



Trainees' Statement of Understanding

Instructions

The trainee and Training Supervisor must go through this Statement together at the beginning of the trainee's first training year. The Statement must be signed off/dated by the trainee and the Training Supervisor OR the relevant ITP Coordinator OR the relevant Regional Training Accreditation Committee (TAC) Chair. The document has to be submitted within six (6) weeks of the date of commencement in the training program.

The signed Statement should be uploaded by the trainee into the *Additional Requirements* section of their *My.RANZCOG* online portfolio as a permanent record.

Important: Where the Statement of Understanding is submitted after the abovementioned time, no period of training undertaken prior to the submission and receipt of the signed Trainee Statement of Understanding will be credited.

Background

The College is committed to ensuring that specialist and subspecialist training in obstetrics and gynaecology is undertaken in an appropriate environment and that trainees are fully informed of their rights and obligations. This Statement specifies those rights and responsibilities, and each trainee is asked to sign the document as an acknowledgement of their understanding and acceptance of the contents.

Rights

I understand that the College acknowledges its responsibilities to facilitate a safe and supportive training environment for all trainees in RANZCOG training programs. I can also expect all those who have a role in my training to be aware of relevant information contained within specific documentation, such as the FRANZCOG Curriculum or relevant subspecialty curriculum, the College's Training Program Handbook or relevant subspecialty handbook, the RANZCOG Accreditation Standards & Guidelines for Hospitals in the FRANZCOG Training Program, and other appropriate College guidelines and policies.

In particular, I understand that:

1. I will receive clear directions from my Training Supervisor about what is expected in each training post, including identification of training goals. This will be in the form of an initial meeting with my Supervisor (generally at the beginning of a new rotation and/or training year) and will include an opportunity for me to identify training needs relevant to my training and career goals.
2. I will receive appropriate supervision and training from the supervisors and consultants with whom I work. This will include constructive formal and informal feedback, guiding me through appropriate after-hours support, listening to my concerns about training, and treating me with respect and courtesy.
3. I will receive regular Three-monthly Formative Appraisals and Six-monthly Summative Assessments on my performance and progress from my Training Supervisor. These reports will clearly identify my strengths and any areas for improvement and will be accompanied by a confidential face-to-face discussion of performance and progress with my supervisor. My Training Supervisor will arrange for appropriate remedial assistance to be provided where necessary.
4. In line with College policy, I may request feedback or counselling following any of the compulsory assessments, including the FRANZCOG Written and/or Oral Examination, or the relevant Subspecialty Written and/or Oral Examinations.
5. I will have the opportunity to discuss issues of concern about any aspect of my training and assessment with my Training Supervisor, Integrated Training Program (ITP) Co-ordinator, or the Chair of my regional Training Accreditation Committee or relevant Subspecialty Committee. If I do not feel comfortable discussing an issue with any of the above, I can contact my local Trainees' Committee representative or a relevant College staff member (as appropriate) for confidential advice.
6. I acknowledge having read and understood the following documents, which identify the relevant processes and procedures should I not be happy with a College decision:
 - RANZCOG Exceptional Circumstances, Special Consideration and Reconsideration Policy
 - RANZCOG Appeals Procedures
 - Bullying, Harassment and Discrimination in the Workplace policy

Responsibilities

1. I will endeavour to achieve the objectives of training, which are to acquire skills, knowledge and attributes in the areas of obstetric and gynaecology practice articulated in the FRANZCOG or relevant Subspecialty curriculum:
 - medical knowledge and clinical skills relevant to the specialty;
 - clinical judgement;
 - effective communication;
 - independent learning, including research skills;
 - teaching;
 - quality improvement and clinical governance;

- management;
- moral and ethical behaviour;
- professional attitude and behaviour;
- advocacy.

To achieve these objectives, I will undertake training in accordance with the principles of adult learning, including:

- reflecting and building on my own experience;
 - identifying my learning needs;
 - being involved in planning and documenting my own education and training;
 - evaluating the effectiveness of my learning experiences; and
 - seeking, evaluating and accepting feedback on my performance.
2. I acknowledge that it is my responsibility to meet all administrative and assessment requirements of my training program by the stipulated deadlines. This includes submission of the annual online application for prospective approval of training, payment of all required fees, completion of assessment requirements (including compulsory research activity), and submission of required assessment documentation.
 3. I understand that it is my responsibility to be fully informed of, and to abide by, all current RANZCOG regulations and policies governing my training program and any other relevant guidelines and policies. I also understand that it is my responsibility to familiarise myself with any changes or additions to these regulations, guidelines and policies as advised by the College via the relevant training program handbook or e-mail bulletin. Should I seek exemption from any of these regulations, guidelines and policies on the basis of what I believe are exceptional circumstances, I must consult with the appropriate staff member at College House; I understand that no Fellow of the College, including my Training Supervisor, is empowered to authorise such exemptions. Any change or variation relating to regulations, guidelines and policies, or any extension of time, will be confirmed to me in writing after appropriate approval has been received.
 4. I release my Training Supervisor and the College (and its representatives) from all claims or liability arising from advice and assistance given in good faith.
 5. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these concerns addressed by my Training Supervisor, or a relevant staff member of the College.
 6. I understand that it is my responsibility to maintain appropriate documentary evidence of my training experiences and provide these to the relevant training authorities as required.
 7. I agree to participate in College review processes in relation to any unsatisfactory performance or progress which is identified through the College assessment processes relevant to my training program.
 8. I understand that I am employed by the hospital (employing authority) and not the College, and that issues relating to employment are the responsibility of the employing authority, not the College. I acknowledge that a decision whether or not to employ me is made by the employing authority, and that the College cannot guarantee employment.
 9. I understand that I am expected to undertake the hospital rotations I am offered during Core Training.

10. I understand that I have a responsibility to treat my Training Supervisors and the consultants with whom I work with respect and courtesy.
11. I accept that it is my duty to notify the College immediately of any changes to my contact details or training arrangements, including extended leave, parental or special leave, and prolonged illness which affects my ability to undertake training.
12. I undertake to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority, within 7 days.
13. I undertake to notify the College if my employment is suspended or I am stood down by an employing authority, or if conditions or restrictions on my practice are implemented by an employing authority. Where requested to do so by the College, I undertake to provide reasons for the change in my employment status, and authorise the College to seek information from my employing authority as to the circumstances and reasons for this change.
14. I undertake to notify the College if I choose to resign from any particular employment and, if requested, provide reasons to the College for this decision and also authorise the College to seek information from that employing authority as to the circumstances and reasons for my resignation if known to them.
15. I understand and acknowledge that any change in the status of my employment status may lead to a review by the College of my status on the Training Program.
16. I understand that once I have successfully completed all training and assessment requirements the College will notify the relevant District Health Board (for trainees in New Zealand) or Medicare (for trainees in Australia) as part of its notification procedures relating to completion of training.
17. I understand that when using social media applications I must consider whether comments made about any aspect of my training would be likely to undermine or impinge on the reputation of the College in any way. I also understand that any social media activities/comments/discussion in which I may be involved should not be defamatory, obscene, threatening, harassing, discriminatory to or about the College, my training experiences and training sites, Fellows or other trainees.
18. I acknowledge that the documentation and materials that will be provided to me during the course of the training program is owned by the College, is subject to intellectual property protection and therefore cannot be used by me for purposes other than training, without the College's prior consent.
19. I understand that I will be issued with a College e-mail address and that it will be the primary mechanism by which the College will communicate with me. I agree to abide by the terms and conditions for the use of that account.
20. In order to assist the College to evaluate and improve the training program, I undertake to complete relevant feedback forms and other relevant surveys.
21. I acknowledge that, as outlined in the RANZCOG Release of Examination Results policy, my Training Supervisor and Regional Training and Accreditation Committee will be informed of my

assessment results, including examination results. This will allow my supervisors to support my progress through the training program.

Acceptance of rights & responsibilities contained in this statement

Trainee

First name		Surname	
Signature		Date	

College

Acknowledged by the College – signed by the relevant Training Supervisor OR ITP Coordinator OR Regional Training Accreditation Committee (TAC) Chair

First name		Surname	
Role	<input type="checkbox"/> Training Supervisor <input type="checkbox"/> ITP Coordinator <input type="checkbox"/> Regional TAC Chair		
Signature		Date	