



APPLICATION FOR ACCREDITATION/REACCREDITATION AS A CERTIFICATE OF WOMEN'S HEALTH (CWH) TRAINING SITE(S)*

This form must be completed as part of the RANZCOG's approval process for the accreditation of Certificate of Women's Health (CWH) training sites.

As circumstances at training sites change over the accreditation period, this form must also be completed by the Educational Program Coordinator seeking re-accreditation for their training site(s).

NB: All information requested in this application must be provided. If the application is incomplete, it will be returned with a request to provide the missing information.
THIS WILL DELAY THE PROCESSING OF THE APPLICATION.

Please forward this form to:

**Chair, Training Accreditation & Recertification (TAR) Subcommittee
c/o Maree Brislin, CWH/Diploma Co-ordinator, RANZCOG**

Email: mbrislin@ranzcoг.edu.au

Tel: 03 9412 2911

Mailing address:

RANZCOG

254 Albert St

East Melbourne

VIC 3002

Each accredited Certificate of Women's Health (CWH) site is approved for an initial period of one year and up to a maximum of four years based on satisfactory performance as a training site. Accreditation will be based on the information presented in this application form. However, the College reserves the right to also conduct a site visit as part of the accreditation process if this is deemed necessary after reviewing the information provided. Applicants must complete the application form in accordance with the standards outlined in the document *Accreditation and Reaccreditation of Certificate of Women's Health, DRANZCOG and DRANZCOG Advanced Training Sites: Standards and Procedures*. This document is available, with the application form, on the RANZCOG website. Applicants should also familiarise themselves with the regulations governing CWH training, which are also available on the website.

(*NB: A training site may comprise a number of hospitals, clinics or other allied facilities jointly offering training.)

APPLICATION FOR ACCREDITATION AS A CERTIFICATE OF WOMEN'S HEALTH TRAINING SITE

This form is to be completed by the current or proposed staff member at the site who will responsible for overseeing training (eg, Head of Department, Educational Co-ordinator, etc).

NAME OF SITE(S)			
AREA HEALTH SERVICE			
HOSPITAL TYPE (select one ONLY)	Rural <input type="checkbox"/>	Outer metropolitan <input type="checkbox"/>	Tertiary <input type="checkbox"/>
	Metropolitan <input type="checkbox"/>	Country base <input type="checkbox"/>	

TRAINING SITE 1			
ADDRESS			
TELEPHONE		FACSIMILE	
WEBSITE			

TRAINING SITE 2			
ADDRESS			
TELEPHONE		FACSIMILE	
WEBSITE			

TRAINING SITE 3			
ADDRESS			
TELEPHONE		FACSIMILE	
WEBSITE			

TRAINING SITE 4			
ADDRESS			
TELEPHONE		FACSIMILE	
WEBSITE			

EDUCATIONAL PROGRAM COORDINATOR (or equivalent)	Name:		
	Title:		
ADDRESS			
TELEPHONE		FACSIMILE	
EMAIL			
Date:			

CLINICAL EXPERIENCE

1. Family planning, antenatal and gynaecological experience

Provide details of the family planning, antenatal and gynaecological cases managed in the training site(s) in the last 12 months, with details of current or anticipated CWH trainee participation (as applicable).

Types of cases	Details of nature of cases managed	No. of cases	No. of cases managed by CWH trainees	No of cases managed by unaccredited trainees
Family Planning				
Antenatal				
Gynaecological				

2. Registrars and trainees

Provide the current numbers of registrars and trainees at the training site(s).

TYPE OF REGISTRAR/TRAINEE	CURRENT NUMBER	NAME OF SITE (if more than one is included in the application)
Midwifery trainees		
Non-accredited registrars		
DRANZCOG trainees		
DRANZCOG Advanced trainees		
FRANZCOG trainees - Core		
FRANZCOG trainees - Advanced		
Residents		
Other		

3. CWH trainees

Current number of CWH trainees: _____

Proposed number of CWH trainees (same as current/more/less): _____

4. Rostering

a) Access to educational/training opportunities

Provide details of current or proposed trainee access to education/training opportunities: _____

b) Night duty

Provide details of night duty requirements for current or proposed CWH trainees (as applicable) over a 6-month period: _____

c) Responsibility for rostering – current or proposed (as applicable)

Rostering arrangements must not be left to hospital staff unaware of the specific trainee needs of RANZCOG trainees.

Staff responsible for rostering	Steps taken to ensure staff are aware of RANZCOG trainee needs

STAFF

1. Training Mentor(s)

The CWH Training Mentor(s) must hold the Dip RACOG, DRANZCOG, DRANZCOG Advanced or Fellowship of the RANZCOG.

Name	Qualification held (please circle)	Site at which Training Mentor* practises	Proportion of time spent at this site	Responsibility for trainees in the past 5 years	Major teaching responsibilities?
	DipRACOG / DRANZCOG / DRANZCOG Advanced / FRANZCOG				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DipRACOG / DRANZCOG / DRANZCOG Advanced / FRANZCOG				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DipRACOG / DRANZCOG / DRANZCOG Advanced / FRANZCOG				Yes <input type="checkbox"/> No <input type="checkbox"/>
	DipRACOG / DRANZCOG / DRANZCOG Advanced / FRANZCOG				Yes <input type="checkbox"/> No <input type="checkbox"/>

* NB: - Training Mentors must be approved by the CCDOG TAR Subcommittee
 - If more than one site is part of the training unit, there must be a Training Mentor at each site, with one having overall responsibility as Educational Program Director.

FACILITIES

1. Resource facilities

Describe the **library and other resource facilities** within the training site(s). Resource facilities must support CWH work and training, over and above that required for the recognition of undergraduate training positions.

2. Trainees' room

Does the trainees' room have adequate furniture and computer facilities, as stipulated in the *Accreditation and Reaccreditation of Certificate of Women's Health, DRANZCOG and DRANZCOG Advanced Training Sites: Standards and Procedures* document?

Yes No

3. Rest/on-call room

Do trainees have access to a rest/on-call room when they are on night duty?

Yes No

ACTIVITIES

1. Deliveries

Number of deliveries in the last 12 months: _____.

2. GP Obstetrician Presence

Describe the extent of GP obstetrician presence at the training site(s), if any:

Name of training site(s)	Extent of GP obstetrician presence at site (if any)
Training Site 1:	
Training Site 2:	
Training Site 3:	
Training Site 4:	

3. Quality Assurance program

Describe the Quality Assurance program in obstetrics and gynaecology within the training site(s) and the involvement of CWH trainees in this program.

4. Educational program

Provide details of the structured educational program in which CWH trainees participate or will participate (as applicable), including the following:

Activity	Details
Tutorials	
Journal club	
Lectures	
Gynaecology clinic case review	
Gynaecology teaching round	
Perinatal morbidity/mortality meetings	
Other (please specify)	

5) Birthing suite handover

Provide details of the birthing suite handover at the training site(s) and current or proposed CWH trainee involvement (as applicable).

Details of birthing suite handover	CWH trainee involvement

6) Protocols

List the birthing suite and gynaecology protocols relevant to CWH training in the training site(s).

Protocol title	Name(s) of developer(s)	Date approved	Date to be reviewed