



## **APPLICATION FOR ACCREDITATION/REACCREDITATION AS AN Advanced Diploma of the RANZCOG (DRANZCOG Advanced) TRAINING SITE(S)\***

This form must be completed as part of the RANZCOG's approval process for the accreditation of DRANZCOG Advanced training sites.

As circumstances at training site(s) change over the accreditation period, this form must also be completed as part of the RANZCOG's re-accreditation of the 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@ranzcoq.edu.au](mailto:mbrislin@ranzcoq.edu.au)**

**Tel: 03 9412 2911**

**Mailing address:**

**RANZCOG**

**254 Albert St**

**East Melbourne**

**VIC 3002**

Each accredited DRANZCOG 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 DRANZCOG 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 DRANZCOG ADVANCED TRAINING SITE

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

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

<b>TRAINING SITE 1</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>FACSIMILE</b>	
<b>WEBSITE</b>			

<b>TRAINING SITE 2</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>FACSIMILE</b>	
<b>WEBSITE</b>			

<b>TRAINING SITE 3</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>FACSIMILE</b>	
<b>WEBSITE</b>			

<b>TRAINING SITE 4</b>			
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>FACSIMILE</b>	
<b>WEBSITE</b>			

<b>EDUCATIONAL PROGRAM COORDINATOR (or equivalent)</b>	Name:		
	Title:		
<b>ADDRESS</b>			
<b>TELEPHONE</b>		<b>FACSIMILE</b>	
<b>EMAIL</b>			
<b>Date:</b>			

## CLINICAL EXPERIENCE

### 1. Obstetric and gynaecological experience

Provide details of the obstetric and gynaecological cases managed in the training site in the last 12 months, with details of current or proposed DRANZCOG Advanced trainee participation (as applicable).

Types of cases	Details of nature of cases managed	No. of cases		No. of cases managed by DRANZCOG Advanced trainees	No of cases managed by other trainees
		Public	Private		
Family Planning					
Antenatal					
Gynaecological clinic					
Labour and delivery					
First trimester miscarriage					
Retained placenta					
Dilatation & curettage					
Bartholin's cysts/abscesses					
Elective Caesarean section					
Emergency Caesarean section					
Mgt of full dilatation at Caesarean section					

Mgt of postpartum haemorrhage				
Mgt of uterine evacuation following 2 <sup>nd</sup> trimester pregnancy loss/mid trimester termination				
First trimester ultrasound scanning – transabdominal				
First trimester ultrasound scanning – transvaginal				
Third trimester ultrasound scanning				
Exploratory laparotomy for gynae emergency				
Hysteroscopy				
Mgt of 1 <sup>st</sup> trimester termination/missed miscarriage				

## 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		
CWH trainees		
DRANZCOG trainees		
FRANZCOG trainees - Core		
FRANZCOG trainees - Advanced		
Residents		
Other		

## 3. DRANZCOG trainees

Current number of DRANZCOG Advanced trainees: \_\_\_\_\_ Proposed number of DRANZCOG Advanced trainees (same as current/more/less): \_\_\_\_\_

## 4. Rostering

### a) Birthing suite rostering

Provide details of current or proposed DRANZCOG Advanced trainee access (as applicable) to birthing suite experience:

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**b) Theatre list rostering**

Provide details of current or proposed DRANZCOG Advanced trainee access (as applicable) to theatre lists, **including primary operator experience:**

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**c) Access to educational/training opportunities**

Provide details of current or proposed DRANZCOG Advanced trainee access (as applicable) to education/training opportunities:

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**d) Night duty**

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

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**e) After-hours support by appropriate HMOs**

Provide details of after-hours support for current or proposed DRANZCOG Advanced trainees (as applicable) on the birthing suite by hospital medical officers:

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**f) Responsibility for rostering**

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

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

**STAFF**

**1. Training Supervisors**

The DRANZCOG Training Supervisors must hold the DRANZCOG Advanced or Fellowship of the RANZCOG.

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

\* NB: Training Supervisors must be approved by the CCDOG TAR Subcommittee

# FACILITIES

## 1. Paediatric support

Describe the **paediatric support** available within the training site(s).

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## 2. Resource facilities

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

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## 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. 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:	

## 2. Quality Assurance program

Describe the Quality Assurance program in obstetrics and gynaecology within the training site(s) and the current or proposed involvement (as applicable) of DRANZCOG Advanced trainees in this program.

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### 3. Professional Development

Describe the provision of professional development, including the details of suitably credentialed facilitators, in the following:

Professional Development	Offered on or off site? (please circle)	Details of suitably credentialed facilitator
Neonatal resuscitation	On site / off site	
CPR of a pregnancy woman	On site / off site	
Management of obstetric emergencies	On site / off site	

### 4. Educational program

Provide details of the structured educational program in which DRANZCOG Advanced 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	

CTG meetings	
LUSCS & vaginal delivery case review meetings	
Intrapartum management tutorials	
Other (please specify)	

**5. Birthing suite handover**

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

Details of birthing suite handover	DRANZCOG Advanced trainee involvement

## 6. Credentialing of procedures

a) Describe the **credentialing process** conducted at the training site(s), as described in the *Accreditation and Reaccreditation of Certificate of Women's Health, DRANZCOG and DRANZCOG Advanced Training Sites: Standards and Procedures* document.

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b) Indicate which of the following **procedures are covered in the credentialing process**.

Rotational vacuum delivery

LUSCS

Laparotomy for gynaecological emergencies

Non-rotational vacuum delivery

Hysteroscopy

## 7. Protocols

List the obstetric and gynaecological protocols relevant to DRANZCOG Advanced training in the training site(s).

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