG				

## Appendix 2

### Survey for Associate Members

RANZCOG ASSOCIATE MEMBERSHIP AND RANZCOG PACIFIC CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM	
Participant Survey – Associate Members	
1.	What do you think the purpose of a Continuing Professional Development (CPD) program is?
2.	Do you feel your professional network has grown <u>as a result</u> of becoming a RANZCOG Associate Member?  Yes    No <i>Please circle your answer</i>
3.	Please provide examples of interactions you've had with your professional network <u>as a result</u> of your Associate Membership.
4.	The RANZCOG Pacific CPD Program requires you to undertake 150 hours of CPD activities which equates to 150 CPD points during a three year triennium. Thinking about CPD activities you've undertaken as part of participation in the RANZCOG Pacific CPD Program, do you feel you have changed your practice as a result of undertaking any particular CPD activities?  Yes    No <i>Please circle your answer</i>  If yes, please give examples of any particular CPD activity and the changes you made in your practice attributable to undertaking this activity.
5.	Have you ever attended a training workshop run by or supported by RANZCOG?  Yes    No <i>Please circle your answer</i>  If yes, were you able to apply what you learnt in the workshop to your practice and if so, how was this done?
6.	What are your views on the information provided about RANZCOG Associate Membership to Pacific O&G Specialists?
7.	What are your views on the content, description and instructions about how to participate in the RANZCOG Pacific CPD program as part of your Associate Membership?
8.	Are there any areas around the content, description and instructions about how to participate in the RANZCOG Pacific CPD program that are unclear to you?  Yes    No <i>Please circle your answer</i>  If Yes, please provide details of any areas where you are unclear about how to participate in the RANZCOG Pacific CPD Program

9. In what ways have you received or accessed information about Associate Membership and the RANZCOG Pacific CPD program?

*Please tick as many ways that you have received or accessed information*

- RANZCOG Website
- Letter by post from RANZCOG
- Email communication from RANZCOG
- Fax communication from RANZCOG
- Face-to-face contact with RANZCOG representative
- Local colleagues
- At a meeting, e.g. PSRH meeting, RANZCOG ASM, local O&G Society meeting

10. Thinking about your own professional development, what sort of professional development activities do you most often undertake?

11. Why do you think these are the activities you most often undertake?

12. In relation to RANZCOG resources:

12.1 How would you rate your satisfaction with the RANZCOG Pacific CPD Program overall

- Very low       Low       Medium       High       Very High

12.2 How would you rate the level of support provided by RANZCOG staff to you as an Associate Member undertaking the RANZCOG Pacific CPD Program

- Very low       Low       Medium       High       Very High

12.3 Please provide any further suggestions on ways in which RANZCOG staff can improve their support to Associate Members

12.4 How useful do you find the College O&G Magazine?

- Not at all useful       Somewhat useful       Useful       Extremely useful

Please provide details of why you feel this way.

12.5 How useful do you find the ANZJOG journal?

- Not at all useful       Somewhat useful       Useful       Extremely useful

Please provide details of why you feel this way.

## Appendix 3

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### Non-participating Pacific Obstetricians and Gynaecologists

RANZCOG PACIFIC ASSOCIATE MEMBERSHIP AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM	
Participant Survey – Specialist O&Gs living and working in the Pacific who are not RANZCOG Associate Members	
1. Are you involved in a structured Continuing Professional Development (CPD) Program, for which you are required to record CPD activities?	
a. Yes	
b. No, not at this time	
If yes, why have you chosen this program?	
2. Have you heard about the opportunity for Associate Membership of RANZCOG, which includes a CPD program for Pacific O&G specialists?	
a. Yes	(go to question 3)
b. No	(go to question 4)
3. Are there any barriers which have prevented you from pursuing a Associate Membership with RANZCOG?	
a. Yes	
b. No	
If yes, what are the barriers preventing you from pursuing Associate Membership of RANZCOG?	
4. Would you be interested in finding out about Associate Membership of RANZCOG and the RANZCOG CPD Program for Pacific O&G specialists?	
a. Yes	
b. No, not at this time	
If yes, please feel welcome to discuss how you can find out more about RANZCOG Associate Membership by visiting the RANZCOG website at <a href="http://www.ranzcog.edu.au">www.ranzcog.edu.au</a> , or enquiring with your local O&G Society or your local Pacific Society for Reproductive Health country liaison officer.	

## Appendix 4

### Organisational Stakeholders

RANZCOG PACIFIC ASSOCIATE MEMBERSHIP AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM	
Stakeholder Survey – Organisations	
1. Does your organisation support (either formally or informally) compulsory Continuing Professional Development (CPD) for medical practitioners in your country? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
2. Is your organisation aware of the availability of RANZCOG Associate Membership to O&G specialists living and working in the Pacific? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
3. Is your organisation aware of the RANZCOG CPD Program for Pacific O&G Specialists? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
4. Is your organisation aware that it is compulsory requirement for Associate Members of RANZCOG living and working in the Pacific, to undertake the RANZCOG CPD Program for Pacific O&G Specialists? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
5. Does your organisation recognise (either formally or informally) RANZCOG as a provider of a CPD program for Specialist Obstetricians and Gynecologists in your country? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
6. Do you think there is potential for RANZCOG and your organisation to work together on provision of CPD support for Specialist Obstetricians and Gynaecologists in your country? <i>Please circle your response</i>	Yes    No - not at this time    Not sure
<p>If yes, please provide details of how you think RANZCOG and your organisation could work together on the provision of CPD support for Specialist Obstetricians and Gynaecologists in your country?</p>	

## Appendix 5

### Focus Group Discussion Questions

RANZCOG PACIFIC ASSOCIATE MEMBERSHIP AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM	
Focus Group Questions	
1.	<p>Do you feel that becoming an Associate Membership of RANZCOG and participating in the RANZCOG Pacific CPD program, has increased your knowledge or skills in the specialty of obstetrics and gynaecology?</p> <p>In what areas?</p> <p><i>Note to facilitator: Prompt for examples of where knowledge/skills have increased.</i></p>
2.	<p>Have you been able to apply any new knowledge and skills gained from your participation in the Pacific CPD program, to bring about any improvements or changes in your practice?</p> <p><i>Note to facilitator: Prompt for examples of what practices have changed.</i></p> <p>Do you know whether these changes in your own practice had any direct influence on patient outcomes?</p> <p><i>Note to facilitator: Prompt for examples of any improved patient outcomes</i></p>
3.	<p>How regularly do you undertake professional development activities?</p>
4.	<p>Are there any barriers that prevent you from undertaking professional development activities?</p> <p><i>Note to facilitator: Explore barriers</i></p>
5.	<p>Are you aware of any barriers that may prevent others from becoming a RANZCOG Associate Member and participating in the RANZCOG Pacific CPD program?</p> <p><i>Note to facilitator: Explore perceived barriers of others</i></p>
6.	<p>Has becoming an Associate Member and participating in the RANZCOG Pacific CPD program influenced your view on the role of professional development in the career of a specialist obstetrician/gynaecologist?</p> <p><i>Note to facilitator: Explore views on role of CPD, if they think it is valuable and whether they think it translates to improved practice and patient outcomes.</i></p>

# Appendix 6

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## Feedback from Focus Group Discussion

### Change in Knowledge or Skills and Application of New Knowledge or Skills

Participants were asked if, and how, being involved in the Associate Membership Program had changed their knowledge or skills in the specialty. The following items were raised:

- Maintenance of skills – several participants indicated that involvement in the Program meant that they were focused on maintaining skills, either through workshop attendance, or as a by-product of undertaking activities to meet the CPD requirement.
- Knowledge sharing – the need to undertake teaching meant that participants felt that they were keeping up to date with new research and improving their skills and knowledge as part of CPD.
- Connection to colleagues and international medical community – the majority of participants indicated that their involvement in the Program meant that they had a greater exposure to the international medical community and developments within the specialty.
- Networking – one participant reported that the networking and learning from international colleagues met through the Program, with regards to specific skills, meant that they had greater confidence during surgeries as they had learnt new skills.

These answers were further probed to ascertain to what degree it was felt that participation in the Program, and the CPD aspect in particular, improved the participant's abilities as a doctor. The following items were raised:

- Access to resources, connection with colleagues and international medical community and motivation – some participants raised that learning about new evidence and hearing about the work being undertaken in other countries, through access to College resources, motivated them to improve their own practice.
- Knowledge sharing – in addition to maintaining their own skills and knowledge, participants reported that they shared this knowledge with others, e.g. midwives and other doctors.
- Changes to policies or protocols – one participant explained that their connection to the wider medical community and the changes in the specialty meant that they were able to make changes in their own policies to reflect those developments. A second participant gave a specific example of how being involved in the Program, and being able to have access to resources and knowledge of the availability of those resources, had resulted in a change in practice. The participant reported that arising from reading the College guidelines, she had implemented a significant protocol change in use of a particular screening test that was expected to result in better patient outcomes.
- Structured learning – a view was expressed that while engaging in a CPD program does not necessarily change one's practice, the structure of the program means there is the opportunity for self-evaluation and reflection.
- One participant reported that they did not feel that involvement in the Program changed their practice.

When this issue was asked directly to the participants, i.e. whether overall engaging in CPD results in better patient care, there was agreement that this is achieved at varying degrees.

### **Other Benefits of Associate Membership**

Throughout the discussion, the participants raised other benefits of Associate Membership that did not relate to a change in knowledge or skills. In particular, the participants reported that there was a perceived increase in status in some regions for those involved in the Program. This included a perceived increase in respect from colleagues and superiors, and acknowledgement of Obstetricians and gynaecologists who were undertaking CPD program, by their superiors.

A second benefit was the reduction in feelings of isolation, with participants stating that Associate Membership 'gives you a feeling that you are not alone'. This was closely tied to the value placed on association with RANZCOG, and the connection to colleagues and the medical community. These themes appeared throughout the discussion, and were referred to by a number of participants.

### **Regularity of CPD Activities**

The question regarding the regularity with which CPD activities were undertaken was not explicitly raised, but the topic was covered throughout the discussion. A number of participants indicated that the CPD activities they most frequently undertook were part of their everyday work. Most commonly, this related to teaching and knowledge sharing that obstetricians and gynaecologists in the Pacific undertake on a regular basis. The facilitator summarised this point as, 'You see it as part of your everyday work and then you add in some other things that are a bit more committed', to which the participants agreed.

### **Barriers to Participation in the Program**

There was a specific question relating to perceived barriers to participation in the Program and the issue arose throughout the discussion. The barriers that were suggested by the participants were:

- Priority – this was suggested as a reason why new graduates take time to apply for Associate Membership. One participant indicated that their priority following graduation had been to establish their role as a leading clinician. It was only after they had returned to their smaller and more isolated island that they prioritised obtaining Associate Membership, due to the connection and support this provided.
- Lack of awareness of logistics – this was raised by one participant, who had obtained their Membership soon after graduating and was asked by fellow graduates how they had done this. However, the participant also noted that all graduates received an information letter from RANZCOG on the process to apply for Associate Membership.
- Logistical issues – this was in relation to the payment of fees. At the time of the FGD, the annual membership fee had been removed following approval by the RANZCOG Board. One participant commented that 'A lot of colleagues are saying they are going to join because there's no more fees.'

### **Views on the Role of CPD**

Participants' views on the role of CPD and if these views had changed since becoming an Associate Member was not explicitly raised. However, one participant indicated that although involvement in

CPD had not necessarily changed how they practised, it had provided a structure for learning and reflecting on their practice.

### **Suggestions to Improve the Associate Membership Program**

Several Associate Members made suggestions for improvement in the way the Program is delivered. Suggestions included:

- A method for Associate Membership be retained once the specialist retires, with no need to continue to submit CPD. This was suggested due to the high value the participant placed on the 'recognition and privilege of being associated to the College'.
- GHU staff should send annual reminders to Program participants to submit CPD points. This was supported by a number of FGD participants; however, whether annual submission of points should be made compulsory or highly recommended was not resolved. It was agreed that Associate Membership should continue to be awarded for a triennium.
- Provision of a small CPD diary, which could be carried throughout the day, with the activity recorded and signatures collected at the time of undertaking the activity was suggested. Several participants stated it was often difficult to recall the activities that had been completed and sourcing signatures for verification after the time of the activity was a challenge. The possibility of an electronic logbook was raised. Other participants indicated that they did not feel confident with the use of technology and did not believe their supervisors (responsible for verification of CPD activity claims) would be confident with an electronic logbook or that this would be workable in a practical situation.
- To look at making a connection between maintaining Associate Membership and local medical licensure, for those medical practitioners practising where there is a requirement for ongoing medical education. It was suggested that modifying the form, along with transitioning to annual submissions of points, could achieve this.
- Locums and mentors should, wherever possible, be from the Pacific. It was felt that local practitioners were better able to understand the context in which the specialists operated and were of an equitable skill level in the Pacific setting. Participants also suggested screening of mentors for Pacific visits.
- For greater skill development, the College should investigate the option for Australian or New Zealand based specialists to spend an extended period of time in the Pacific islands delivering the training.



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