

**THE ROYAL AUSTRALIAN AND  
NEW ZEALAND COLLEGE  
OF OBSTETRICIANS & GYNAECOLOGISTS**



# **TAR**

## **TRAINING ASSESSMENT RECORD**

**FOR CORE & ADVANCED TRAINING  
(FRANZCOG TRAINING PROGRAM)**

**KEEP TAR UP TO DATE AT ALL TIMES.  
YOU MUST SHOW YOUR COMPLETE TAR  
TO YOUR SUPERVISOR ON COMMENCING A  
NEW ROTATION.**



# PERSONAL INFORMATION

<b>NAME</b>	
<b>ID NUMBER</b>	
<b>ADDRESS</b>	
<b>MOBILE</b>	
<b>RANZCOG E-MAIL</b>	

## Important:

You must maintain an updated copy of your TAR at all times - it is an essential record of your training and assessment experiences for the six years of training.

Program Co-ordinators/Training Supervisors may ask to see your TAR at any time. An updated copy should always be available.

Your entire TAR must be submitted (when requested) to the relevant Regional/NZ Training Accreditation Committee (TAC) Chair along with your logbooks as part of the final assessment requirements for Membership and Fellowship.

If your address details change, please update on the College website at:  
<http://www.ranzcog.edu.au/members-services/change-of-address.html>

## Contacts:

Please contact staff in the Training Services Department at College House if you have any questions:



**+61 3 9417 1699**



**+61 3 9419 0672**



**[training@ranzcog.edu.au](mailto:training@ranzcog.edu.au)**



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# SECTION 1

## IMPORTANT INSTRUCTIONS





## SECTION 1 - IMPORTANT INSTRUCTIONS

### Every 3 months

- (1) Complete a self-assessment of your strengths and challenges, using the Three-monthly Formative Appraisal form.
- (2) Meet with your Training Supervisor (TS) to discuss your performance during the relevant 12-week training period. Have your TS sign your Formative Appraisal (Three-monthly report).
- (3) Submit the signed report to the Chair of the relevant Regional/NZ Training Accreditation Committee (TAC) **WITHIN FOUR WEEKS** of completion of the three-month period. You will be informed of the due dates at the beginning of each training year. If a report is submitted more than 4 weeks after the deadline, the relevant training period will be assessed as Not Satisfactory. If this happens a second time, you will face removal from the training program.

### Every 6 months

- (1) Meet with your TS for a summative assessment of performance and progress.
- (2) You will be given a Six-monthly Summative Assessment Report & Clinical Training Summary. **Ensure that you discuss and sign the form.**
- (3) The relevant compulsory assessment requirements listed on your personalised Master Sheet (and which must be completed by a specified timeframe) must be signed off by your TS at this meeting.
- (4) Submit your Six-monthly Summative Assessment Report & Clinical Training Summary **WITHIN SIX WEEKS** of completion of the six-month training period, together with a copy of your signed off Master Sheet and proof of completion of the specified requirements (i.e. when due, as per your Master Sheet instructions). You will be informed of the due dates at the beginning of each training year. If the report is submitted more than 6 weeks after the deadline, the relevant training period will be assessed as Not Satisfactory. If this happens a second time, you will be removed from the training program.

### NOTE:

- Submit your signed documentation as soon as possible to avoid losing credit for training.
- Incomplete or unsigned documentation will be returned to you without being processed.
- Logbooks are **not** to be sent to the TA Chairs or College House unless requested.
- **YOU ARE RESPONSIBLE FOR SENDING YOUR ASSESSMENT REPORTS. THIS IS NOT THE RESPONSIBILITY OF YOUR TRAINING SUPERVISOR.**

## SECTION 1 - IMPORTANT INSTRUCTIONS

### Maintain one TAR throughout your training program

1. You are issued with your TAR at the beginning of Year 1 of your training.
2. You must maintain the TAR for the duration of the Core and Advanced training programs.
3. If you require replacement pages for your TAR, download these from the RANZCOG website.
4. **IMPORTANT:  
PROGRAM CO-ORDINATORS/TRAINING SUPERVISORS CAN AND WILL REQUEST TO SEE YOUR TAR AT ANY TIME, PARTICULARLY WHEN YOU ARE COMPLETING OR COMMENCING A TRAINING POST. ALWAYS KEEP AN UPDATED COPY OF YOUR COMPLETE TAR WITH YOU.**
5. The Chair of the relevant Regional/NZ TAC signs and sends the Three-monthly/Six-monthly assessment reports to the Training Services Department at College House for processing (via the relevant Regional Office), together with a copy of your signed off Master Sheet when required (see previous page).
6. The original Six-monthly Summative Assessment Report and Clinical Training Summary will be retained in your file at College House. A processed copy will be sent to your RANZCOG email address.
7. If you will be changing hospitals at the end of your period of training, inform your Training Supervisor and ask that your Six-monthly Summative Assessment Report be completed before you leave the hospital.
8. A period of training CANNOT be credited to you until the Training Services Department at College House receives the complete and satisfactory Six-monthly Summative Assessment Report & Clinical Training Summary for that period (see Regulation B1.9 Credit for Training).
9. Trainees who receive a Referred for Review rating on their Six-Monthly Summative Assessment Reports/Clinical Training Summaries will be referred to the relevant Regional/ NZ TAC for a final assessment rating (i.e. either Satisfactory or Not Satisfactory).

### Maintain copies of training documentation at all times

- ☞ You should always have access to your training documentation, including old Logbooks, copies of Six-monthly Reports and other relevant forms. This especially applies to trainees who are training overseas for a period of time.

**Training documentation should not be kept in storage whilst you are overseas.**

## Where to send your Three-monthly/Six-monthly reports to be signed by your TAC Chair

### RANZCOG REGIONAL OFFICES

<b>VIC &amp; TAS</b>  Executive Officer RANZCOG Regional Office 254-260 Albert Street EAST MELBOURNE VIC 3002  Tel: +61 3 9412 2998 Fax: +61 3 9419 0672 E-mail: <a href="mailto:vic-tas@ranzcoг.edu.au">vic-tas@ranzcoг.edu.au</a>	<b>NSW &amp; ACT</b>  Executive Officer RANZCOG Regional Office S 2, Ground Floor, 69 Christie St St Leonards, NSW 2065  Tel: +61 2 9436 1688 Fax: +61 2 9436 4166 E-mail: <a href="mailto:nsw@ranzcoг.edu.au">nsw@ranzcoг.edu.au</a>
<b>QLD</b>  Executive Officer RANZCOG Regional Office Unit 22, Level 3 17 Bowen Bridge Road HERSTON QLD 4006  Tel: +61 7 3252 3073 Fax: +61 7 3257 2370 E-mail: <a href="mailto:qld.ranzcoг.edu.au">qld.ranzcoг.edu.au</a>	<b>SA &amp; NT</b>  Executive Officer RANZCOG State Office Level 1, 213 Greenhill Rd Eastwood SA 5063  Tel: +61 8 8274 3735 Fax: +61 8 8271 5886 E-mail: <a href="mailto:sa-nt@ranzcoг.edu.au">sa-nt@ranzcoг.edu.au</a>
<b>WA</b>  Executive Officer RANZCOG Regional Office PO Box 6258 EAST PERTH WA 6892  Tel: +61 8 9322 1051 Fax: +61 8 6263 4432 E-mail: <a href="mailto:wa@ranzcoг.edu.au">wa@ranzcoг.edu.au</a>	<b>New Zealand</b>  Executive Officer RANZCOG New Zealand Regional Office PO Box 10611, The Terrace, Wellington 6143  Tel: +64 4 472 4608 Fax: +64 4 472 4609 E-mail: <a href="mailto:ranzcoг@ranzcoг.org.nz">ranzcoг@ranzcoг.org.nz</a>



# SECTION 2

## TRAINING HISTORY

- The training history section is a summary of completed training
- It should be updated as necessary each year
- Periods of leave should be recorded in this section

All **extended** leave must be prospectively approved by the Chair of the relevant Regional/NZ TA Committee. Different types of leave are as follows:

### STANDARD LEAVE

- Holiday/Annual Leave
- Long Service Leave
- Sick Leave

### EXTENDED LEAVE (2 YEARS' MAXIMUM)

- Parental/Family Leave
- Research Leave
- Leave Without Pay
- Unexpected/Special Circumstances Leave
- Extended Sick Leave

### STUDY/PROFESSIONAL DEVELOPMENT LEAVE (2 WEEKS MAXIMUM P.A.)

- To attend courses, workshops and study for examinations. Counts as part of training.

### **Important Note: MINIMUM TRAINING REQUIREMENTS**

In any one year trainees can do a maximum of 46 weeks of full-time training or a minimum of 20 weeks of fractional training.

For current regulations on trainees' leave entitlements, refer to Regulation B.1.11 Leave from training in the RANZCOG regulations <http://www.ranzcog.edu.au/the-ranzcog/governance/ranzcog-regulations.html>

If in doubt about leave entitlements, contact the Training Services Department. Requests for extended leave must be approved by the relevant Regional/NZ TAC Chair, using the relevant application form on the website <http://www.ranzcog.edu.au/leave-and-transfers.html>



**SECTION 2 - TRAINING HISTORY**

Time in Training (Years 1-6)	Training Institution	Type of training (see below)	Dates for commencement and completion of training	Full time or Fractional Training	Total number of accredited weeks training*

\* One year of training = 46 weeks, Full Time Equivalent (FTE) or 20 weeks Fractional

**Key to Type of training**

- CORE: Core Training Program (please write the name of the ITP such as 'Mercy Hospital ITP' ie group of hospitals to which you have been allocated).
- GEN: General Obstetrics and Gynaecology
- RES/CLIN: Combined research and clinical position (please give percentage of each)
- ADVANCED/OTHER: Please describe the nature of the Advanced training that has been prospectively approved

# LEAVE

Please note: All **extended** leave must be prospectively approved by the Chair of the relevant NZ/Regional TA Committee. You must list the type of leave taken each year in the table below.

## STANDARD LEAVE

- ➔ Holiday/Annual Leave
- ➔ Long Service Leave
- ➔ Sick Leave
- ➔ Parental Leave
- ➔ Parental/Family Leave
- ➔ Research Leave
- ➔ Leave Without Pay
- ➔ Unexpected/Special Circumstances Leave
- ➔ Extended Sick Leave

## EXTENDED LEAVE

- ➔ To attend courses, workshops and study for examinations. Counts as part of training.

## STUDY/PROFESSIONAL DEVELOPMENT LEAVE

### YEAR 1 (46 WEEKS CORE TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>		<b>TOTAL EXTENDED LEAVE TAKEN</b>	

### YEAR 2 (92 WEEKS CORE TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>		<b>TOTAL EXTENDED LEAVE TAKEN</b>	



# LEAVE

Please note: All **extended** leave must be prospectively approved by the Chair of the relevant NZ/Regional TA Committee. You must list the type of leave taken each year in the table below.

## STANDARD LEAVE

- ➔ Holiday/Annual Leave
- ➔ Long Service Leave
- ➔ Sick Leave
- ➔ Parental Leave

## EXTENDED LEAVE

- ➔ Parental/Family Leave
- ➔ Research Leave
- ➔ Leave Without Pay
- ➔ Unexpected/Special Circumstances Leave
- ➔ Extended Sick Leave

## STUDY/PROFESSIONAL DEVELOPMENT LEAVE

- ➔ To attend courses, workshops and study for examinations. Counts as part of training.

### YEAR 3 (138 WEEKS CORE TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>			
<b>TOTAL EXTENDED LEAVE TAKEN</b>			

### YEAR 4 (184 WEEKS CORE TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>			
<b>TOTAL EXTENDED LEAVE TAKEN</b>			

# LEAVE

Please note: All **extended** leave must be prospectively approved by the Chair of the relevant NZ/Regional TA Committee. You must list the type of leave taken each year in the table below.

## STANDARD LEAVE

- ➔ Holiday/Annual Leave
- ➔ Long Service Leave
- ➔ Sick Leave
- ➔ Parental Leave
- ➔ Parental/Family Leave
- ➔ Research Leave
- ➔ Leave Without Pay
- ➔ Unexpected/Special Circumstances Leave
- ➔ Extended Sick Leave

## EXTENDED LEAVE

- ➔ To attend courses, workshops and study for examinations. Counts as part of training.

## STUDY/PROFESSIONAL DEVELOPMENT LEAVE

### YEAR 5 (46 WEEKS ADVANCED TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>			
<b>TOTAL EXTENDED LEAVE TAKEN</b>			

### YEAR 6 (92 WEEKS ADVANCED TRAINING)

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
<b>TOTAL STANDARD LEAVE TAKEN</b>			
<b>TOTAL EXTENDED LEAVE TAKEN</b>			

# SECTION 3

## WEEKLY TIMETABLE

- At the end of each six-month period, an average weekly timetable should be completed.
- If the training program altered significantly during the six months, please indicate the different training experiences by including an additional weekly timetable.



## SECTION 3 - WEEKLY TIMETABLE

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 1 (46 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

Details of On Call/After hours: \_\_\_\_\_

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## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 1 (46 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

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### **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 2 (92 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

\_\_\_\_\_

## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 2 (92 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

Details of On Call/After hours: \_\_\_\_\_

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## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 3 (138 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

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## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 3 (138 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

\_\_\_\_\_

## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 4 (184 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

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## SECTION 3 - WEEKLY TIMETABLE

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 4 (184 WEEKS CORE TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

Details of On Call/After hours: \_\_\_\_\_

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## SECTION 3 - WEEKLY TIMETABLE

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 5 (46 WEEKS ADVANCED TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

Details of On Call/After hours: \_\_\_\_\_

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### **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 5 (46 WEEKS ADVANCED TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

Details of On Call/After hours: \_\_\_\_\_

\_\_\_\_\_

## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 6 (92 WEEKS ADVANCED TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

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## **SECTION 3 - WEEKLY TIMETABLE**

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The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **Year 6 (92 WEEKS ADVANCED TRAINING)** FROM \_\_\_\_\_ To \_\_\_\_\_

<b>DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		
<b>Saturday (if applicable)</b>		
<b>Sunday (if applicable)</b>		

Details of On Call/After hours: \_\_\_\_\_

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# SECTION 4

## TRAINING REQUIREMENTS PROGRESS RECORD

(INCLUDING RESEARCH PROJECT)

- ➔ Update the details of completion of the following RANZCOG requirements:
  - ➔ Signed STATEMENT OF UNDERSTANDING (see Section 8)
  - ➔ BASIC SURGICAL SKILLS WORKSHOP
  - ➔ NEONATAL RESUSCITATION TRAINING
  - ➔ FETAL SURVEILLANCE TRAINING
  - ➔ COMMUNICATION SKILLS WORKSHOP
  - ➔ RESEARCH PROJECT PROPOSAL
  - ➔ IN-HOSPITAL CLINICAL ASSESSMENT (Ultrasound & Coloscopy)
  - ➔ RURAL ROTATION
  - ➔ MRANZCOG EXAMINATIONS
  - ➔ RESEARCH PROJECT
  - ➔ ASSESSMENT OF PROCEDURAL AND SURGICAL SKILLS (APSS)  
(see Section 9)



## **SECTION 4– TRAINING REQUIREMENTS PROGRESS RECORD**

### **DUE AT THE END OF ONE (1) YEAR CORE TIME IN TRAINING\***

Course	State	Hospital	Date completed	Documents forwarded
Basic Surgical Skills Workshop				
Neonatal Resuscitation				
Fetal Surveillance Workshop				

### **DUE AT THE END OF TWO (2) YEARS CORE TIME IN TRAINING\***

	Date of Workshop attendance
Communication Skills Workshop	
Research Project Proposal	

### **DUE AT THE END OF CORE TRAINING IN-HOSPITAL CLINICAL ASSESSMENTS**

	Ultrasound	Colposcopy
Date of Assessment		
Approved Assessor		
Date of approval/payment		

### **RURAL ROTATION**

All RANZCOG Trainees must complete a minimum period of 23 weeks in a rural rotation assessed through a minimum of one six-monthly Summative assesment report.

Rural Hospital		
Training Dates	from	to

### **MRANZCOG EXAMINATIONS**

Please insert dates of satisfactory completion of the MRANZCOG Examinations. Please consult the Training Program Handbook for details on eligibility requirements and application procedures for examinations.

Name of Examination	Date Examination completed satisfactorily
MRANZCOG Written Examination	
MRANZCOG Oral Examination	

### **DUE AT THE END OF ONE (1) YEAR ADVANCED TIME IN TRAINING\***

	Date Completed
Research Project	

Research Project Title \_\_\_\_\_

**NOTE:** \*Time in training is the aggregate of all time in the relevant component of the FRANZCOG Training Program. This includes standard leave but not time taken as approved extended leave of absence or approved research leave as part of the 'Academic Stream'. Approved fractional training time (i.e. Full Time Equivalent training undertaken on a part-time basis) will be considered pro rata.

**B**

# SECTION 5

## FORMATIVE APPRAISAL THREE-MONTHLY REPORT

- ➔ Once each of your Three-monthly Formative Appraisals have been processed at College House, you will be emailed a copy.
- ➔ Please use the plastic pockets in this section to keep copies of each of your Three-monthly Formative Appraisals.



# SECTION 6

## SIX-MONTHLY SUMMATIVE ASSESSMENT REPORTS & CLINICAL TRAINING SUMMARIES

- ➔ Once each of your Six-monthly Summative Assessments Reports & Clinical Training Summaries has been processed at College House, you will be emailed a copy.
- ➔ Please use the plastic pockets in this section to keep copies of each of these reports for future reference.





# SECTION 7

## MASTER SHEET (Official sign-off list for Assessment Requirements)

- ➔ All Core/Advanced Trainees are issued with a personalised Master Sheet which lists all the assessment requirements which have to be met and their respective deadlines. This Master Sheet must be signed-off by your Training Supervisor when you have your final Six-monthly assessment for the period/year which is the deadline for that particular requirement (e.g. end of 2 years' Core time in training for completion of Communication Skills Workshop). This sign-off **MUST** be done to confirm you have met the requirement.
- ➔ A copy of the Master Sheet should be attached to the relevant Six-monthly assessment report and sent in to your Regional Office, together with documentary evidence of having completed the assessment requirements signed-off by your Training Supervisor.
- ➔ Do **NOT** send in the copy of the Master Sheet and documentary evidence until the end of the relevant training period when that assessment is due.
- ➔ The original Master Sheet must be retained in the TAR at all times.



# SECTION 8

## TRAINEES' STATEMENT OF UNDERSTANDING

- ➔ The College is committed to ensuring that specialist training in obstetrics and gynaecology is undertaken in an appropriate environment and that trainees are fully informed of their rights and obligations. The Statement specifies those rights and responsibilities. All trainees entering the FRANZCOG Training Program are required to sign the Statement, and get it co-signed by the Training Supervisor and Regional TAC Chair. The signed Statement should be submitted to the local Regional Office within six (6) weeks of the date of commencement in the training program.

**Where the Trainee Statement of Understanding is submitted after that time, no period of training undertaken prior to the submission and receipt of the document will be credited.**

- ➔ **INSTRUCTIONS:** The trainee and their Training Supervisor must go through the Statement together prior to commencement of training. Both parties sign and date the document, which will then be sent to the Chair of the relevant Regional/New Zealand Training Accreditation Committee for co-signing. The original document will be kept in the trainee's file at College House. A copy will be returned to the trainee and should be permanently retained in this Training Assessment Record.

**NOTE:** The Statement only has to be signed off ONCE, not every year.



# SECTION 9

## ASSESSMENT OF COMPETENCY IN O & G SURGICAL PROCEDURES

- In the course of your training, your competence in performing key surgical procedures in obstetrics and gynaecology will be assessed.
- Competency assessments in the designated surgical procedures must be completed by the end of Core training. Additional Surgical Competencies need to be completed by the end of Advanced Training.
- A College approved assessor will rate your competence in performing the key procedures.
- The Assessment of Procedural and Surgical Skills (APSS) form must be signed and dated by the assessor, must be shown to your Training Supervisor when you have your final Six-monthly assessment for that year - together with your Master Sheet, so these assessment requirements can be signed off. Assessment forms and copy of the Master Sheet must be sent to your Regional Office, with the Six-monthly report.
- Please use the plastic pocket in this section to keep copies of each of your assessment forms.
- Please refer to the College website for a list of the APSS <http://www.ranzcog.edu.au/assessment-workshops-forms/surgical-skills.html>



# SECTION 10

## TRAINEE PARTICIPATION IN OTHER PROFESSIONAL ACTIVITIES

- ➔ Include any participation in other professional activities.
- ➔ Training Supervisors and Regional/NZ TAC Chairs will check this section in their reviews of your documentation.









# SECTION 11

## CERTIFICATES OF SATISFACTORY COMPLETION OF TRAINING (CSCT)

- ➔ CSCTs cannot be signed prior to the appropriate certification/elevation date.
- ➔ **Core** - this certificate should be signed by the ITP Co-ordinator on completion of your required 184 weeks of Core Training.
- ➔ **MRANZCOG** – this certificate should be signed by the relevant Regional/NZ TAC Chair.

In order to have this certificate signed you must:

- ➔ Have had your Membership Application **approved** by the RANZCOG TA Committee and RANZCOG Board.
  - ➔ Submit all pre-Membership Logbooks – signed by you, your Training Supervisor and the consultants to your Regional Office to be reviewed by the Regional TA Chair.
  - ➔ Submit your Six-monthly Summative Assessment Report for the training period up to the Membership certification date.
  - ➔ Have completed 184 weeks of Core training.
- ➔ **FRANZCOG** – this certificate should be signed by the relevant Regional/NZ TAC Chair.

In order to have this certificate signed you must:

- ➔ Have had your Fellowship Application **approved** by the TA Committee and RANZCOG Board.
- ➔ Submit all Logbooks – signed by you, your Training Supervisor and the consultants to your Regional Office to be reviewed by the Regional TA Chair.
- ➔ Submit your Six-monthly Summative Assessment Report & Clinical Training Summary for the training period up to the Fellowship certification date.
- ➔ Have completed 92 weeks of Advanced training.



**CERTIFICATE OF SATISFACTORY COMPLETION OF THE  
CORE TRAINING PROGRAM**

This is to certify that:

Name: \_\_\_\_\_

has satisfactorily completed the 184 weeks of the Core Training

Signature \_\_\_\_\_ Date: \_\_\_\_\_

ITP Co-ordinator \_\_\_\_\_  
(Sign and write name/date)

**CERTIFICATE OF SATISFACTORY COMPLETION OF THE  
PRE-MRANZCOG TRAINING REQUIREMENTS**

This is to certify that:

Name: \_\_\_\_\_

has satisfactorily completed the pre-MRANZCOG (i.e. Core) training requirements

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chairman, NZ/Regional TA Committee \_\_\_\_\_  
(Sign and write name/date)

**CERTIFICATE OF SATISFACTORY COMPLETION OF THE  
FRANZCOG TRAINING REQUIREMENTS**

This is to certify that:

Name: \_\_\_\_\_

has satisfactorily completed the FRANZCOG (i.e. Core and Advanced) training requirements

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Chairman, NZ/Regional TA Committee \_\_\_\_\_  
(Sign and write name/date)