ACCREDITATION STANDARDS AND GUIDELINES FOR HOSPITALS IN THE FRANZCOG TRAINING PROGRAM

PROCESS AND CRITERIA FOR ACCREDITATION

www.ranzcoh.edu.au
Report Title: Accreditation Standards & Guidelines for Hospitals in the FRANZCOG Training Program

Published by: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Education and Training Department
RANZCOG College House
254-260 Albert Street, East Melbourne, VIC, Australia 3002
accreditation@ranzcog.edu.au

Report Status: 10 September 2021

Report version: July 2016 – Version 1.6

Disclaimer: This publication may be of assistance to you but RANZCOG and its employees do not guarantee that the publication is without flaw of any kind or is wholly appropriate for your particular purposes and therefore disclaims all liability for any error, loss or other consequence which may arise from you relying on any information in this publication.

ISSN-1443-4415
© 2021 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

This work is subject to copyright under the laws of Australia and, through international treaties, other countries. Apart from any use as permitted by law, no part may be copied, adapted, reproduced or stored in a retrieval system or made available to the public by any means or process without written permission from The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Requests and enquiries concerning reproduction should be directed to the Chief Executive Officer (CEO).
## VERSION CONTROL REGISTER

<table>
<thead>
<tr>
<th>Version</th>
<th>Authors</th>
<th>Approved by</th>
<th>Approval date</th>
<th>Effective date</th>
<th>Modifications</th>
<th>Next review</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.6</td>
<td>Curriculum, Evaluation &amp; Accreditation Unit, Education Directorate</td>
<td>TAC ESC RANZCOG Board</td>
<td>Jul/Aug 2021</td>
<td>Sep 2021</td>
<td>Change to College approval body for Draft Reports (p13)</td>
<td>Jan 2022</td>
</tr>
</tbody>
</table>
| 1.5     | Curriculum, Evaluation & Accreditation Unit, Education Directorate | TAC ESC RANZCOG Board | Mar/May 2021 | May 2021 | Amendments:  
1. Streamlining of accreditation/ reaccreditation Draft Report development timelines (p13)  
2. Change to College approval body for Draft Reports (p13)  
3. Minor alterations to processes regarding Loss of Accreditation (p15) | Jul 2021 |
| 1.4     | Curriculum, Evaluation & Accreditation Unit, Education Directorate Quality Assurance, Monitoring and Evaluation Project Group | TAC RANZCOG Board | Nov 2020 | Feb 2021 | Additions:  
1. References to RANZCOG Code of Conduct (pp 8,19,20,24)  
2. Contingencies for Accreditation Panel membership (p10)  
3. Information gathered before a visit: ITP Coordinator and Consultant surveys; responses to six-monthly assessment surveys; State/Territory/New Zealand TAC and STP Program Manager input (p12)  
4. Extensions to accreditation (p15)  
5. Ongoing monitoring of training sites – interventions (p16)  
Amendments:  
6. Advanced Training – approval of sites (removal of content plus clarifications) (p8)  
7. Objectives and Principles (moved from “Process” section to “Introduction”) (p9)  
8. Administration of the Training Site Accreditation Process (p9)  
9. Training Site Accreditation Visit (moved to top of “Process” section and content on virtual visits incorporated) (p10)  
10. Visit terminology (p10 and throughout)  
11. Conditions/ recommendations (p14)  
12. Standard 1.1.3 Ultrasound (p18)  
13. Standard 4.1.4 Roster requirements (p25)  
15. Standard 5.4.1 Ultrasound (p31)  
16. Standard 5.5.1 Simulation training (p32)  
17. Standard 5.9.1 Examiners (p33) |
This page is intentionally blank
APPENDIX ONE: FRANZCOG ACCREDITED TRAINING SITES ........................................38

AUSTRALIA .......................................................................................................................................................... 38

NEW ZEALAND .................................................................................................................................................. 42

APPENDIX TWO: GLOSSARY OF TERMS ..........................................................................................43
INTRODUCTION

BACKGROUND

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and New Zealand in the specialty of Obstetrics and Gynaecology (O&G). RANZCOG is responsible for delivering and managing the education, training, assessment and professional development programs to facilitate the training of safe and competent specialists in O&G to ensure the highest standards of health care.

The Fellowship of the RANZCOG (FRANZCOG) Training Program occurs primarily within hospitals and other appropriate private and expanded settings which provide the rich clinical environment and learning opportunities crucial for training. Training is considered to be a shared relationship between the hospitals, O&G specialists, FRANZCOG trainees and RANZCOG.

This document outlines the accreditation and reaccreditation processes and the Standards and Criteria considered essential to ensure FRANZCOG trainees develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently, and as part of a Multidisciplinary Team (MDT), across the O&G scope of practice.

FRANZCOG TRAINING PROGRAM

The FRANZCOG Training Program is a six-year (276 weeks) structured postgraduate program, culminating in Fellowship of the RANZCOG, comprising:

- four years (184 weeks) Basic Training
- two years (92 weeks) Advanced Training.

The essential components of the Training Program are designed to ensure that all FRANZCOG trainees have access to the educational resources, clinical experiences and learning environments necessary for satisfactory attainment of requirements.

The Training Program is designed to ensure FRANZCOG trainees progressively reach the necessary level of competence under appropriate supervision to enable them to practise at the level required before advancing to the next level.

The requirements of Basic and Advanced Training are set out in the RANZCOG Regulations, the FRANZCOG Curriculum and Training Handbook, available respectively on the RANZCOG website at:

https://ranzcog.edu.au/our-college/governance/constitution-regulations
https://www.ranzcog.edu.au/Training/Specialist-Training

FRANZCOG CURRICULUM

The FRANZCOG Curriculum outlines the six-year FRANZCOG Training Program and is an essential tool for understanding its educational basis and structure. The Curriculum emphasises that competency is achieved through an incremental process of learning and development within, and across, the key domains of clinical expertise, academic abilities and professional qualities.
The ITP Coordinators, Training Supervisors and consultants involved in the training of FRANZCOG trainees at accredited hospitals are expected to be familiar with this document.

**RANZCOG CODE OF CONDUCT**

All RANZCOG members, including but not limited to, Fellows, Specialist International Medical Graduates on the pathway to Fellowship and Trainee Affiliates, must comply with the RANZCOG Code of Conduct and conduct themselves in a manner that reflects the standard of professional and ethical behaviour expected by the College.

**THE ROLE OF HOSPITAL TRAINING SITES IN THE FRANZCOG TRAINING PROGRAM**

FRANZCOG training in Years 1–4 is primarily conducted in major teaching hospitals, outer suburban/peripheral, rural/provincial hospitals and other expanded setting sites across Australia and New Zealand that have been accredited for such training by RANZCOG. A combination of these different training sites forms a consortium, known as an Integrated Training Program (ITP). FRANZCOG trainees receive a significant proportion of their Basic Training at a single home/base hospital and rotate to other hospitals in that ITP. An ITP normally comprises at least two training sites, and includes at least one tertiary hospital and one rural hospital.

Collectively, the participating hospitals must be able to provide, over the four years of Basic Training, the range of O&G experiences stipulated in the training and assessment requirements and RANZCOG Regulations. All training sites offering Basic Training must be accredited by RANZCOG.

It is recognised that not all individual training sites within an ITP can provide the depth and breadth of specialist training necessary to fulfil all the requirements of Basic Training. Collaboration and flexibility is necessary within an ITP to ensure each FRANZCOG trainee has the opportunity to meet the requirements across the four years of their training within those training sites.

Details of all ITPs in Australia and New Zealand are located in Appendix 1 of this booklet and can also be found in the FRANZCOG Training Handbook on the RANZCOG website at: [https://www.ranzcog.edu.au/Training/Specialist-Training/Curriculum-Handbook](https://www.ranzcog.edu.au/Training/Specialist-Training/Curriculum-Handbook)

In contrast to Basic Training, Advanced Training is not confined to training sites which have been formally accredited by RANZCOG. Where Advanced Training has been prospectively approved, training sites must be able to provide a range of clinical training opportunities that will enable a FRANZCOG trainee to build on core competencies already achieved and to develop higher level knowledge, skills and attitudes in any areas of special interest that will enable their transition to specialist. Where an Advanced Training Module (ATM) has been prospectively approved, training sites must be able to provide all requirements of that ATM.

The Standards detailed in this document specify what each training site must provide as part of its obligations as a RANZCOG accredited training site. It is recognised that some criteria within the Standards may not be equally applicable to every training situation.

Oversight of the FRANZCOG Training Program in each training region is the responsibility of the relevant State/Territory/New Zealand Training Accreditation Committee (TAC). These in turn are responsible to the RANZCOG TAC, and ultimately to the RANZCOG Board.
OBJECTIVES OF THE TRAINING SITE ACCREDITATION PROCESS
The purpose of a formal process of accreditation and reaccreditation of training sites for Basic Training is to ensure that defined minimum acceptable training standards are provided; specifically to:

- Ensure that the key requirements for clinical and educational experience, as defined in the FRANZCOG Curriculum and RANZCOG Regulations, are being met for all FRANZCOG trainees in participating hospitals and training sites.
- Assist the hospitals in their role as training providers by identifying factors that are adversely affecting their capacity to deliver effective and supportive training to FRANZCOG trainees.
- Work with the hospital and the relevant State/Territory/New Zealand TAC to formulate strategies which will maximise training opportunities, while ensuring efficient and safe service delivery provision by FRANZCOG trainees.

PRINCIPLES OF THE TRAINING SITE ACCREDITATION PROCESS
In accrediting and reaccrediting FRANZCOG training sites, RANZCOG will:

- Make balanced and objective assessments of the hospital’s performance as a training site.
- Base the accreditation process on clearly defined criteria and implement these criteria in an open and equitable manner.
- Have an ongoing process of review to ensure that each accredited training site implements recommended changes and is given adequate opportunity and support to do so effectively.
- Regularly review the Standards and processes of hospital accreditation and reaccreditation.

ADMINISTRATION OF THE TRAINING SITE ACCREDITATION PROCESS
The management of the accreditation and reaccreditation process is the responsibility of the Head of Curriculum, Evaluation and Accreditation in the Education Directorate.

The accreditation and reaccreditation process is coordinated by the FRANZCOG Accreditation Team under the Curriculum, Evaluation and Accreditation Unit in the Education Directorate.
TRAINING SITE ACCREDITATION PROCESS

THE TRAINING SITE ACCREDITATION VISIT

The accreditation visit is the centrepiece of the processes outlined below for initial accreditation and reaccreditation of sites.

The training site visit is conducted by a RANZCOG Accreditation Panel, which generally comprises:

- A RANZCOG Fellow(s) from a region other than the one in which the training site visit is being conducted; this Fellow is the Panel Chair.
- A FRANZCOG trainee representative from a region other than the one in which the training site visit is being conducted, with sound knowledge and experience of the FRANZCOG Training Program. Trainee representatives must be in Year 3 of training or above.
- One or more senior members of RANZCOG staff responsible for the administration of the accreditation process.

In circumstances where a Fellow or trainee representative from a different region is unavailable, a Fellow or trainee representative from the same region (but not the same ITP) may be a member of the Panel, if approved by the Chair of the RANZCOG TAC, the Specialist Advisor: Accreditation, and the Head of Curriculum, Evaluation and Accreditation in consultation with the Panel Chair and the Chair of the relevant State/Territory/New Zealand TAC.

Other Fellows may also attend the visit as probationary Panel members for the purpose of Accreditation Panel training/experience. These probationary Panel members may actively participate in interviews and Panel discussions at the discretion of the Panel Chair, but do not have a say in rating decisions.

A visit may be either:

- A physical accreditation visit, where Accreditation Panel members attend the hospital training site.
- A virtual visit, conducted using video conferencing technology.

Generally, accreditation visits are of one day’s duration (two days for larger sites) and include the following:

- Attendance at the morning handover(s) in the birthing suite.
- A tour of the O&G Department, including birthing suite, theatre, clinics, O&G registrars’ room, etc.
- A visit to the accommodation provided for FRANZCOG trainees if a rural hospital.
- A review of the library and/or online resources offered by the hospital.

For initial accreditation:

- Confidential interviews with all available non-accredited registrars, Diploma/Advanced Diploma O&G trainees, the Director(s)/Head(s) of O&G, consultants, senior midwifery and nursing staff and hospital management.

For reaccreditation:

- Confidential interviews with all available FRANZCOG trainees in all year levels; these interviews are conducted either individually or in small groups, generally by Year level (i.e. Year 1 to Year 4, Year 5 to Year 6).
Confidential interviews with all available Fellows and other relevant health professionals at the training site (e.g. the Director(s)/Head(s) of O&G, ITP Coordinator if applicable, Training Supervisors, consultants, senior nursing and midwifery staff, theatre managers, paediatricians and anaesthetists who have worked with the FRANZCOG trainees).

It is important to note that the interviews on the day are private and confidential. Recordings are taken by the Accreditation Team on the day and used exclusively for report writing purposes. These recordings are deleted once the Accreditation Report (the Report) is approved. No individuals’ names are recorded on the hospital Report.

At the conclusion of the scheduled interviews, the Accreditation Panel meets privately to discuss their initial findings and the most appropriate accreditation ratings. These initial findings, and the likely accreditation outcome, are then discussed with the Director(s)/Head(s) of O&G and Hospital Management in a confidential meeting held before the Accreditation Panel leaves the hospital.

INITIAL ACCREDITATION OF TRAINING SITES

1. The hospital must complete an Application for Accreditation as a Training Site for the FRANZCOG Training Program form, available on the RANZCOG website at: https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals, demonstrating the training site’s capacity to meet RANZCOG’s Accreditation Standards. This application must be supported by the relevant State/Territory/New Zealand TAC, which must also provide information regarding the ITP in which the new training site will be included, if accredited. The application and supporting documentation must be sent to accreditation@ranzcog.edu.au.

2. An initial training site visit is conducted as outlined above.

3. A recommendation on the hospital’s accreditation or otherwise is then considered at the next meeting of the RANZCOG TAC. The RANZCOG TAC will then forward a recommendation to the RANZCOG Board.

4. Twelve months after the first FRANZCOG trainee commences prospectively approved training at the newly accredited training site (or no later than 24 months after the initial visit), a reaccreditation visit is conducted by RANZCOG. During this initial period of accreditation, the relevant State/Territory/New Zealand TAC will monitor the training provided and provide advice to RANZCOG should an earlier review be considered necessary.

5. Processes thereafter are as for reaccreditation of training sites, described below.

REACCREDITATION OF TRAINING SITES

Hospitals are normally reaccredited within a four-yearly cycle, for periods of six months to three years with provisional accreditation, or four years with full accreditation. When due for reaccreditation, the Accreditation Team makes contact with the training site to arrange a mutually convenient date for a training site visit to occur, and convenes an Accreditation Panel.

The Accreditation Panel’s objective is to assess the training provided by the relevant training site in accordance with FRANZCOG Accreditation Standards and Guidelines for Hospitals. The process for reaccreditation of training sites before and after the visit itself (described above) is as follows:
Before a Training Site Visit – Preparation

1. At least three months prior to the accreditation end date, the Accreditation Team contacts the Director(s)/Head(s) of O&G and the Chief Executive Officer (or equivalent) at the hospital to set the date of the visit. The hospital is sent a copy of the FRANZCOG Accreditation Standards and Guidelines for Hospitals and Information Sheet on Accreditation Standards for Hospital Staff about how the training site visit will be conducted.

2. A Hospital Questionnaire form and an Accreditation Visit Timetable template for the day are then sent to the Director(s)/Head(s) of O&G at the hospital. The Hospital Questionnaire form requires detailed information on all aspects of training at the training site, covering each of the Accreditation Standards, and including:
   - Proposed FRANZCOG trainee/O&G registrars’ Roster
   - Proposed Education Program for FRANZCOG trainees/O&G registrars
   - Current In-Hospital Credentialing Document for the O&G Department

   The Hospital Questionnaire form and Accreditation Visit Timetable must be submitted to RANZCOG no later than four weeks before the scheduled visit.

3. A confidential feedback Trainee Questionnaire is sent to all FRANZCOG trainees currently at the training site (or from the previous six-monthly rotation if there are no trainees currently in place) asking them to provide comments on their training experiences in accordance with each of the Accreditation Standards.

4. A questionnaire is sent to the relevant ITP Coordinator.

5. Questionnaires are also sent to Training Supervisors and other O&G consultants at the site.

6. The Accreditation Team will source trainee responses to the six-monthly assessment training surveys for the previous six rotations (ten rotations if there are usually fewer than five trainees at the site).

7. The Accreditation Team will source available information on procedural training numbers at the relevant training site(s) from Education Directorate data.

8. The Accreditation Team will advise the Chair of the relevant State/Territory/New Zealand TAC, the relevant State/Territory/New Zealand Office and, if relevant, the STP Program Manager of the upcoming visit and request information on any matters arising pertinent to the training site.

9. The Accreditation Team collates the following items and forwards them to the Accreditation Panel:
   - The completed Hospital Questionnaire
   - Trainee Questionnaire and six-monthly assessment training survey responses
   - ITP Coordinator, Training Supervisor and other consultant survey responses
   - Procedure number data
   - Relevant information from the State/Territory/New Zealand TAC
   - Relevant information from the STP Program Manager
   - All previous hospital reaccreditation Reports and Progress Reports for the relevant hospital, which include the previous recommendations made by RANZCOG.

Panel members analyse the data and identify areas where the hospital may be experiencing difficulties in providing effective training delivery.
After a Training Site Visit – Reports

10. Within 14 days of the training site visit, RANZCOG prepares the hospital reaccreditation Draft Report, comprising:

- An assessment of whether each of the Standards has been met.
- Areas of strength and any areas of concern for each of the Standards.
- Conditions, if any, that must be addressed to comply with the Standards, and the associated timeframe.
- Recommendations for further improvement.
- Overall accreditation outcome.

The hospital Draft Report is then sent for review to the following, allowing seven days for feedback to be provided:

- Accreditation Panel members (including Probationary Panel members) that attended the training site visit on the day AND
- Head of Curriculum, Evaluation and Accreditation (or the Executive Director, Education) THEN (allowing seven days for feedback to be provided)
- Specialist Advisor: Accreditation
- Chair of the RANZCOG TAC.

The hospital Draft Report is then sent to the Director(s)/Head(s) of O&G and Chief Executive Officer for the possible identification of any factual errors.

Any comments must be submitted to the Chair of the RANZCOG TAC via the Accreditation Team within 14 days of the date on which the hospital Draft Report is sent.

NB Timeframes outlined above will be extended appropriately to allow for holiday periods where relevant.

11. Any comments submitted are reviewed by RANZCOG, and may result in revisions to the Draft Report, which is then submitted to RANZCOG’s Accreditation Steering Group (ASG) for approval. If the hospital does not provide comments on the Draft Report within the 14-day deadline, the Draft Report is submitted to the ASG without further changes being made.

12. Once approved by the ASG, the hospital Draft Report then becomes the Final Report and is forwarded to the:

- Director(s)/Head(s) of O&G
- Chief Executive Officer/ General Manager
- Training Supervisors
- ITP Coordinator(s)

A summarised version of the hospital Final Report, including the accreditation rating, is sent to the relevant State/Territory/New Zealand TAC, and to FRANZCOG trainees at the training site. The hospital may disseminate the Final Report to any individuals it considers appropriate.

13. As with all RANZCOG decisions, hospitals have the right to request a review and/or formal appeal of RANZCOG’s accreditation rating under the terms of RANZCOG Regulation A2 Appeals Procedures, which may be accessed via the College website at https://www.ranzcog.edu.au/Our-College/Governance/Policies-Procedures/Appeals-Procedures.
RATINGS GIVEN IN THE ACCREDITATION PROCESS

The accreditation and reaccreditation process aims to ensure that each accredited training site meets the agreed Standards necessary to provide specialist O&G training and to encourage further improvement and development. RANZCOG negotiates with the training site to determine which conditions and/or recommendations are realistically achievable within a given timeframe.

The hospital (accreditation or reaccreditation) Report will specify whether a training site has MET, PARTIALLY MET or NOT MET each of the Accreditation Standards (or state when the Standard is NOT APPLICABLE). This rating will reflect the training site’s performance against each of the minimum requirements for that Standard. In addition, the hospital Report is likely to contain conditions and/or recommendations for further improvement (noting that any condition(s) against a Standard lead to a rating of NOT MET for that Standard).

OUTCOMES OF THE ACCREDITATION PROCESS

Full Accreditation

Full Accreditation for a period of four years is given to those training sites that meet all RANZCOG Accreditation Standards. Even though Full Accreditation is granted, the hospital Report may contain some recommendations for further improvement.

During the accreditation period, the training site may be required to provide a Progress Report that addresses progress on recommendations and any other significant developments. A template document is provided by RANZCOG for this purpose prior to the deadline date.

If the Progress Report indicates that the hospital is continuing to progress satisfactorily, the hospital retains Full Accreditation for the remainder of the accreditation period.

The accreditation outcome may be reviewed during the four-year Full Accreditation period if it is found through a Progress Report or other means (e.g. an intervention based on new information provided to RANZCOG – see “Ongoing Monitoring of Accredited Training Sites” below) that a hospital may be experiencing difficulties in meeting the Accreditation Standards. Such a review may involve conditions being put in place, further Progress Reports and an earlier training site visit.

Provisional Accreditation

Provisional Accreditation is given to those training sites that meet some, but not all, of the RANZCOG Accreditation Standards. The period for which Provisional Accreditation is granted will be determined by the findings of the RANZCOG Accreditation Panel in relation to each Standard and the conditions necessary to meet that Standard. Periods of Provisional Accreditation range from six months to three years.

The RANZCOG Accreditation Panel will determine the period of Provisional Accreditation, and the date for submission of a hospital Progress Report.

The provisional accreditation pathways are:

- If a hospital Progress Report demonstrates that the Accreditation Standards are now met, accreditation is upgraded to Full Accreditation for the remainder of the four-year accreditation cycle.
If a hospital Progress Report demonstrates progress against conditions/recommendations, but not all Standards have been met, Provisional Accreditation will be retained by the training site. The RANZCOG Accreditation Panel will determine the timeframe for any further Progress Reports within the remaining accreditation period.

If the first hospital Progress Report demonstrates inadequate progress against conditions/recommendations, or deterioration in relation to the Standards, the RANZCOG Accreditation Panel will determine the timeframe for a further hospital Progress Report and/or training site visit. Provisional Accreditation will be retained by the training site for the period to the next visit.

If the second hospital Progress Report and/or training site visit still demonstrates inadequate progress against the Accreditation Standards and conditions/recommendations or further deterioration in relation to the Standards, Provisional Accreditation will be extended for a further limited period, with the training site also notified that at the next visit the decision may be one of loss of accreditation.

Loss of Accreditation
Loss of Accreditation may occur in the following circumstances:

- Where a training site has been unable to meet the Accreditation Standards with the result that patient or trainee safety is impacted.
- Where a training site cannot demonstrate, to the satisfaction of RANZCOG, progress against the conditions imposed as the result of a site visit and subsequent Progress Reports.

In circumstances where the RANZCOG Accreditation Panel, in consultation with the Accreditation Steering Group, recommends that accreditation be withdrawn, the training site will be invited to respond in writing (within 14 days) to the findings of the RANZCOG Accreditation Panel before a final decision to withdraw accreditation is approved by the Board.

In the event of loss of accreditation, RANZCOG may elect to allow FRANZCOG trainees to complete their current rotation at that training site. As a new rotation cycle commences, FRANZCOG trainees will not be allocated to the training site, until accreditation has been regained.

The training site and relevant State/Territory/New Zealand TAC will be notified in writing of RANZCOG’s decision and advised of the date on which accreditation is to be withdrawn to allow time, where possible, for alternative rotation arrangements to be made for the Basic trainees at the training site.

EXTENSIONS TO ACCREDITATION

As an accreditation period ends, a new phase of review begins with a reaccreditation visit. Visit schedules are determined by the Accreditation Team (in collaboration with the Head of Curriculum, Evaluation and Accreditation, the Chair of the RANZCOG TAC and the Specialist Advisor: Accreditation), and are subject to a range of factors including:

- Prioritisation of training sites with known issues
- Issues arising that were previously unforeseen
- Operational capacity to undertake the number of visits required in a certain period, noting that:
  - a limited number of visits are undertaken in December and January
  - no visits are undertaken during February and August due to changes in training rotation.
A site remains accredited if preparatory processes for a visit are underway, even though the new visit may be scheduled after the prior accreditation period finishes.

In cases where operational capacity prohibits scheduling a visit within a reasonable time of the end of the accreditation period, the training site may receive an extension to accreditation, in order that they maintain accredited status. The extension period is approved by the Head of Curriculum, Evaluation and Accreditation, the Chair of the RANZCOG TAC and the Specialist Advisor: Accreditation, and is set with the intention that the reaccreditation visit will occur by the end of the extension period.

Extensions will be limited so that the maximum period without a site visit is six years.

**ONGOING MONITORING OF ACCREDITED TRAINING SITES**

In addition to the training site accreditation processes detailed above, RANZCOG has a number of ongoing processes for evaluating the effectiveness of training provided to FRANZCOG trainees, including:

- Compulsory online six-monthly questionnaires for all FRANZCOG trainees who commenced training after 1 December 2013.
- Compulsory exit survey for FRANZCOG trainees completing the FRANZCOG Training Program.
- Survey of new Fellows 12 months after completing the FRANZCOG Training Program.
- Annual survey of FRANZCOG ITP Coordinators and Training Supervisors.
- Hospital Reports delivered by State/Territory/New Zealand TAC Chairs at RANZCOG TAC meetings.
- Monitoring of procedural numbers through the FRANZCOG Trainee Online Portfolio System.

RANZCOG may also receive information about hospital training sites via other avenues e.g. the Training Support Unit, direct feedback from Training Supervisors or other Fellows.

During an accreditation cycle, where information gathered through any of these means indicates that the hospital may not be meeting the requirements of the Standards, and a visit is not already scheduled, RANZCOG may implement one of the following accreditation interventions:

- Letter to training site asking for their response in relation to a specific issue or issues.
- Progress Report brought forward, with inclusion of trainee surveys for trainees from previous rotations.
- **Situational Analysis Report**, which comprises the preparatory processes for a site visit:
  - A Hospital Questionnaire form to be completed by the Head of O&G
  - Questionnaires to be completed by the site’s training supervisors, named consultants and the ITP Coordinator
  - Trainee Questionnaire sent to trainees currently at the training site, plus six-monthly assessment training survey responses
  - Procedure number data
  - Relevant information from the State/Territory/New Zealand TAC
  - Relevant information from the STP Program Manager
- An accreditation visit may be scheduled if the issues raised are significant, or as the result of the Progress Report or Situational Analysis Report outcomes.

Any of the interventions indicated above may result in a review of the training site’s accreditation outcome, including processes leading to loss of accreditation.
STANDARDS AND CRITERIA

The Standards are considered necessary for the provision of effective training and support for trainees in the FRANZCOG Training Program, including the Criteria associated with each Standard.

The following Standards are applicable to all training sites in both Australia and New Zealand, but allow for variations in location and function.

Note: **Standard 1 is only applicable to home/base hospitals of ITPs.**

<table>
<thead>
<tr>
<th></th>
<th>STANDARDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>APPOINTMENT AND SUPPORT FOR INTEGRATED TRAINING PROGRAM (ITP) COORDINATORS</td>
</tr>
<tr>
<td>2</td>
<td>APPOINTMENT AND SUPPORT FOR TRAINING SUPERVISORS</td>
</tr>
<tr>
<td>3</td>
<td>CONSULTANT INVOLVEMENT WITH AND SUPPORT FOR FRANZCOG TRAINEES</td>
</tr>
<tr>
<td>4</td>
<td>PROVISION OF CLINICAL SUPERVISION AND EXPERIENCE</td>
</tr>
<tr>
<td>5</td>
<td>PROVISION OF STRUCTURED EDUCATION PROGRAMS, TEACHING SESSIONS AND LEARNING OPPORTUNITIES</td>
</tr>
<tr>
<td>6</td>
<td>WORKPLACE CULTURE, REGISTRAR STAFFING, SAFE WORKING HOURS, LEAVE ARRANGEMENT AND ASSISTANCE FOR RURAL ROTATIONS</td>
</tr>
</tbody>
</table>
## STANDARD 1 – APPOINTMENT AND SUPPORT FOR INTEGRATED TRAINING PROGRAM (ITP) COORDINATORS

<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1</strong> A RANZCOG ITP Coordinator has been appointed at the principal ITP home/base hospital(s) to contribute to the development and monitoring of a planned education program that ensures FRANZCOG Trainees rotating to hospitals within the consortium are able to meet all the requirements of Basic Training (as detailed in the FRANZCOG Curriculum and RANZCOG Regulations Sections B and C).</td>
</tr>
<tr>
<td><strong>1.1.1</strong> <strong>Extensive Experience:</strong> An ITP Coordinator who has an interest in medical education and extensive experience with the FRANZCOG Training Program and is a Consultant on the hospital staff (usually the home/base hospital in the ITP) has been appointed by the relevant State/Territory/New Zealand TAC following a formal application process, in consultation with the relevant home/base hospital.</td>
</tr>
<tr>
<td><strong>1.1.2</strong> <strong>Rotations within the ITP:</strong> The ITP Coordinator contributes to the planning of a rotation schedule for each FRANZCOG trainee in the ITP for the duration of their Basic Training in consultation with the relevant State/Territory/New Zealand TAC. Where possible, FRANZCOG trainees are advised at least 12 months in advance of their rotations throughout the four years of the ITP, including their rural rotation.</td>
</tr>
</tbody>
</table>
| **1.1.3** **Education and Procedural Skills Program:** The ITP Coordinator takes responsibility for the development of a planned program of teaching and experiences for FRANZCOG trainees within the relevant consortium of hospitals to ensure they are able to meet the training and assessment requirements of Basic Training (as stated in the FRANZCOG Curriculum and RANZCOG Regulations). This includes liaising with individual Hospital Director(s)/Head(s) of O&G within the consortium to ensure that:  
  - All FRANZCOG trainees within the consortium receive formal basic obstetric skills face-to-face training as specified by the RANZCOG Basic Obstetric Skills Workshop Program in their first year of training.  
  - An Ultrasound Coordinator is nominated at the home/base hospital within the ITP to oversee the formal ultrasound training program and ensure that curriculum requirements are met. The Ultrasound Coordinator should ideally be a RANZCOG Fellow, but may not necessarily be the ITP Coordinator. The Ultrasound Coordinator, in consultation with the ITP Coordinator and the relevant hospitals, will determine the most appropriate site or sites for the training, as not all sites will provide ultrasound training. The Ultrasound Coordinator also appoints local Ultrasound Educators who are responsible for the hands-on training at appropriate sites in the ITP.  
  - All FRANZCOG trainees located within the ITP will be exposed to gynaecological oncology during their Basic Training, in a hospital within the ITP to which a certified Gynaecological Oncologist is appointed or interacts with. This hospital provides a multidisciplinary service including outpatients, operating and Multidisciplinary Team (MDT) reviews. Ideally this should include a formal 10-week rotation in gynaecological oncology. As a minimum, it should include assistance in the management of complex patients, attendance at a minimum of 10 Gynaecologic Oncology MDT meetings (video conferencing is acceptable) and the principles of complex pelvic surgery. |
Colposcopy training is provided within the ITP and FRANZCOG trainees have ready access to approved Assessors for the Colposcopy In-Hospital Clinical Assessment (IHCA) Workplace Based Assessment (WBA).

A surgical simulation training program is developed within the ITP in at least one hospital and made available to all trainees, either as part of their normal rotation to that hospital, or in separate formalised teaching sessions.

1.1.4 Implementation of the Education Program:
The ITP Coordinator liaises with relevant persons within the hospitals comprising the consortium, particularly the Training Supervisors, to ensure that the planned program of teaching and experiences for FRANZCOG trainees is implemented and appropriately supported.

1.1.5 Support of Training Supervisors:
The ITP Coordinator advises Training Supervisors in the performance of their tasks as required and assists them in the counselling of FRANZCOG trainees experiencing difficulties in their training.

1.1.6 Support of new Training Supervisors:
The ITP Coordinator ensures that all new Training Supervisors:
- Undertake the eight Clinical Educator Training (CET) online interactive modules that are located on the RANZCOG eLearning platform.
- Attend a RANZCOG Training Supervisors’ Workshop during their first year as a Training Supervisor, and, at a minimum, once every three years.

1.2 The appointed RANZCOG ITP Coordinator is provided with a minimum of one paid and protected session per fortnight to enable them to carry out their duties effectively.

1.2.1 Hospital Support:
The ITP Coordinator is provided with a minimum of one paid and protected session per fortnight and suitable administration support by hospitals to allow satisfactory performance of their duties. The special responsibilities of the ITP Coordinator are acknowledged in their employment contract and position description, including the provision of this paid and protected time. Payment for this time can be in addition to the Supervisor’s salary or factored in as part of the contracted salary.

1.3 The RANZCOG ITP Coordinator carries out their roles and responsibilities as outlined in the RANZCOG ITP Coordinator Position Description.

1.3.1 Roles and Responsibilities:
The ITP Coordinator is familiar with the RANZCOG ITP Coordinator Position Description - Roles and Responsibilities document, available on the RANZCOG website at:


RANZCOG Code of Conduct

All RANZCOG members, including but not limited to, Fellows, Specialist International Medical Graduates on the pathway to Fellowship and Trainee Affiliates, must comply with the RANZCOG Code of Conduct and conduct themselves in a manner that reflects the standard of professional and ethical behaviour expected by the College.
## STANDARD 2 – APPOINTMENT AND SUPPORT OF TRAINING SUPERVISORS

<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1</strong></td>
</tr>
<tr>
<td><strong>2.1.1</strong></td>
</tr>
<tr>
<td><strong>2.2</strong></td>
</tr>
<tr>
<td><strong>2.2.1</strong></td>
</tr>
<tr>
<td><strong>2.3</strong></td>
</tr>
<tr>
<td><strong>2.3.1</strong></td>
</tr>
<tr>
<td><strong>2.3.2</strong></td>
</tr>
<tr>
<td><strong>2.4</strong></td>
</tr>
<tr>
<td><strong>2.4.1</strong></td>
</tr>
<tr>
<td><strong>RANZCOG Code of Conduct</strong></td>
</tr>
<tr>
<td><strong>2.4.2</strong></td>
</tr>
</tbody>
</table>
2.4.3 **Rosters:**
In consultation with the Director(s)/Head(s) of O&G, Training Supervisors are responsible for ensuring that rostering arrangements are made in conjunction with Consultants and Advanced trainees familiar with the specific needs of FRANZCOG Basic trainees.

2.5 **Training Supervisors are familiar with the requirements of the FRANZCOG Curriculum and the current regulations governing training and assessment.**

2.5.1 **Training Program Requirements:**
Training Supervisors are familiar with the content and requirements of the FRANZCOG Training Program as set out in the *RANZCOG Regulations* and the *FRANZCOG Curriculum* documents available on the RANZCOG website at, respectively:

https://www.ranzcog.edu.au/Our-College/Governance/Constitution-Regulations


2.5.2 **Liaison with ITP Coordinator and State/Territory/New Zealand TAC Chair:**
Training Supervisors liaise closely with the relevant ITP Coordinator and/or State/Territory/New Zealand TAC Chair to discuss training issues and problems, particularly where the hospital is unable to provide FRANZCOG trainees with the clinical experience or support needed to meet the requirements of the FRANZCOG Training Program.

2.6 **Training Supervisors are available onsite on a regular weekly basis with an appointment of at least 0.2 Full-Time Equivalent (FTE).**

2.6.1 **Onsite Presence:**
Training Supervisors hold a minimum of a 0.2 FTE contract at the hospital where their allocated FRANZCOG trainees are employed.
STANDARD 3 – CONSULTANT INVOLVEMENT WITH AND SUPPORT FOR FRANZCOG TRAINEES

<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong></td>
</tr>
</tbody>
</table>
| **3.1.1** | **Full-Time Staff Specialist or Academic O&G Specialist:**  
The hospital employs a minimum of two RANZCOG Fellows as permanent members of staff.  
For hospitals undertaking more than 3000 births, there is at least one full-time Staff Specialist in O&G or full-time Academic O&G Specialist.  
There is an appropriate FTE of O&G to meet the clinical workload including after-hours clinical requirements.  
The hospital has sufficient O&G Consultant FTE to support, sustain and deliver the FRANZCOG Training Program, in addition to service provision requirements. |
| **3.1.2** | **Consultant Staff:**  
The hospital has sufficient Consultant FTE, determined by the workload and number of Registrars and Residents, to cover the following areas:  
- 24-hour birthing suite supervision (whether onsite or on-call).  
- Teaching, supervision and mentoring of FRANZCOG trainees in obstetrics and gynaecology.  
- Regular and active involvement in a Structured Educational Program, which includes making formal presentations on a rostered basis and regular attendance at sessions to provide a strong Consultant presence and involvement in discussions.  
- Coordination of audit activities in both obstetrics and gynaecology.  
- Supporting FRANZCOG trainees’ compulsory research activities. |
| **3.2** | FRANZCOG Consultants are actively involved and engaged in the teaching and training of Registrars in theatre, clinics and on the wards and birthing suite. |
| **3.2.1** | **Consultant position description or statement of duties:**  
Each Consultant’s position description or statement of duties clearly stipulates the requirement for Consultants to teach and supervise FRANZCOG trainees. A sample position description or statement of duties should be available for review by the RANZCOG Accreditation Panel during an accreditation visit. |
| **3.2.2** | **Appropriate Consultant Support:**  
A Consultant is always available to attend the birthing suite in a timely manner when requested by any Basic or Advanced trainee, or when the clinical circumstances indicate that attendance is warranted.  
A Year 1 FRANZCOG trainee rostered to cover labour ward has the continuous presence of a more senior trainee or Consultant at all times on the labour ward until they are credentialed by the hospital to manage birth suite without continuous senior presence. |
3.2.3 **Appropriate After-Hours Supervision:**
FRANZCOG trainees have immediate access to the duty Consultant for advice and, where appropriate, their physical presence, to assist with decision making, and for the supervision and assistance of procedures.

Each Year 1 FRANZCOG trainee rostered on night duty has adequate supervision by an onsite or on-call Consultant or a Senior Registrar, even when the FRANZCOG trainee has been credentialed by the hospital to perform specific procedures without direct onsite supervision.

3.2.4 **On-call Arrangement:**
As many Consultants as is reasonable are involved in the on-call arrangements to assist in lowering the individual loads and providing an increased pool of teachers and potential mentors for FRANZCOG trainees.

All Consultants on the on-call roster are available to physically attend within 30 minutes or are contractually required to stay overnight when on-call and are provided with appropriate accommodation.

3.2.5 **Team Structure:**
Hospitals have a planned team/unit structure which ensures a high quality and continuity of patient care whilst maximising teaching, learning and training opportunities.

3.2.6 **Primary Operator:**
Consultants afford both Basic and Advanced trainees every available Primary Operator experience relevant to the FRANZCOG trainee’s skill level and experience and complexity of the case, and ensure appropriate supervision.

3.2.7 **Role of the Consultant:**
Designated Consultants have day-to-day responsibility for effective supervision and training, including:

- Treating FRANZCOG trainees with respect and courtesy.
- Providing regular constructive feedback.
- Taking FRANZCOG trainees through each new procedure and giving adequate opportunities to practise their skills.
- Taking every opportunity to complete formative and summative Assessments of Procedural and Surgical Skills (APSSs) as appropriate, using the designated WBA forms.
- Close observation of each FRANZCOG trainee’s practice and training, including their pre-operative assessment of a case, intra-operative performance, and post-operative care.
- Involving FRANZCOG trainees in case follow-up and appropriate documentation.
- Daily attendance at morning birthing suite handovers and gynaecology ward rounds, including weekends.
- Involvement in credentialing of FRANZCOG trainees.
- Involvement in the structured In-Hospital Education Program, including leading case presentations and perinatal mortality and morbidity sessions.
- Assisting FRANZCOG trainees to improve their communication and decision-making skills.
- Listening to FRANZCOG trainees’ concerns about training and responding respectfully.
- Taking on the role of mentor (whether formally or informally).

### 3.2.8 Consultant Support in Clinics:
Consultants lead clinics attended by Basic trainees on a regular basis.

### 3.3 FRANZCOG Consultants help to provide a workplace culture that is harmonious and supportive of training.

#### 3.3.1 Consultants and Workplace Culture:
Consultants contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up-to-date, evidence-based care. Consultants conduct themselves in a professional manner and have zero tolerance for workplace bullying, harassment and discrimination.

*RANZCOG Code of Conduct*

All RANZCOG members, including but not limited to, Fellows, Specialist International Medical Graduates on the pathway to Fellowship and Trainee Affiliates, must comply with the RANZCOG Code of Conduct and conduct themselves in a manner that reflects the standard of professional and ethical behaviour expected by the College.
### STANDARD 4 – PROVISION OF CLINICAL SUPERVISION AND EXPERIENCE

<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
</table>
| **4.1** Basic trainees are provided with the appropriate clinical supervision and experience to meet the requirements of Basic Training and to ensure the progression of clinical competence from ‘novice’ to ‘proficient’.

| **4.1.1** Basic Clinical Experience: |
| Basic trainees are provided with the clinical experience and opportunities to enable them to meet the requirements of Basic Training, including any RANZCOG recommended procedure numbers. It is recognised that the level of experience provided in some procedures varies between individual hospitals within an ITP consortium. Access to training experience in Subspecialist disciplines is not limited because of Subspecialty Training positions. Training experience is not compromised by positions occupied by non-FRANZCOG trainees. |

| **4.1.2** Assessment of Procedural and Surgical Skills (APSS): |
| Consultants teach and provide appropriate feedback to FRANZCOG trainees undertaking their formative and summative APSS workplace-based assessments as required by the RANZCOG Regulations and FRANZCOG Curriculum, and relevant to a FRANZCOG trainee’s year level in the FRANZCOG Training Program. |

| **4.1.3** Increased Responsibilities: |
| Clinical responsibilities and training opportunities increase in complexity as the FRANZCOG trainee progresses through the FRANZCOG Training Program. |

| **4.1.4** Roster Requirements: |
| Rosters ensure regular sessions in the following (noting that smaller sites may not be able to offer all components and that coverage of these components is determined as part of ITP rotation arrangements): |
| - Full day in the birthing suite |
| - General gynaecological surgery (including operative laparoscopy) |
| - Caesarean section list |
| - Antenatal clinic |
| - Gynaecological clinic |
| - Antenatal, postnatal and gynaecology ward rounds |
| - Minor procedures |
| - Ultrasound |
| - Colposcopy |
| - Pre-admission clinic |
| - Involvement in the continuity of care from admission to discharge |
| - Family planning (clinics and relevant surgical opportunities) |
| Within the ITP, there are opportunities for: |
| - Obstetrics of high complexity |
| - Urogynaecology |
| - Gynaecological oncology |
| - Reproductive endocrinology and infertility (REI). |
**4.1.5 Gynaecological Surgery Lists:**

The hospital provides FRANZCOG trainees with sufficient gynaecological surgical experience as the Primary Operator to meet RANZCOG’s clinical requirements.

In any six-monthly period, Basic trainees at a hospital average at least one major surgical case per week as primary operator. Where FRANZCOG trainees are rostered in blocks to nights or obstetrics only, their corresponding terms in gynaecology have sufficient gynaecological surgery majors so that the overall average remains at > 23 major gynaecological surgical procedures as Primary Operator per six-monthly training period.

The average number of procedures can be applied across all Basic trainees so that where a FRANZCOG trainee may have lower numbers because they have taken leave or are covering nights or obstetrics, another FRANZCOG trainee(s) will have higher numbers if covering mainly gynaecology. Overall the FRANZCOG trainee average for the hospital must be > 23 major gynaecological surgical procedures as Primary Operator per six-monthly training period.

If the gynaecological surgical training takes place at a ‘sister hospital’ to the obstetric training facility, cases undertaken at both training sites may be assessed together for the purposes of meeting core training procedure number requirements.

Surgical procedure numbers in all units will be monitored through RANZCOG’s Online Portfolio System, and made available to ITP Coordinators and State/Territory/New Zealand TACs at regular intervals.

**4.1.6 FRANZCOG trainees and Non-FRANZCOG trainees:**

FRANZCOG trainees have priority access to O&G theatre lists over other junior medical staff who are not FRANZCOG trainees. This priority is reflected in the roster and position descriptions of FRANZCOG trainees.

**4.1.7 Primary Operator Experience:**

FRANZCOG trainees are given maximum opportunities and experience by Consultants as the Primary Operator having regard to year level and abilities, and also are given opportunities to utilise training in expanded settings (e.g. private settings).

**4.1.8 Birthing Suite Rostering:**

Year 1 FRANZCOG trainees are always rostered on with either a Consultant or Advanced trainee who is dedicated to the birthing suite, except where the in-house credentialing has identified that such supervision is not required. During this time, the Consultant or Advanced trainee does not have any other clinical public duties that would interfere with or preclude this level of supervision.
### 4.1.9 Birthing Suite and Accident/Emergency/Women’s Health Assessment:
FRANZCOG trainees are not required to provide cover for both the birthing suite and Accident and Emergency when working on their own after hours in a hospital with more than 2000 births per year. Support by a suitably experienced junior medical officer is appropriate – not an Intern. In smaller hospitals with less than 2000 births per year, the night Registrar may be required to cover the birthing suite and also see acute O&G cases in Accident/Emergency/Women’s health assessment if appropriate.

### 4.1.10 After Hours Support:
FRANZCOG trainees working after hours on the birthing suite are provided with support, at a minimum, by a Hospital Medical Officer / House Officer in at least their second postgraduate year (i.e. PGY2 – not an Intern) to enable them to safely perform their clinical responsibilities and maximise available training opportunities:

- **> 2000 births:** 24-hour cover (particularly where the FRANZCOG trainee is expected to concurrently cover emergency, antenatal/gynaecology ward and the postnatal ward;
- **1000-2000 births:** 8am to 10pm;
- **< 1000 births:** not required.

Hospital Medical Officers are able, at a minimum, to:

- Take blood and insert intravenous cannulas;
- Conduct initial assessments by taking an appropriate clinical history;
- Perform vaginal and speculum examinations;
- Assist with episiotomy repairs;
- Assist in emergencies;
- Assist in theatre; and
- Handle drug orders/prescriptions.

### 4.1.11 Experience in Clinics:
FRANZCOG trainees at tertiary and country base/metropolitan district hospitals are provided with experience in the care of a broad range of ambulatory (outpatient) cases as well as those presenting with urgent problems. Each FRANZCOG trainee is given the opportunity, under the supervision of a Consultant, to provide an initial assessment and consultative service to patients presenting with emergency conditions. At training sites where the provision of outpatient services has been delegated to the private sector or Consultants’ rooms, the FRANZCOG trainee is provided with opportunities to act as the primary clinician with appropriate oversight.

Rosters for FRANZCOG trainees at all training sites ensure that the FRANZCOG trainees have the maximum available experience, including access to gynaecology, colposcopy, antenatal and pre-operative anaesthetic clinics.

### 4.1.12 Policies, Procedures and Clinical Guidelines:
All policies, procedures and clinical guidelines relevant to O&G are regularly reviewed and revised, and consistently followed by all Consultants to an auditable standard.
### 4.1.13 Birthing Suite Handover:

The morning birthing suite handover is utilised as an educational opportunity for FRANZCOG trainees (noting operational requirements) and includes proactive planning and triaging. Consultants take opportunities as they arise to highlight valuable learning points and provide constructive feedback to trainees (with negative feedback provided separately and individually, rather than in this public forum). In a tertiary hospital, the Consultant on duty, the Senior Registrar and the Team Leader/Midwife are present at handovers. The handovers are multidisciplinary and frequently include a Paediatrician and Anaesthetist. Respectful discourse is a key feature of handover.

### 4.1.14 Training in Expanded Settings:

Where FRANZCOG trainees utilise training in an expanded setting, including consultants’ private rooms, the expanded setting has a documented process for obtaining informed patient consent for all procedures in which FRANZCOG trainees are involved. The training site also ensures that medical indemnity insurance is in place for both the FRANZCOG trainee and the Consultant undertaking the training/supervising activities.

### 4.1.15 FRANZCOG Trainee In-Hospital Credentialing:

The hospital has a documented credentialing process in place to identify each FRANZCOG trainee’s competence in core obstetric and gynaecological surgical procedures. The In-Hospital credentialing process is the responsibility of the Director(s)/Head(s) of O&G in consultation with the Training Supervisor and in collaboration with Consultants, Advanced trainees and other relevant Health Practitioners.

The hospital may develop its own credentialing process or utilise that of the RANZCOG In-Hospital Credentialing document, available on the RANZCOG website at: [https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/In-hospital-Credentialing-Documentation](https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/In-hospital-Credentialing-Documentation)

The hospital may also have a list of procedures where the Consultant must always be present. If this exists, it supersedes the level of credentialing of any individual FRANZCOG trainee.

The credentialing document specifies the level of supervision each FRANZCOG trainee requires for specific procedures particularly where these are performed after hours. If a FRANZCOG trainee is listed as requiring after hours direct supervision for a particular procedure, the on-call Consultant attends until such time as the Registrar is credentialed for that procedure to be supervised remotely. Regardless of the credentialing for a particular procedure, FRANZCOG trainees feel comfortable to seek assistance from a Consultant(s), who provides support when requested to do so. The credentialing document is distributed to all relevant Staff, such as Consultants, including Locums, Senior Midwifery and Theatre Staff, Advanced trainees and Theatre Nurses.

The credentialing document is reviewed and updated for each FRANZCOG trainee every six months at a minimum. All relevant staff adheres to the level to which an individual FRANZCOG trainee is credentialed. Where necessary, and in addition to their own credentialing processes, hospitals other than the home/base hospital verify with the home/base hospital the credentialing of their allocated FRANZCOG trainee(s).
4.2 Advanced trainees are provided with the appropriate clinical opportunities to enable them to undertake either a ‘Generalist’ or ‘Non Generalist’ Pathway and relevant Advanced Training Modules (ATMs) during their Advanced Training.

4.2.1 Advanced Clinical Experience:
Advanced trainees are provided with the clinical experience and opportunities to enable them to meet the requirements of Advanced Training, including any relevant ATMs.

4.2.2 Access to Areas of Special Interest:
Advanced generalist trainees’ access to Subspecialist/special interest disciplines is not prevented by Subspecialist/special interest trainees or positions filled by non-FRANZCOG trainees.

4.2.3 Primary Operator Experience:
Advanced trainees are provided with opportunity to advance in practice from Advanced trainee to Consultant in the clinical management of complex obstetrics, common emergency gynaecology and office gynaecology as well as any other area(s) of special interest and intended scope of practice. This includes reaching a high level of independence in the performance of procedural and surgical skills, which necessitates:

- Primary Operator experience, with a junior assistant, for those procedures where remote supervision credentialing level has been achieved.
- Directly supervised Primary Operator experience for those procedures where onsite or remote credentialing level has not yet been achieved.
- Supervising Basic trainees who are acting as the Primary Operator.

4.2.4 Training in Private or Expanded Settings:
Where Advanced trainees utilise training in expanded settings (e.g. Consultants’ private rooms), the expanded setting has a documented process for obtaining informed patient consent for all procedures that may involve a FRANZCOG trainee. The training site must also ensure that medical indemnity insurance is in place for both the FRANZCOG trainee and the Consultant undertaking the training/supervising activities.

4.2.5 Professional Attributes:
Advanced training positions have a defined role that includes most of the following:

- Administration
- Rostering of junior staff
- Involvement in audit
- Organisation and performance of education activities for Medical Students, FRANZCOG trainees and other clinical staff who are not FRANZCOG trainees
- Recognised role in the training and assessment of Basic trainees
- Participation as appropriate in Departmental Consultant Meetings
- Involvement in the development of policies, procedures and clinical guidelines.

4.3 Training Sites have a Patient Consent form that allows for patient information to be used for training purposes.

4.3.1 Patient Consent:
Training sites have Patient Privacy/Consent processes that include a statement acknowledging that patient information can be used for training purposes.
<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1</strong></td>
</tr>
<tr>
<td><strong>5.1.1</strong></td>
</tr>
<tr>
<td><strong>5.1.2</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>If a hospital is a small urban or rural training site, a structured though less comprehensive Education Program is provided at least monthly. The program timetable includes as a minimum:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>5.1.3</strong></td>
</tr>
<tr>
<td><strong>5.1.4</strong></td>
</tr>
</tbody>
</table>
5.2 Rostering arrangements and strategies are in place to ensure that all FRANZCOG trainees have protected time to attend education sessions. FRANZCOG trainees are not rostered for other duties when education sessions are scheduled, except for the provision of emergency cover.

5.2.1 Protected Training/Teaching Time:
FRANZCOG trainee timetables include protected teaching time to attend and/or conduct educational sessions. Arrangements are in place to ensure that Basic trainees are able to attend educational sessions. This may include designation of Consultants, Advanced trainees or non-FRANZCOG trainees to hold the Basic trainees’ pagers and cover the birthing suite or the clinics at these times. FRANZCOG trainees should be receiving at least four hours of paid training/teaching time per week.

5.3 Formal basic obstetric skills training sessions are provided for all Year 1 FRANZCOG trainees.

5.3.1 Basic Obstetric Surgical Skills Training:
Formal teaching sessions in basic obstetric skills are provided by designated Consultants in accordance with the RANZCOG Basic Obstetric Surgical Skills Workshop: Trainees’ Manual. Where this does not occur, the hospital arranges for any Year 1 FRANZCOG trainees to attend such workshops/sessions in another hospital within the ITP.

5.4 Structured ultrasound and colposcopy training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Ultrasound Assessment of Procedural and Surgical Skills (APSS) and Colposcopy In-Hospital Clinical Assessments (IHCA)

5.4.1 Ultrasound:
Ultrasound Training Time:
Basic trainees must be allocated to dedicated ultrasound training sessions, defined as follows:
- in an ultrasound department or ultrasound practice
- direct hands-on scanning by the trainee
- sessions of at least 3 uninterrupted hours duration
- under direct ‘in room’ supervision by an Ultrasound Educator approved by the Ultrasound Coordinator.

Each Basic trainee must be allocated to a minimum of 23 such sessions in the first 92 weeks of training.

Ultrasound Procedural Numbers:
As a minimum, Basic trainee logbooks at the end of the first 92 weeks of training should reflect:
- 25 x 1st trimester vaginal scans
- 25 x 3rd trimester growth scans including Doppler.

Ultrasound Workshop:
Basic trainees are required to complete a RANZCOG-approved internal or external course or workshop by the end of 104 weeks of Basic Training. The training site must allow and support trainees’ attendance at such a workshop.

5.4.2 Colposcopy:
Basic trainees are rotated through attachment to a colposcopy service, with sufficient caseload and continuity of exposure to both new and review cases to enable them to obtain the skills required to pass the Colposcopy IHCA or APSS.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.5</strong></td>
<td>Simulation training is offered to all FRANZCOG trainees.</td>
</tr>
</tbody>
</table>
| **5.5.1** | Simulation Training:  
Within the units that comprise an ITP, FRANZCOG trainees have access to simple basic skills training equipment including as a minimum a box trainer and appropriate instruments, and pelvic model appropriate to train in instrumental birth and obstetric manoeuvres. Trainees should be and are rostered to regularly utilise simulation activities and equipment on or offsite to increase their skills, confidence and dexterity. The equipment is to be available in an area that is accessible out of regular working hours and accompanied by an appropriate curriculum to guide learning. A training supervisor with appropriate expertise in education or simulation should be nominated to coordinate simulation activities within the program, ensure equipment is maintained and ensuring equity of access to trainees from all sites in the ITP. |
| **5.6** | FRANZCOG trainees have the opportunity to attend external education activities, meetings, courses and workshops. |
| **5.6.1** | External Education Program:  
FRANZCOG trainees are given opportunities to attend external education activities, meetings, courses and workshops, including education sessions conducted at nearby RANZCOG-accredited training sites. Consideration is given by the hospital to reimburse or partially reimburse costs involved in attending relevant conferences and workshops that will assist a FRANZCOG trainee’s knowledge, skills and level of understanding to meet learning objectives of the training program. |
| **5.7** | FRANZCOG trainees are provided with regular opportunities to teach prevocational medical staff and medical students. |
| **5.7.1** | Teaching Residents and Medical Students:  
Advanced trainees are rostered onto the tutorial program for Basic trainees, prevocational trainees and/or medical students and regularly give tutorials. FRANZCOG trainees are involved in one-on-one teaching with Residents on the ward and in theatre where such an arrangement is feasible and appropriate. |
| **5.8** | FRANZCOG trainees undertaking Advanced Training are provided with additional educational opportunities. |
| **5.8.1** | Advanced Courses, Workshops and Academic Development:  
Advanced trainees are given opportunities to attend specific courses appropriate to their training plan or area(s) of special interest. |
| **5.8.2** | Teaching and Assessing of FRANZCOG Basic trainees:  
In addition to teaching residents and medical students, Advanced trainees have a formalised and recognised role in the training of Basic trainees, including the assessment of the procedural and surgical skills that need to be signed off by the end of Year 1 and Year 2 of Basic Training. |
| **5.8.3** | Administration Duties:  
Advanced trainees are involved in some or all of: rostering of junior Staff, Department audits, organisation and performance of educational activities for medical students, prevocational trainees, DRANZCOG trainees, FRANZCOG trainees and participation as appropriate in Departmental Consultant Meetings and policy development for the unit. |
5.9 In hospitals with five consultants or more, at least one Consultant is a FRANZCOG Examiner, or has been within the last 10 years.

5.9.1 FRANZCOG Examiners:
In hospitals with five consultants or more, at least one Consultant is a FRANZCOG Examiner, or has been within the last 10 years. This is to ensure that teaching and learning focuses on the knowledge, skills, professional qualities and competencies expected and which are assessed informally and formally throughout the training program both within the hospital and through the examinations.

5.10 The O&G Department provides an adequate range of education resources to support the learning environment.

5.10.1 Facilities for FRANZCOG trainees:
FRANZCOG trainees are provided with Information Technology (IT) and on-line library facilities including:
- Ready access to personal computers (PCs), with internet access and supportive software such as evidence-based clinical decision support tools (e.g. UpToDate) and medical databases (e.g. Medline) with relevant passwords where required.
- On-line access to relevant electronic journals and an extensive and up-to-date library collection, including access to an efficient interlibrary loan facility.
- A fully equipped, appropriately sited and resourced room for the sole use of FRANZCOG trainees. This includes a minimum of one computer for every five FRANZCOG trainees.

5.11 Research opportunities and support and protected research/study time are provided to FRANZCOG trainees to undertake private study and their compulsory research project.

5.11.1 Research Support and Commitment to Research:
If a hospital is a major teaching hospital with a University affiliation and academic department, FRANZCOG trainees are provided with research opportunities with appropriate guidance, mentoring and supervision.

The provision of research support and opportunities includes:
- Identification of individuals on staff to provide support, advice and guidance to FRANZCOG trainees to undertake their compulsory research projects.
- Identification of a range of research possibilities for FRANZCOG trainees including but not limited to systematic reviews for publication in the Cochrane Library, systematic literature reviews, case reports and local audits.
- Opportunities to present research projects in peer-reviewed journals, at conferences and Annual Scientific Meetings (ASM).
- Allocation of a paid and protected half day of research/study/administration time per FRANZCOG trainee per fortnight in addition to protected time for attendance at In-Hospital education sessions. This is to be provided regardless of whether there is an existing jurisdictional obligation to provide this time for FRANZCOG Trainees.

FRANZCOG trainees at major teaching hospitals and peripheral training sites participate in additional research activities, including obstetric audits and assisting in the review and writing of protocols.
<table>
<thead>
<tr>
<th>Section</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.12</td>
<td>The hospital provides an easily accessible obstetric database to assist FRANZCOG trainees with audit and research.</td>
</tr>
<tr>
<td>5.12.1</td>
<td>Obstetric Database: FRANZCOG trainees can easily access an obstetric database to assist with audit and research.</td>
</tr>
<tr>
<td>5.13</td>
<td>The O&amp;G Department conducts regular minuted Consultant meetings.</td>
</tr>
<tr>
<td>5.13.1</td>
<td>Consultant Meetings: The O&amp;G Department holds regular minuted meetings with Consultants and Registrars that address matters such as policy development, training, education, safety and quality and administration. This may be through the attendance by a nominated Senior Registrar at regular senior staff meetings, or communication of policy decisions through a regular bulletin or email. The O&amp;G Department holds regular minuted inter-professional meetings that provide opportunities for members of the multi-disciplinary team to discuss relevant matters, including any issues that may be impacting on the health and well-being of FRANZCOG trainees.</td>
</tr>
</tbody>
</table>
### STANDARD 6 – WORKPLACE CULTURE, REGISTRAR STAFFING, SAFE WORKING HOURS, LEAVE ARRANGEMENTS AND ASSISTANCE FOR RURAL ROTATIONS

<table>
<thead>
<tr>
<th>CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1</strong></td>
</tr>
</tbody>
</table>
| **6.1.1**| **Workforce Culture:**  
The leadership and organisational culture is supportive and harmonious. Team work and morale are strong and this culture is propagated amongst the Medical, Midwifery, Nursing, Allied Health Staff and Management with constructive inter-professional relationships encouraged. The training site has zero tolerance for workplace bullying, harassment and discrimination. The training site has comprehensive policies and processes to identify, investigate and resolve issues of workplace, bullying, harassment and discrimination. Consultants, FRANZCOG trainees and other hospital Medical Officers are trained in recognising and dealing with instances of workplace bullying, harassment and discrimination and conduct themselves in a professional manner in accordance with the publications of the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) relating to good medical practice for Australian and New Zealand doctors available on the following websites at, respectively:  
https://www.amc.org.au/about/good-medical-practice  
Mechanisms are in place to identify and assist FRANZCOG trainees who may be experiencing personal and/or professional difficulties that may in turn be affecting their training. |
| **6.2**  | A suitable number of junior medical staff is employed to ensure sufficient training opportunities exist for FRANZCOG trainees to meet training requirements, over and above meeting service requirements. |
| **6.2.1**| **Trainee Staffing:**  
Trainee numbers are such as to ensure FRANZCOG trainees receive adequate training opportunities as defined in the *FRANZCOG Curriculum* in addition to the hospital clinical service requirements. |
| **6.3**  | The hospital complies with award conditions relating to working hours and shift work relevant to the region in which it is located. |
| **6.3.1**| **Award Conditions – Working Hours:**  
The hospital adheres to the relevant award conditions in relation to working hours and shift work prescribed under the Australian Medical Association (AMA) “National Code of Practice - Hours of Work, Shiftwork and Rostering Hospital Doctors”, individual Australian state/territory or New Zealand OH&S legislation, or stipulations of the New Zealand “Resident Doctors’ Association and 20 District Health Boards Multi-Employer Collective Agreement (1 April 2019 to 31 March 2021)” as applicable. Rosters are available to demonstrate compliance if requested. |
### 6.3.2 Guide to Appropriate Hours:

RANZCOG recommends the following guide for hospitals:

- FRANZCOG trainee hours worked in a 14-day period complies with the appropriate award applicable in the relevant Australian state/territory or New Zealand.
- The maximum length of a Registrar’s shift is generally no more than 16 hours. This maximum shift length is exclusive of on-call shifts, regardless of whether the on-call requires onsite presence. In a hospital delivering less than 500 births annually, this may be extended to 24 hours.
- If occasional 24-hour shifts are undertaken, they are followed by a day off and only occur at hospitals where there is 24-hour Resident cover and ready availability of Consultant support.
- Weekend rosters are organised on a minimum 1:3 basis. A 1:2 roster on a consistent basis is only used on occasion and only when staffing difficulties at a particular training site allow no other option.

RANZCOG acknowledges, in circumstances where there is easy access to Consultant support, some flexibility to the above guide is needed for smaller hospitals, particularly in rural areas where there is only one FRANZCOG trainee and they are required to be on-call over the weekend.

### 6.3.3 Physical Safety and Security:

FRANZCOG trainees working extended hours and/or subject to on-call and call-out arrangements which require them to attend and leave the hospital workplace at unusual hours, are provided with:

- Physical safety and security, such as lighting and escorts, when leaving work and reaching their car or transport at times well outside normal business hours.
- Taxis or other transport when work-induced fatigue makes it unsafe for the trainee to drive home in their own car.

### 6.3.4 Arrangements for FRANZCOG trainees After Hours:

FRANZCOG trainees working on-call from home after hours are available within 30 minutes and a rest room is provided and available onsite.

### 6.4 The hospital permits FRANZCOG trainees to undertake fractional training subject to the requirements of the hospital and prospective approval by the Chair of the relevant State/Territory/New Zealand TAC.

#### 6.4.1 Fractional Training:

Subject to the staffing levels and the requirements of the hospital, and where approved by the Chair of the relevant State/Territory/New Zealand TAC and the hospital, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 FTE and 1.0 FTE after they have completed their first 12 months of full-time training. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.

#### 6.4.2 Leave Arrangements:

The hospital adheres to the relevant award conditions regarding minimum annual leave entitlements. Additionally, FRANZCOG trainees are afforded two weeks of study/conference leave per year, which is recognised as part of active clinical service.
| 6.4.3 | **Training Whilst Pregnant:**  
The hospital is supportive of, and familiar with, workplace policies and OH&S protocols relating to working while pregnant and accommodates FRANZCOG trainee requests where possible, as outlined in the *Clinical training whilst pregnant* statement available under Statements and Guidelines on the RANZCOG website at: [https://www.ranzcog.edu.au/Statements-Guidelines](https://www.ranzcog.edu.au/Statements-Guidelines) |
| 6.4.4 | **Training After Taking Leave:**  
A supportive and comprehensive return to work program is provided, in accordance with RANZCOG Regulations in relation to time out of training. |
| 6.5 | **A mentor is offered and available if requested or recommended, in addition to the Training Supervisor.** |
| 6.5.1 | **Mentor:**  
The hospital facilitates the provision of an appropriate mentor if requested by the FRANZCOG trainee or if it is felt that a FRANZCOG trainee may benefit from the guidance and support of a mentor in addition to the Training Supervisor as outlined in the RANZCOG Mentoring Policy, available under Statements and Guidelines on the RANZCOG website at: [https://www.ranzcog.edu.au/Statements-Guidelines](https://www.ranzcog.edu.au/Statements-Guidelines)  
Appropriate mentors may include health professionals outside of the O&G specialty. |
| 6.6 | **The hospital, if providing a rural rotation, provides appropriate accommodation for the duration of the rotation.** |
| 6.6.1 | **Accommodation:**  
The hospital, if providing a rural rotation, provides:  
- Hospital accommodation or other subsidised accommodation, or assistance in obtaining suitable accommodation for the FRANZCOG trainee and their family.  
- Removal expenses to and from the rural location.  
- Travel expenses to and from the rural location.  
- Funding for at least two home visits by the FRANZCOG trainee in each six-month period, equating to not less than 50% of the costs involved. |
| 6.7 | **The hospital has in place a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or perinatal outcomes.** |
| 6.7.1 | **Critical Incident Management:**  
The hospital has strategies in place to support FRANZCOG trainee health and wellbeing and a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or perinatal outcomes. |
### APPENDIX ONE: FRANZCOG ACCREDITED TRAINING SITES

#### AUSTRALIA

<table>
<thead>
<tr>
<th>STATE</th>
<th>ITP HOSPITAL</th>
<th>TRAINING SITE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>Mercy Hospital for Women</td>
<td>Mercy Hospital for Woman Ballarat Base Hospital Bendigo Base Hospital University Hospital Geelong Goulburn Valley Health Northern Hospital (Epping) Northeast Health Wangaratta Warrnambool Base Hospital Western Health Albury Wodonga Health</td>
<td>Home/base hospital Rural rotation Rural rotation Rural rotation Rural rotation Rural rotation Rural rotation</td>
</tr>
<tr>
<td></td>
<td>Monash Health</td>
<td>Monash Medical Centre Dandenong Hospital Casey Hospital Angliss Hospital Box Hill Hospital University Hospital Geelong Mildura Base Hospital Launceston General Hospital Latrobe Regional Hospital Bendigo Base Hospital West Gippsland Hospital</td>
<td>Home/base hospital Rural rotation Rural rotation Rural rotation Rural rotation Rural rotation</td>
</tr>
<tr>
<td></td>
<td>The Royal Women’s Hospital</td>
<td>Royal Women’s Hospital Ballarat Base Hospital Bendigo Base Hospital University Hospital Geelong Goulburn Valley Health Northern Hospital (Epping) Sandringham Hospital Sunshine Hospital Northeast Health Wangaratta Warrnambool Base Hospital Werribee Mercy Hospital Albury Wodonga Health</td>
<td>Home/base hospital Rural rotation Rural rotation Rural rotation Rural rotation Rural rotation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Eastern Health/Monash Health | Box Hill Hospital | Monash Health  
Angliss Hospital  
Dandenong Hospital  
Goulburn Valley Health  
Launceston General Hospital  
Mildura Base Hospital | Home/base hospitals |
|-------------------------------|------------------|---------------------------------|
| Western Health | Sunshine Hospital | Royal Women’s Hospital  
Victorian rural rotation | Home/base hospitals |
| Northern Hospital/Mercy Hospital for Women | Northern (Epping) | Mercy Hospital for Women  
Ballarat Base Hospital  
Bendigo Base Hospital  
University Hospital Geelong  
Goulburn Valley Health  
Northeast Health Wangaratta  
Warrnambool Base Hospital  
Western Health  
Albury Wodonga Health | Home/base hospitals |
| Frankston Hospital (Mornington Peninsula) | Frankston Hospital (Mornington Peninsula) | Mercy Hospital for Women  
Gippsland Health Service (Sale) | Home/base hospital |
| NSW/ACT | The Canberra Hospital | The Canberra Hospital  
Calvary Health Care  
Wagga Wagga Base Hospital  
Launceston General Hospital | Home/base hospital |
| St George Hospital | St George Hospital | Bankstown-Lidcombe Hospital  
Sutherland Hospital  
Lismore Base Hospital  
Wollongong Hospital  
Royal Hospital for Women | Home/base hospital |
| John Hunter Hospital | John Hunter Hospital | Maitland Hospital  
Manning Base Hospital (Taree)  
Tamworth Rural Referral Hospital | Home/base hospital |
| Royal Prince Alfred Hospital (RPAH) | RPAH Women and Babies | Canterbury Hospital  
Royal Darwin Hospital  
Tweed Hospital/Murwillumbah Hospital (Tweed Valley Obstetric and Gynaecological Service) | Home/base hospital |
<table>
<thead>
<tr>
<th>Region</th>
<th>Hospital Name and Location</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Sydney</td>
<td>Royal North Shore Hospital: Hornsby Ku-ring-gai Hospital, Northern Beaches (Manly Hospital &amp; Mona Vale Hospital), Port Macquarie Base Hospital, Gosford Hospital</td>
<td>Home/base hospital</td>
</tr>
<tr>
<td></td>
<td>Western Sydney: Westmead Hospital: Auburn Hospital, Blacktown &amp; Mount Druitt Hospital, Dubbo Base Hospital, Coffs Harbour Base Hospital</td>
<td>Rural rotation</td>
</tr>
<tr>
<td></td>
<td>Nepean Hospital: Nepean Hospital: Westmead Hospital, Orange Base Hospital</td>
<td>Home/base hospital</td>
</tr>
<tr>
<td></td>
<td>Royal Hospital for Women: Royal Hospital for Women: Wollongong Hospital, Tamworth Rural Referral Hospital, Port Macquarie Base Hospital</td>
<td>Rural rotation</td>
</tr>
<tr>
<td></td>
<td>Liverpool Hospital: Liverpool Hospital: Fairfield District Hospital, Bankstown-Lidcombe Hospital, Tweed Hospital/Murwillumbah Hospital (Tweed Valley Obstetric and Gynaecological Service), Campbelltown Hospital, Lismore Base Hospital</td>
<td>Rural rotation</td>
</tr>
<tr>
<td></td>
<td>Provinicial ITP (PITP) – Dubbo/Orange: Dubbo Base Hospital and Orange Base Hospital: Westmead Hospital</td>
<td>Year 3 Rural rotation</td>
</tr>
<tr>
<td>SA/NT</td>
<td>Flinders Medical Centre: Gawler Hospital, Lyell McEwin Hospital, Modbury Hospital, Mount Gambier and District Health Services (Millicent), Queen Elizabeth Hospital, Royal Adelaide Hospital, Royal Darwin Hospital, Women’s and Children’s Hospital</td>
<td>Home/base hospital Rural rotation</td>
</tr>
<tr>
<td>QLD</td>
<td>Mater Mother’s Hospital: Mater Mothers’ Hospital: Ipswich Hospital, Hervey Bay Hervey Bay, Redland Hospital, Mackay Base Hospital</td>
<td>Home/base hospital Rural rotation</td>
</tr>
<tr>
<td>Location</td>
<td>Hospital/Location</td>
<td>Training Year</td>
</tr>
<tr>
<td>----------</td>
<td>------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Royal Brisbane and Women’s Hospital</td>
<td>Sunshine Coast University Hospital</td>
<td>Year 1, Year 2, Year 4</td>
</tr>
<tr>
<td>Cairns Base Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Brisbane and Women’s Hospital</td>
<td>Toowoomba Hospital</td>
<td>Year 3</td>
</tr>
<tr>
<td>Logan Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Queen Elizabeth II (QEII) Jubilee Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gold Coast University Hospital</td>
<td>Mackay Base Hospital</td>
<td></td>
</tr>
<tr>
<td>Mater Mothers’ Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provincial ITP (PITP) – Mackay</td>
<td>Townsville Hospital</td>
<td>Year 1, Year 2, Year 4</td>
</tr>
<tr>
<td>Bundaberg Base Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caboolture Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockhampton Base Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redcliffe Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Townsville Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bundaberg Base Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caboolture Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockhampton Base Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Redcliffe Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>King Edward Memorial Hospital</td>
<td>Albany Hospital</td>
<td></td>
</tr>
<tr>
<td>Bunbury Regional Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geraldton Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joondalup Health Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armadale Kelmscott Memorial Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osborne Park Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockingham General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiona Stanley Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>King Edward Memorial Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bunbury Regional Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geraldton Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joondalup Health Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armadale Kelmscott Memorial Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osborne Park Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rockingham General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fiona Stanley Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Hobart Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Launceston General Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monash Medical Centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North West Regional Hospital (Burnie)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program September 2021 v1.6
# NEW ZEALAND

<table>
<thead>
<tr>
<th>STATE</th>
<th>ITP HOSPITAL</th>
<th>TRAINING SITE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
</table>
| NZ    | Northern     | Auckland City Hospital  
          Middlemore Hospital (Base)  
          North Shore Hospital  
          Taranaki Base Hospital (New Plymouth)  
          Rotorua Hospital  
          Tauranga Hospital  
          Whanganui Hospital  
          Waikato Hospital | Home/base hospitals  
          Rural rotation  
          Rural rotation  
          Rural rotation  
          Rural rotation |
|       | Central      | Wellington Regional Hospital (Base)  
          Palmerston North Hospital (Base)  
          Hawke's Bay Hospital  
          Lower Hutt Hospital  
          Whanganui Hospital | Home/base hospital  
          Rural rotation  
          Rural rotation |
|       | Southern     | Dunedin Hospital (Base)  
          Christchurch Women's Hospital  
          Southland Hospital (Invercargill)  
          Whanganui Hospital | Home/base hospitals  
          Rural rotation  
          Rural rotation |
## APPENDIX TWO: GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation</td>
<td>The formal process by which a hospital obtains recognition and approval from RANZCOG as a training site for Basic Training. Reaccreditation is the formal process by which RANZCOG determines if this recognition and approval should continue based on the effectiveness of the training, supervision and support provided to the FRANZCOG trainees at the hospital.</td>
</tr>
<tr>
<td>Accreditation Panel</td>
<td>The Panel responsible for undertaking accreditation and reaccreditation visits, making decisions on the outcomes of a visit in relation to the training site’s accreditation status, and reviewing Progress Reports.</td>
</tr>
<tr>
<td>Accreditation Steering Group (ASG)</td>
<td>The ASG comprises relevant Fellows, trainee representatives and staff involved in training site/unit accreditation. Its role is to provide oversight of RANZCOG’s accreditation activities and continuous improvement of standards, guidelines and processes. The ASG is also responsible for approving FRANZCOG training site reaccreditation reports.</td>
</tr>
<tr>
<td>Accreditation Team</td>
<td>The RANZCOG staff responsible for coordinating accreditation activities.</td>
</tr>
<tr>
<td>Accredited Hospital</td>
<td>A hospital which has been accredited by RANZCOG as a training site for Basic Training.</td>
</tr>
<tr>
<td>Advanced Training</td>
<td>The final 92 weeks (2 years) of clinical, educational and assessment requirements in approved RANZCOG training undertaken by FRANZCOG trainees after completing Basic Training (i.e. Years 5 and 6).</td>
</tr>
<tr>
<td>Basic Training</td>
<td>The first 184 weeks (four years) of clinical educational and assessment requirements in approved RANZCOG training sites (i.e. Years 1–4).</td>
</tr>
<tr>
<td>Consultant</td>
<td>A full-time or sessional Specialist in O&amp;G and a Fellow of RANZCOG with whom a FRANZCOG trainee works and trains in an accredited RANZCOG training site.</td>
</tr>
<tr>
<td>Consultant Assessment of Trainee Form</td>
<td>The online assessment document each consultant is required to complete every six months which assesses the performance and progress of each FRANZCOG trainee they have worked with during that time. These assessments contribute to the online Six-monthly Summative Assessment Report on the FRANZCOG trainee which is completed by the Training Supervisor.</td>
</tr>
<tr>
<td>Credentialing</td>
<td>A documented in-hospital process where the appropriate O&amp;G Department staff working with and overseeing FRANZCOG trainees assess their competency in a range of surgical procedures and determines from that assessment the degree of supervision required, particularly after hours.</td>
</tr>
</tbody>
</table>
Expanded Settings

Expanded settings training sites may include:
- Private hospitals, including co-located consulting rooms and day surgery facilities
- Private consulting rooms
- Surgical skills laboratories and simulated training centres
- Publicly funded community health care facilities such as Aboriginal and/or Community Health Services
- Prospectively approved overseas training

Fellowship of RANZCOG (FRANZCOG)

The qualification awarded to a FRANZCOG trainee, subject to approval by the RANZCOG Board, who has satisfactorily completed all assessment and administrative requirements for the designated 72 months of FRANZCOG training.

Integrated Training Program (ITP)

A consortium of hospitals accredited by RANZCOG to provide Basic Training. An ITP has a home/base hospital and a number of peripheral and rural hospitals through which FRANZCOG trainees rotate in different combinations.

Integrated Training Program (ITP) Coordinator

A consultant and Fellow of RANZCOG responsible for planning and coordinating a local ITP involving a consortium of at least two hospitals in a particular area.

RANZCOG Regulations

The RANZCOG Regulations guide the conduct and management of the College. The Regulations should be read in conjunction with all relevant College policies and guidelines as from time to time approved by the RANZCOG Board. To the extent that there is any inconsistency, the Regulations shall prevail.

Rotation

A planned period of training undertaken by a FRANZCOG trainee at a designated training site within an ITP, lasting for a minimum of six months and generally a maximum of 12 months.

Rural Rotation

A planned period of at least six months training at an accredited rural hospital, which all FRANZCOG trainees must undertake in the course of Basic Training.

Rural Site

A hospital accredited by RANZCOG as a rural rotation training site for Basic Training.

Six-monthly Summative Assessment Report

An online compulsory composite report on the performance of each FRANZCOG trainee in the FRANZCOG Training Program compiled every six months by their Training Supervisor based on their progress and the individual assessments of the consultants with whom the FRANZCOG trainee has worked.
State/Territory/ New Zealand Training Accreditation Committees (TAC) RANZCOG committees covering Australian states and territories and New Zealand responsible for the appointment of ITP Coordinators and Training Supervisors, and reviewing applications by prospective FRANZCOG trainees in the relevant Australian state or territory or in New Zealand. These committees also review the training documentation and progress of these FRANZCOG trainees.

Tertiary Hospital A hospital which has both complex obstetrics and access to complex gynaecology (either within the same hospital or in an allied facility within the same ITP). The hospital deals with low, moderate and high risk pregnancies and has a Neonatal Intensive Care Unit (NICU), which provides high dependency specialist nursing and medical care for all newborn infants, including sustained life support such as mechanical ventilation. In the event that the tertiary unit does not have NICU facilities, the FRANZCOG trainee should spend at least 23 weeks FTE in a unit where this is provided, in addition to the time spent in the tertiary unit.

A tertiary hospital is also expected to undertake research and provide structured undergraduate/postgraduate teaching as an integral part of its service provision, governance and models of care.

Three-monthly Formative Appraisal Form An online compulsory mid-semester appraisal of performance and progress which FRANZCOG trainees are required to complete and Training Supervisors are required to discuss with each FRANZCOG trainee.

Training Accreditation Committee (TAC) A standing committee of Council responsible for the development and maintenance of the training and assessment requirements for FRANZCOG, the approval of training posts, and the consideration of applicants for Fellowship to be recommended to the RANZCOG Board. This Committee is also known as RANZCOG TAC.

Training Post A hospital position in an accredited hospital, which has been accredited by RANZCOG as suitable for training towards the FRANZCOG.

Training Program A structured six-year (276 weeks) postgraduate program leading to elevation as a Fellow of RANZCOG.

Training Supervisor A consultant and Fellow of RANZCOG, who is a member of staff in an accredited hospital, responsible for the coordination and ongoing supervision of FRANZCOG trainees in that hospital, including the regular formative appraisals and summative assessments of the FRANZCOG trainee(s) for whom he or she is responsible.

Ultrasound Coordinator A Fellow of RANZCOG appointed at the home/base hospital within an ITP to ensure that a formal Ultrasound Training Program is provided at appropriate training sites in the ITP by Ultrasound Educators. The Ultrasound Coordinator may also be the ITP Coordinator.
Ultrasound Educator

A practitioner with a special interest in ultrasound scanning, such as a Fellow, a Radiologist or a Sonographer who is responsible for providing hands on training at appropriate training sites within each ITP to ensure that FRANZCOG trainees can achieve the core competencies and ultrasound curriculum requirements by the end of their first two years of training.