



Royal Australian & New Zealand  
College of Obstetricians & Gynaecologists

# Certificate of Women's Health, Associate Training Program (Procedural) & Associate Training Program (Advanced Procedural) Curricula

3<sup>rd</sup> Edition

A Framework to Guide the Training and Practice of  
General Practitioners in Women's Health

## Version Control Register

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3.0	Curriculum, Evaluation and Accreditation Unit	CCDOG	7/7/2021	January 2022	<ol style="list-style-type: none"> <li>1. Updated terms to reflect RANZCOG preferred terms e.g. abortion rather than termination.</li> <li>2. Some gynaecological procedure requirements moved from 'be able to do independently to 'demonstrate knowledge and understanding of' due to limited access to procedures.</li> <li>3. Updating learning outcomes throughout to reflect current practice.</li> <li>4. Addition of medical and surgical abortion as requirements for CWH and DRANZCOG Advanced trainees.</li> <li>5. Addition of new section within the curriculum 'as part of the maternity care team, be able to:'</li> <li>6. Removal of some items from DRANZCOG 4 Postnatal and Neonatal care.</li> <li>7. Addition of DRANZCOG Advanced 4 Postnatal &amp; Neonatal care section.</li> <li>8. Restructured knowledge and assessment guide to reflect current practice and assessment requirements.</li> <li>9. Addition of version control register.</li> <li>10. Re-branding of document.</li> </ol>	2023
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# Contents

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1. Introduction .....	4
1.1 Context.....	4
1.2 Women’s Health practice .....	5
1.3 The RANZCOG Women’s Health curricula .....	6
2. Training Programs.....	6
2.1 Certificate of Women’s Health (CWH) .....	7
2.2 RANZCOG Associate Training Program (Procedural).....	8
2.3 RANZCOG Associate Training Program (Advanced Procedural) .....	8
3. Learning Domains .....	9
3.1 Clinical Expertise .....	10
3.2 Academic Abilities .....	11
3.3 Professional Qualities.....	13
4. RANZCOG Women’s Health Syllabus .....	14
4.1 Certificate Of Women’s Health .....	15
CWH1 Basic Skills .....	15
CWH2 Introduction to Antenatal and Postnatal Care.....	16
CWH3 Special Topics in Antenatal and Postnatal Care.....	17
CWH4 Introduction to Gynaecology .....	18
CWH5 Special Topics in Gynaecology .....	19
4.2 RANZCOG Associate Training Program (Procedural).....	20
PTP1 Basic Skills.....	20
PTP2 Antenatal Care .....	20
PTP3 Labour .....	21
PTP4 Postnatal and Neonatal Care .....	22
PTP5 Procedural Gynaecology .....	22
4.3 RANZCOG Associate Training Program (Advanced Procedural) .....	22
AFTP1 Advanced Obstetrics .....	22
AFTP2 Advanced Gynaecology .....	24
AFTP3 Ultrasound .....	24
AFTP4 Postnatal and Neonatal Care.....	25
5. Assessment of Competence.....	26
5.1 Assessment Overview .....	26
5.2 Assessment Structure .....	26
Certificate of Women’s Health, PTP and AFTP .....	27
Certificate of Women’s Health and PTP ONLY .....	28
AFTP ONLY .....	29

5.3 Competencies Required and Assessment Methodologies .....30

# 1. Introduction

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM) are committed to improving access to high quality health outcomes for women of Australia and New Zealand. With this commitment comes an acknowledgement that these services are delivered not only by specialists, but a range of medical practitioners that require the clinical expertise, academic abilities and professional qualities necessary to provide these services with confidence, particularly in locations without a tertiary hospital or where specialist assistance is remote. As such, the Certificate of Women's Health, RANZCOG Associate Training Program (Procedural) (PTP) and the RANZCOG Associate Training Program (Advanced Procedural) (APTP) are offered by RANZCOG for medical practitioners practicing in all areas of Australia to equip them for practice to enable the delivery of high-quality health outcomes for women.

## 1.1 Context

The Women's Health curricula have been developed by the Conjoint Committee for Associate Procedural Training (CCAPT), formerly known as the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG). The CCAPT comprises representatives from RANZCOG, the Royal Australian College of General Practitioners (RACGP) and the Australian College of Rural and Remote Medicine (ACRRM). The curricula are presented as a progressive framework of knowledge and skill competencies, designed to guide and support the training of medical practitioners offering care in women's health in Australia in general practice and hospital settings.

The objective of the curricula is to equip medical professionals offering care in women's health with a comprehensive learning program appropriate to the healthcare needs of women in a country that comprises a diversity of cultural and indigenous populations. This learning program enhances and builds upon preexisting knowledge and skills and is underpinned by the following principles of adult learning:

- Adult learners possess a considerable store of knowledge, skills and attitudes that influence their learning experiences;
- Adult learners are motivated by their need to develop professional expertise; and
- Adult learners learn most effectively when new experiences are integrated into their everyday professional practice.

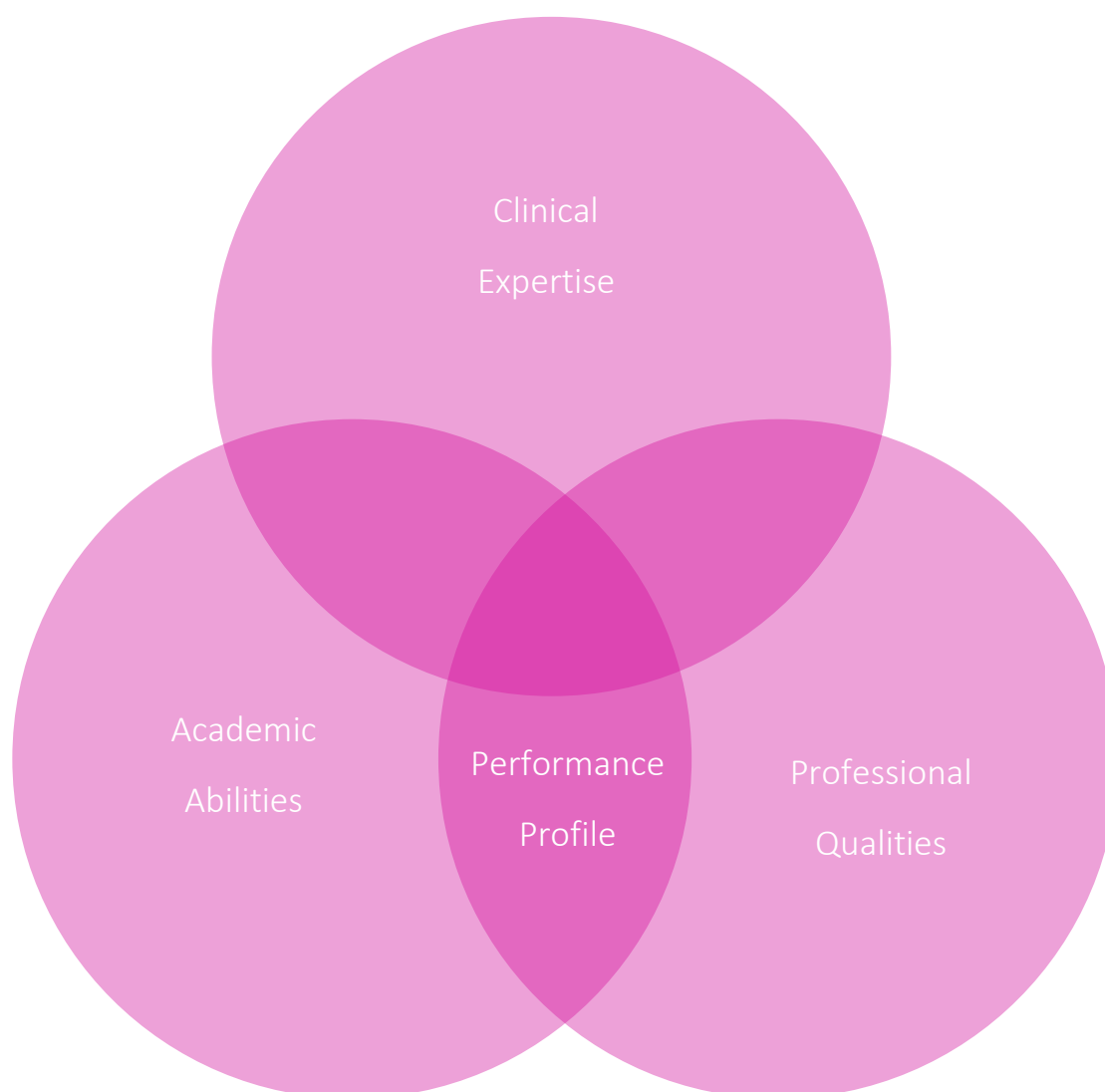
The curricula are also a response to the challenges of functioning in healthcare systems that are in a constant state of flux and facing increasing financial and workforce constraints. Furthermore, it is acknowledged that the professional nature of women's healthcare is undergoing change through advances in technology, an increased emphasis on medical management, rather than surgical options, and the demand for healthcare that involves an informed partnership between medical professionals and the women in their care.

## 1.2 Women’s Health practice

The curricula seek to describe the learning domains of medical practitioners offering care in women’s health who are equipped to practice effectively in a changing healthcare environment. These learning domains are described as:

- **Clinical Expertise** combining medical expertise and effective communication;
- **Academic Abilities** comprising self-learning abilities and the capacity to teach; and
- **Professional Qualities** encapsulating management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

### Professional profile of medical practitioner providing women’s healthcare



The deliberate amalgamation of medical and communication abilities reflects the strongly held position of the College that clinical expertise is dependent on well-developed abilities in both medicine and communication. Similarly, academic abilities and professional qualities are considered to be essential in the acquisition of

clinical competency in the area of women's health. These three learning domains underpin the exemplary performance profile of a medical practitioner providing women's healthcare services.

### 1.3 The RANZCOG Women's Health curricula

The RANZCOG Women's Health curricula are more than syllabi listing medical topics. Educational objectives are specified to provide clear information of the knowledge and aspects of practice where competency is expected and assessed. Competency is achieved through an incremental process of learning and development, so the curricula indicate ways in which learning might be promoted within the learning domains of Clinical Expertise, Academic Abilities and Professional Qualities. Fellows, Associate Procedural Members and Certificants of the RANZCOG who supervise the training of women's health practitioners are crucial to this process, in guiding day-to-day learning and ensuring robust growth of the profession.

The curricula also specify assessment formats selected to determine the articulated objectives have been met and to ensure that all outcome expectations are seen as valued achievements. Developments in defining and assessing the professional competence of medical practitioners has seen significant development in recent times as the applicability of performance-based (or workplace-based) assessments has been acknowledged, and the manner in which the medical education community has come to see the assessment needs of doctors undertaking postgraduate vocational training has evolved. Changes in technology, and the manner in which postgraduate trainees use a range of media to access learning opportunities, has informed this document's first and second editions. Changing workforce profiles, demographics and legislative and regulatory contexts have also been incorporated in this second edition.

The intention of the RANZCOG's Women's Health curricula still remains to enable the training of general practitioners and career hospitalists providing women's healthcare services to be professionally responsive to evolving healthcare needs of women and infants in urban and rural settings. This document will continue to evolve, as such documents should, serving to meet the needs of the communities for which it is intended.

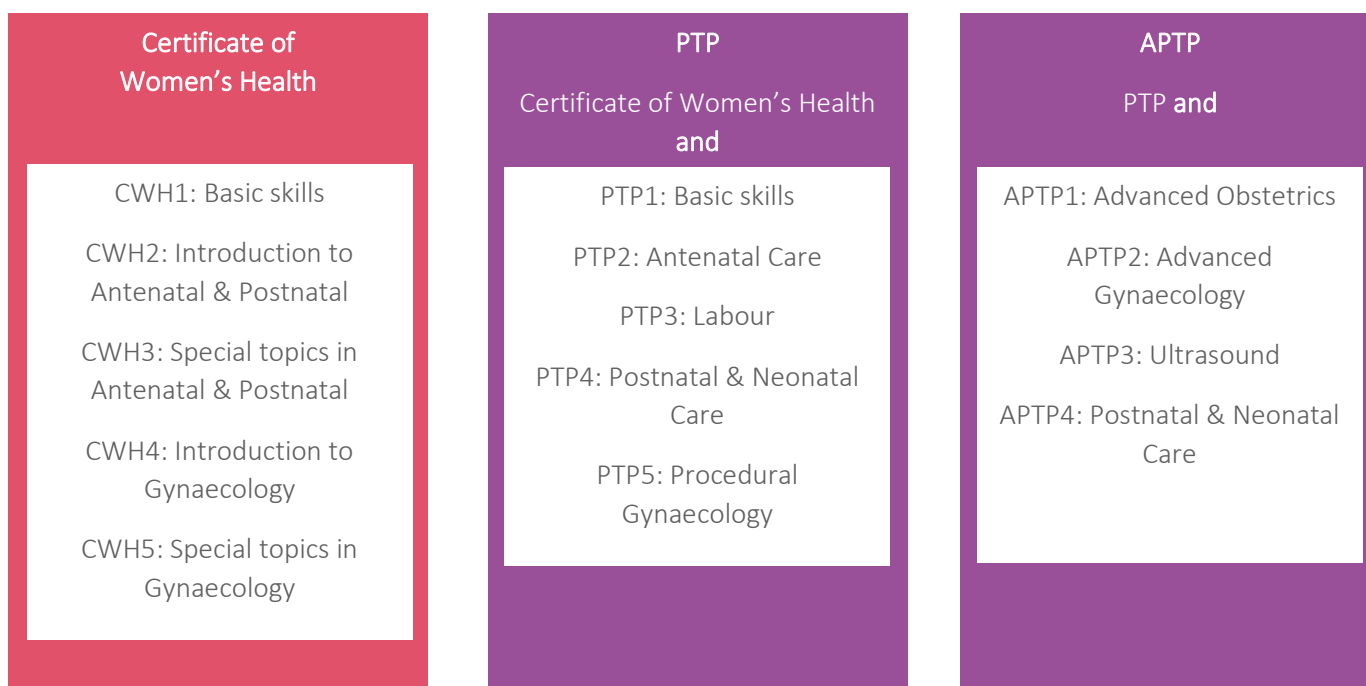
## 2. Training Programs

The College offers three qualifications for medical practitioners providing care in women's health:

- **Certificate of Women's Health (CWH)**
- **RANZCOG Associate Training Program (Procedural) (PTP)**
- **RANZCOG Associate Training Program (Advanced Procedural) (AFTP)**

The knowledge and skill competencies of each qualification are organised into subject areas. Each subject area offers considerable breadth and depth of knowledge and skills that are acquired.

## CWH, PTP and APTP Structure



Fundamental to these qualifications is flexibility in completing training requirements; multiple pathways exist to achieve the desired outcome. Trainees are able to take advantage of a variety of relevant training opportunities and tailor their learning so as to best suit their competency development.

While learning primarily occurs in the workplace with the support of a collaborative community of clinical educators, supervisors and peers, it is further supported by targeted face-to-face workshops and an integrated suite of thirteen self-paced online modules. The online modules guide learners through the literature and provide access to a range of dynamic resources and active learning tasks. Online modules have been developed around the curricula. They can be completed sequentially or non-sequentially at the learner's own pace according to their individual needs. Each online module guides the learner through selected resources that are tied to active learning tasks.

The online modules are also designed to support clinical educators, training supervisors and training mentors, as well as trainees, and serve as a useful point of reference for appraisal and assessment.

### 2.1 Certificate of Women's Health (CWH)

This is a training program intended for medical practitioners who desire increased knowledge in aspects of women's health that centre on office-based practice. The subject areas that comprise the CWH are as listed below:

- **CWH1 Basic Skills:** ethics, medico-legal matters, cultural matters, communication.
- **CWH2 Introduction to Antenatal and Postnatal Care:** preconception and early pregnancy counseling, antenatal visits and examinations, normal pregnancy and puerperium.
- **CWH3 Special Topics in Antenatal and Postnatal Care:** teratogenesis, complications of pregnancy, pregnancy-induced disorders.
- **CWH4 Introduction to Gynaecology:** gynaecological examinations, family planning and contraception counseling, domestic violence, sexual abuse, sexual and reproductive health.



- **CWH5 Special Topics in Gynaecology:** gynaecological cancers, endometriosis, subfertility, incontinence, abnormal bleeding, menopause.

CWH trainees must have a designated RANZCOG-accredited Training Mentor in order to complete the requirements of the certificate. See the [CWH PTP and APTP Handbook](#) for certificate requirements.

Trainees are expected to utilise the **online modules**, which include learning resources and formative assessment activities for the planning and evaluation of learning.

The Certificate of Women's Health is a qualification that involves participation in appropriate Continuing Professional Development.

## 2.2 RANZCOG Associate Training Program (Procedural)

The Procedural Training Program (PTP) builds on the knowledge and skills developed through the Certificate of Women's Health program. It is intended for medical practitioners who wish to gain skills in obstetrics and gynaecology to a level that will enable them to safely undertake non-complex deliveries and perform basic gynaecological procedures.

The PTP subject areas are as listed below:

- **PTP1 Basic Skills:** Quality Assurance methodology and practice, documentation and coding practices.
- **PTP2 Antenatal Care:** management of complications in pregnancy, management of pregnancy-induced disorders, management of pregnancy in women with pre-existing medical conditions.
- **PTP3 Labour:** management of normal labour and delivery, complications in labour, episiotomy and tear repair.
- **PTP4 Postnatal and Neonatal Care:** examination of a neonate, neonatal resuscitation, postnatal care.
- **PTP5 Procedural gynaecology:** abortion, miscarriage, IUD insertion and removal.

There is a clinical component involved that requires a trainee to be in an accredited hospital position with a designated RANZCOG-accredited Training Supervisor in order to complete the requirements of the PTP. See the CWH, PTP and APTP **Training Handbook** for requirements.

Trainees are expected to utilise the **online modules**, which include learning resources and formative assessment activities for the planning and evaluation of learning.

The PTP is a qualification that involves participation in appropriate Continuing Professional Development.

## 2.3 RANZCOG Associate Training Program (Advanced Procedural)

This is a hospital-based training program that extends the skills developed during the PTP program. It is intended for medical practitioners who have gained skills in obstetrics through the PTP and who wish to develop them to a level that will enable them to safely undertake complex deliveries and perform more advanced gynaecological procedures.

The Advanced Procedural Training Program (APTP) subject areas are as listed below:

- **APTP1 Advanced Obstetrics:** caesarean delivery, management of obstetric complications.
- **APTP2 Advanced Gynaecology:** basic pelvic laparotomy, hysteroscopy.
- **APTP3 Ultrasound:** first trimester scanning, late pregnancy scanning.
- **APTP4 Postnatal and Neonatal Care:** examination of a neonate, management of a sick neonate, grief counselling.

There is a clinical component involved that requires a trainee to be in an accredited hospital position with two designated RANZCOG-accredited Training Supervisors in order to undertake the APTP. See the CWH, PTP and APTP **Training Handbook** for requirements.

Trainees are expected to utilise the **online modules**, which include learning resources and formative assessment activities for the evaluation of learning and planning for further learning.

The APTP is a qualification that involves participation in appropriate Continuing Professional Development.

### 3. Learning Domains

College recognises that medical practitioners involved in the provision of health care to women will vary in their reasons for undertaking further education and training: some may wish to offer advice in family planning and office gynaecology; some may wish to offer ante-partum shared care; yet others may wish to practise obstetrics and intra partum/post-partum care. Hence, the scope of practise of these practitioners will differ, as well as the setting and context in which individuals practise. This setting and context may well shape the nature of the education and training pursued by individuals.

As with the practise of specialist obstetrics and gynaecology, the College recognises the need for all those delivering care in women's health to appreciate the increasingly complex issues associated with the delivery of healthcare and the expectations of those with whom they interact. This document specifies the clinical and procedural knowledge and skills that general practitioners offering women's health services need to understand and demonstrate (Clinical Expertise), the well-developed capacity required for independent learning and teaching (Academic Abilities), and the Professional Qualities they need to internalise and demonstrate in their work. These three learning domains underpin the professional profile that guides the practice of these general practitioners throughout their careers:

- **Clinical Expertise**  
Building on existing expertise developed in previous learning and practice, this domain combines the possession of the necessary clinical and procedural knowledge and skills, including effective communication with patients, their families and other health professionals.
- **Academic Abilities**  
This domain reflects the evolution that occurs from medical graduate to professional practitioner and lifelong learner, underpinned by the capacity for independent learning. Inherent in this maturation, as is specifically articulated in this domain, is the development of the capacity to teach.
- **Professional Qualities**  
Society and the medical community demand that practitioners adopt and authentically espouse the values and professional qualities that fundamentally underpin the highest possible standards of clinical care and ethical conduct. This domain of the curricula encapsulates management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

Regardless of the level and scope of care involved, there is, thus, a basic professional profile of a medical professional offering care in women's health; one that is common across all three non-specialist qualifications offered.

While it is recognised that there will be some basic core knowledge and skills common across all three qualifications — core knowledge and skills that will underpin them and which can be built on in order to attain further qualifications — it distinguishes between professionals holding any of the three qualifications described in this document in the breadth and depth of the knowledge and skills that they possess.

Thus, the educational objectives are outlined in ways that clearly articulate what knowledge and skills should be possessed by holders of the RANZCOG Certificate in Women's Health, PTP and APTP. Consequently, the nature of assessment methods utilised in the three qualifications is selected to reflect both the broad non-technical competencies expected of all medical professionals working in women's health, as well as the specific groups of clinical competencies expected of the holders of all three qualifications.

### 3.1 Clinical Expertise

All practitioners in women's health possess a defined body of knowledge and procedural skills that are used to select and interpret information, make appropriate clinical decisions regarding management of a patient and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise.

Their care is characterised by up-to-date, ethical, cost-effective practice and effective partnerships with a patient and her support group, specialist colleagues and other healthcare professionals.

All practitioners in women's health know that excellent communication skills are fundamental to their day-to-day functioning, in eliciting and conveying information and establishing a therapeutic partnership with women in their care. The advantages of developing effective communication skills are now appreciated by all involved in healthcare.

Particularly, they recognise that effective communication with a patient and her support group can engender satisfaction and cooperation as well as influence the manifestations and outcome of her healthcare situation. Current medical practice can involve having to deal with a range of people in a variety of situations. It is not surprising that medical practitioners report this as one of their biggest workplace challenges.

All practitioners in Women's Health know that clinical expertise is central to the practice of their profession and draw on academic abilities and professional qualities to underpin it.

A general medical practitioner offering services in women's health must be able to:

Competency	Elements of competency	Related learning outcomes
Demonstrate medical expertise in core areas of obstetric and gynaecological care	Demonstrate clinical expertise in the management of pre-pregnancy, antenatal and postnatal care of obstetric patients with low levels of complexity	CWH 2 CWH 3
	Demonstrate clinical expertise in the management of pre-pregnancy, antenatal, intrapartum and postnatal care of obstetric patients with low or moderate levels of complexity, in consultation with a specialist	PTP 2 PTP 3 PTP 4
	Demonstrate clinical expertise in the management of antenatal and intrapartum care of obstetric patients with moderate levels of complexity and where specialist support is not readily available.	APTP 1 APTP 3
	Practises a multi-dimensional approach to patient management.	CWH – all, PTP – all, APTP – all
	Demonstrates diagnostic and therapeutic skills for the delivery of ethical and effective healthcare services.	CWH 2 – 5, PTP 1 - 5 APTP 1 - 3
Demonstrates effective communication	Demonstrates surgical skills for the delivery of ethical and effective healthcare services and works collaboratively with operating theatre and allied health staff.	PTP 3, PTP 5 APTP 1, APTP 2
	Establishes therapeutic relationships with women in their care, their partners and families, using effective and sensitive listening.	CWH – all, PTP – all, APTP – all
	Establishes effective professional relationships with medical, midwifery, nursing and other healthcare colleagues.	CWH – all, PTP – all, APTP – all
	Demonstrates understanding of relevant social and cultural issues that impact upon the provision of healthcare to women.	CWH – all, PTP – all, APTP – all

## 3.2 Academic Abilities

All practitioners in women’s health engage in professional learning and development during the span of their career.

They function within their profession as learners and researchers, seeking further understanding in their discipline and its practice through the systematic collection, interpretation and reporting of data. They recognise that ongoing learning is central to optimal professional practice and that advances in technology and clinical management require changing attitudes and organisational flexibility.

All practitioners in women’s health recognise that the area is continuously evolving and that continuing productive and ethical research is necessary to benefit the healthcare of women and infants. Consequently, they appreciate the importance of scientific research and the importance of intimate familiarity with and critical appraisal of its findings.

They recognise that the ability to teach is fundamental to the medical practice. In particular, practitioners in women’s health recognise that effective teaching is central to ensuring the strength of the future profession and equipping patients, colleagues and other healthcare professionals with needed knowledge and skills.

They understand that the essential characteristic of an effective teacher is an ongoing enthusiasm for learning, that an effective teacher creates an environment conducive to learning, provides supervision and assistance that is safe and stimulating, and discusses learning progress constructively and through specific examples.

A general medical practitioner offering services in women’s health must be able to:

Competency	Elements of competency	Related learning outcomes
Learn independently	<p>Demonstrates self-learning in women’s health and other relevant areas of medical practice, including limits of their own knowledge and abilities.</p> <p>Actively seeks relevant information to enhance their knowledge and practices and to ensure that they maintain a contemporary service to women in their care.</p> <p>Understanding the underlying physiology and pathology, and the available assessment and management options in order to provide safe and effective care.</p> <p>Understand the principles and practice of evidence-based medicine and research in a clinical setting.</p> <p>Develops, implements and monitors a personal, ongoing professional development/continuing education strategy.</p>	<p>CWH 1</p> <p>CWH – all, PTP – all, APTP – all</p> <p>CWH – all, PTP – all, APTP – all</p> <p>CWH 1 DRAN 1</p>
Teach	<p>Facilitates learning of patients to enhance their patient autonomy, decision making and compliance.</p> <p>Understands and applies principles of apprenticeship learning for trainees, students and other health professionals</p>	<p>CWH – all, PTP – all, APTP – all</p> <p>CWH – all, PTP – all, APTP – all</p>

### 3.3 Professional Qualities

All practitioners in women's health function as managers, team workers and health advocates, with high standards of ethical conduct and a commitment to the best interests of the patient. Their practice is in the settings of individual patient care, practice organisations and healthcare systems.

All practitioners in women's health require effective management skills in prioritising, making decisions, allocating resources and minimising risks. They acknowledge the worth of each member of the health service team, recognising that effective healthcare is the result of professionals working together with the knowledge and resources available to them.

The societal expectation is that all practitioners in women's health will dedicate their distinct body of knowledge, skills and professional qualities to improving the health and well-being of women and commit themselves and their collegiate bodies to the highest possible standards of clinical care and ethical conduct. This involves an ongoing commitment to reviewing and updating practices. It also includes showing respect for differing cultural and indigenous perspectives regarding healthcare and understanding the ways in which these might interact with traditional practices.

Through their close involvement with the healthcare needs of women, all practitioners in women's health participate in all areas of patient care, including patient safety and quality programs.

They appreciate the importance of their role in the promotion of disease prevention in women's health, and they accept the health advocacy and policy roles that they are able to play, individually and collectively, through their College, medical societies and institutions.

A general medical practitioner offering services in women's health must be able to:

Competency	Elements of competency	Related learning outcomes
Provides effective team management and leadership in the workplace	Practices efficient and effective administrative skills, including time management.	CWH 1 PTP 1
	Exhibits expected personal and interpersonal behaviours.	CWH – all, PTP – all, APTP – all
	Works collaboratively with other healthcare providers.	CWH – all, PTP – all, APTP - all
Conducts effective reviews of professional practice	Understands the principles and participates in the practice of clinical governance.	CWH 1 PTP 1
	Actively engages in the practice of risk management/minimisation by addressing and advocating safety and quality in healthcare practices.	CWH 1 PTP 1
Solicits and accepts constructive feedback on practice	Demonstrates an ability to accept feedback from colleagues, allied health staff, patients and their families.	CWH 1 PTP 1
	Recognises limits of own knowledge and experience, and seeks advice and assistance when appropriate.	CWH 1 PTP 2, 3, 4

Competency	Elements of competency	Related learning outcomes
Exhibits ethical attitudes and conduct	Delivers the highest quality healthcare with integrity, honesty and compassion.	CWH – all, PTP – all, APTP – all
	Practises medicine that is ethically responsible and consistent with the obligations of a self-regulating profession.	CWH – all, PTP – all, APTP – all
	Recognises a duty to assist in an emergency situation.	CWH 1
	Recognises patient autonomy, confidentiality and the legal and moral duties to women in their care.	CWH 1
	Recognises duties in regard to courts, legislative and regulatory bodies, and notification obligations.	CWH 1
Shows commitment to the best interest of the patient and the profession	Acts as health advocate for the patient.	CWH 1
	Contributes to the health of women and their babies and the development of the profession of general practitioners providing women’s healthcare.	CWH 1

## 4. RANZCOG Women’s Health Syllabus

Knowledge and understanding, and clinical and management skills: the building blocks required for the development of expertise in Women’s Health

This section details both the areas of knowledge and the skills that underpin the provision of women’s health care. The purpose is to grasp the underlying principles on which modern women’s health practice is based, not merely to memorise facts. Medical professionals offering care in women’s health perform complex skills that require more than practical experience. Understanding of the principles outlined in this section will further develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The assessable outcomes of each module are described in terms of the level of expertise to be attained:

- **Knowledge and understanding** of principles only, not expected to manage
- **In collaboration with the appropriate members of the healthcare team, as part of a maternity care team or in consultation with a specialist** be able to identify, diagnose, provide management and/or perform
- **Be able to independently** identify, diagnose, provide management and/or perform

In addition to the knowledge and clinical skills required of women’s health care providers, this section also briefly outlines the method by which the knowledge and skills will be acquired, and the method of assessment, both formative and summative. These are discussed in further detail in Sections 5 and 6.

All content within the CWH and PTP and APTP Syllabus (4.0) is examinable in written and/or oral exams.

Abbreviations used:

- T&LS: Teaching and Learning Strategy
- WBA: Workplace-based Assessment of clinical and procedural skills
- ST: Supervised training
- WS: Workshop attendance and participation (not compulsory)
- Log: Logbook completion and satisfactory assessment by supervisor
- \* : Acquiring and maintaining knowledge as a part of clinical practice and reviewing current literature

## 4.1 Certificate Of Women’s Health

### CWH1 Basic Skills

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Contemporary Quality Assurance principles and methodology	*	
Common statistical terms as they apply to medical practice	*	
The impact of social and cultural issues on the delivery of healthcare and outcomes	*	
The legal and ethical implications of practising in women’s health, including the Privacy Acts, the legal status of the fetus and of the laws relating to the family court and guardianship boards, obtaining consent, documenting adverse outcomes	*	
The right to autonomy of the woman in decision making regarding health care	*	
<b>Be able to independently:</b>		
Communicate with patients and health professionals	WS	WBA
Facilitate the learning of patients	WS	WBA
Maintain accurate and legible records, including diagnosis and plan of management	*	Log
Discuss difficult or sensitive issues in an ethically and culturally appropriate manner	WS	WBA
Understand the limits of one’s own knowledge	*	



## CWH2 Introduction to Antenatal and Postnatal Care

	T&LS	Assessment
<b>Demonstrate knowledge &amp; understanding of:</b>		
The role and limitations of ultrasound in antenatal care	*	
Maternal physiological adaptation to pregnancy	*	
Mechanisms of normal and abnormal labour, including an understanding of the principles of management of normal and abnormal labour	*	
National rates and causes of maternal and neonatal deaths, including recognition of higher risk groups such as indigenous, socially disadvantaged, refugees and teenagers	*	
Terms such as livebirth, stillbirth, abortion, neonatal mortality, perinatal mortality, maternal mortality, preterm birth and low birth weight	*	
Rationale and methodology for antenatal screening tests	*	
Rationale and methodology for assessment of maternal and fetal wellbeing	*	
Basic principles of fetal biometry	*	
<b>Be able to independently:</b>		
Perform preconception counselling, including taking a family history to enable development of a family tree to enable counselling regarding possible inherited/genetic disorders	*	Log
Perform early pregnancy counselling	*	Log
Recognise deviation from normal maternal and fetal assessment	*	Log
Identify obstetric risk factors, initiate appropriate management and appreciate when to refer to generalist practising obstetrics/specialist management, as appropriate.	WS	Log
Conduct an initial antenatal visit, including appropriate history, examination and screening tests	*	Log
Provide appropriate advice regarding routine maternity care	*	Log
Perform an antenatal examination, including the gravid abdomen	WS	Log, WBA
Provide normal antenatal care, in collaboration with other healthcare practitioners, including ordering and interpreting appropriate screening and diagnostic tests	*	Log
Manage common symptoms of pregnancy	*	Log
Manage postnatal care including perineal, sphincter or caesarean abdominal wound, PV loss, breast feeding, mastitis, continence, contraception and mental health assessment	*	Log
Neonatal examination and manage neonatal immunisation	*	Log

## CWH3 Special Topics in Antenatal and Postnatal Care

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Principles of the inheritance of disease and genetic carrier testing	*	
Principles of teratogenesis	*	
Principles of management of obstetric complications including pre-eclampsia, eclampsia, antepartum haemorrhage, iso-immunisation, gestational diabetes, abnormal fetal growth, premature rupture of membranes, pre-term labour, multiple pregnancy, abnormal presentation, prolonged pregnancy, hyperemesis gravidarum, fibroid complications, cholestasis and ovarian cysts	*	
Effect of pregnancy on common diseases and the effects of these diseases on pregnancy including mental health disorders	*	
Principles of Caesarean section, postoperative management and common postoperative complications	*	
Principles of pharmacodynamics of the pregnant woman	*	
Diagnosis and principles of management of miscarriage and ectopic pregnancy	*	
Principles of grief counselling	*	
Principles of screening for chromosome abnormalities in early pregnancy	*	
<b>Be able to independently:</b>		
Identify, counsel and initiate appropriate management for women suffering postnatal depression or puerperal psychosis	*	Log
Appropriately prescribe for a pregnant woman and breastfeeding woman	*	Log
Assess lifestyle factors that may impact on obstetric outcomes e.g. smoking, obesity and offer interventions as appropriate	*	Log
Take an obstetric history and commence preventative measures in the current pregnancy where indicated e.g. low dose aspirin or folate, cervical length screening	*	Log

## CWH4 Introduction to Gynaecology

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Anatomy and physiology of the pre-pubertal girl	*	
Adult female genital anatomy	*	
Endocrinology and stages of puberty	*	
Process of conception, including the function of the female hypothalamus, pituitary and gonads	*	
Principles of abortion, including methods available, after care, complications and legal implications	*	
Physiology of the normal menstrual cycle and the pathophysiology of menstrual disorders	*	
The effectiveness, indications, contra-indications, mode of action, technique of use and complications of available methods of contraception including natural methods, barrier methods, intra-uterine devices, hormonal methods, tubal ligation and vasectomy	WS	
Principles of management of vulvar disease, including pre-cancerous and malignant lesions	*	
Reporting and principles of management of abnormal cervical screening	*	
Diagnosis and treatment of the adolescent girl with precocious puberty or gender dysphoria	*	
Principles of insertion and removal of intra-uterine devices	*	
<b>Be able to independently:</b>		
Initiate appropriate management of adolescent menstrual dysfunction, including primary and secondary amenorrhoea, heavy menstrual bleeding and dysmenorrhoea	*	Log
Initiate appropriate management of adolescent girls with prepubertal gynaecological problems, including vulvovaginitis and labial adhesions	*	Log
Provide non-directive counselling for women with unplanned pregnancy and manage or refer appropriately if abortion decided upon	*	Log
Initiate appropriate management of adult women with menstrual disorders	*	Log
Take a gynaecological history	*	Log
Perform a well woman check	WS	Log
Perform a gynaecological examination, including inspection of the vulva, bimanual examination and speculum examination	WS	Log
Perform breast examination	WS	Log
Counsel women regarding routine sexual reproductive health screening	WS	Log
Take appropriate specimens from the genital tract	WS	Log
Perform cervical screening	WS	WBA
Identify, counsel, document and initiate appropriate management of women who are victims of domestic violence or sexual abuse	*	Log
Counsel women about abnormal cervical screening	*	Log
Diagnose and manage patients with genital tract infections, STIs and vaginal discharge	*	Log
Take a sexual history	*	Log
Counsel women about family planning and contraception	WS	Log

	T&LS	Assessment
Insert and remove sub-dermal contraceptive hormonal implants	WS	Log
Diagnose and manage women with ovarian cysts and tumours including dermoid cysts	*	Log

## CWH5 Special Topics in Gynaecology

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Gross anatomic appearance of common Müllerian abnormalities and disorders of sexual differentiation	*	
Principles of common gynaecological operations, post-operative management and common post-operative complications	*	
Principles of diagnosis and management of gynaecological cancers, including familial cancers	*	
Principles of diagnosis and management of pelvic pain, including endometriosis	*	
Epidemiology, causes and principles of management of subfertility	*	
Principles of urinary and faecal continence and management of incontinence and voiding difficulties	*	
Principles of management of post-coital, intermenstrual and post-menopausal bleeding	*	
Physical and psychological changes associated with the climacteric	*	
Understand the principles of Polycystic Ovarian Syndrome (PCOS)	*	
<b>Be able to independently:</b>		
Diagnose and initiate management of utero-vaginal prolapse	*	Log
Initiate investigation of subfertility	*	Log
Initiate management of incontinence	*	Log
Diagnose and initiate management of women with urinary tract infections	*	Log
Initiate management of postcoital, intermenstrual and postmenopausal bleeding	*	Log
Manage the menopausal and peri-menopausal woman, including the use of menopausal hormone therapy (MRT)	*	Log
Diagnose and initiate management of fibroids and ovarian cysts	*	Log
Manage women with Polycystic Ovarian Syndrome (PCOS)	*	Log

## 4.2 RANZCOG Associate Training Program (Procedural)

### PTP1 Basic Skills

	T&LS	Assessment
<b>Be able to independently:</b>		
Use contemporary Quality Assurance methodology to review personal and institutional practice	ST	Log
Write concise discharge summaries and understand contemporary coding practices and their implications	ST	Log

### PTP2 Antenatal Care

	T&LS	Assessment
<b>In collaboration with the appropriate members of the healthcare team, be able to:</b>		
Manage pregnancies in women with pre-existing or current medical conditions such as haematological disorders, diabetes mellitus, renal disease, cardiac disease, gastrointestinal disease or epilepsy	ST	Log
Diagnose and provide immediate management of pregnancy-induced disorders, including hyperemesis gravidarum, pre-eclampsia, cholestasis, fibroid complications and ovarian cysts	ST	Log
Diagnose and provide immediate management of obstetric complications including: <ul style="list-style-type: none"> <li>• severe pre-eclampsia</li> <li>• antepartum haemorrhage</li> <li>• gestational diabetes</li> <li>• abnormal fetal growth</li> <li>• premature rupture of membranes</li> <li>• pre-term labour</li> <li>• obstructed labour,</li> <li>• abnormal presentation</li> <li>• prolonged pregnancy</li> </ul>	ST	Log
Be present at the birth and assist with obstetric complications including: <ul style="list-style-type: none"> <li>• eclampsia</li> <li>• iso-immunisation</li> <li>• multiple pregnancy</li> </ul>	ST	Log
Take an obstetric history and identify risk factors that will alter the management of the current pregnancy	ST	Log

## PTP3 Labour

		T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>			
	Principles and use of regional analgesia, including the principles of management of complications of regional anaesthesia	*	
	Principles of 3rd and 4th degree tear repair	*	
	Principles of medical and operative management of postpartum haemorrhage, including uterine balloon tamponade, emergency hysterectomy, bilateral uterine and internal iliac artery ligation and uterine brace sutures	*	
	Understand the principles of cardiopulmonary resuscitation of a pregnant or postpartum woman	*	
	Awareness of analgesic options in labour	*	
	Diagnosis and management of maternal collapse	*	
<b>As part of the maternity care team, be able to:</b>			
	Manage normal labour and delivery, including third stage	ST	Log
	Assess and chart the progress of labour	ST	Log
	Counsel a woman regarding pain management in labour	ST	Log
	Prescribe appropriate analgesia in labour	ST	Log
	Assess fetal wellbeing in labour	ST	Log
	Manage the following emergencies: <ul style="list-style-type: none"> <li>• shoulder dystocia;</li> <li>• post-partum haemorrhage;</li> <li>• retained placenta</li> </ul>	ST, WS	WBA
	Perform the following procedures: <ul style="list-style-type: none"> <li>• induction and augmentation of labour;</li> <li>• low instrumental delivery;</li> <li>• episiotomy</li> <li>• Repair of vulval, vaginal and first and second degree perineal tears</li> </ul>	ST	WBA
	Diagnose and assess third degree tear		
	Be present at a birth where cord prolapse is managed		
	Recognise and manage maternal and fetal complications which develop during labour, including: <ul style="list-style-type: none"> <li>• pre-eclampsia</li> <li>• fetal compromise</li> <li>• antepartum haemorrhage</li> <li>• poor progress</li> <li>• intrapartum sepsis</li> <li>• referral for assisted delivery and Caesarean section</li> </ul>	ST	Log
<b>Be able to independently:</b>			
	Competently interpret antenatal and intrapartum electronic fetal monitoring	ST, WS	Log

## PTP4 Postnatal and Neonatal Care

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Requirements of the sick neonate prior to transfer	*	
Changes in the neonate at birth	*	
<b>Be able to independently:</b>		
Recognise a sick neonate	ST	
Examine a neonate, recognise abnormalities requiring paediatric review and perform appropriate testing and management of the neonate	ST	WBA
Provide neonatal resuscitation at birth	ST	WBA
Provide postnatal contraception advice	ST	Log
Manage maternal problems arising in the postnatal period, including: <ul style="list-style-type: none"> <li>• secondary post-partum haemorrhage</li> <li>• sepsis</li> <li>• thrombo-embolism</li> <li>• mood disorders</li> <li>• wound complications – perineal and caesarean</li> <li>• bladder or bowel problems,</li> <li>• breast or lactation problems</li> </ul>	ST	Log
Perform post-natal review of mother and order any relevant investigations or immunisations	ST	Log

## PTP5 Procedural Gynaecology

	TL&S	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Principles of management of first and second trimester miscarriage or abortion	*	
<b>Be able to independently:</b>		
Manage first trimester miscarriage, including medical management and surgical evacuation of uterus	ST	Log
Perform a vulval biopsy	ST	Log
Perform outpatient endometrial sampling (pipelle)	ST	Log
Fit, insert and manage a vaginal ring pessary for vaginal prolapse	ST	Log
Insert and remove intra-uterine devices (IUD)	ST	Log

## 4.3 RANZCOG Associate Training Program (Advanced Procedural)

### APTP1 Advanced Obstetrics

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Principles of vaginal breech delivery	*	
Principles of twin delivery	*	

	T&LS	Assessment
Principles of repair of torn bladder	*	
Principles of repair of lacerated cervix	*	
Principles of management of uterine inversion and rupture	*	
Principles of performing both forceps and vacuum instrumental delivery	*	
<b>Be able to independently:</b>		
Diagnose and manage women with hyperemesis gravidarum	ST	
Manage antepartum haemorrhage	ST	
Manage women with pre-eclampsia	ST	
Manage women with cholestasis, fibroid complications, gestational diabetes, abnormal fetal growth, premature rupture of membranes	ST	
Manage preterm labour, prolonged pregnancy, poor progress of labour, obstructed labour	ST	
Manage normal labour and delivery, including third stage	ST	
Assess and chart the progress of labour; manage poor progress	ST	
Counsel a woman regarding pain management in labour	ST	
Prescribe appropriate analgesia in labour	ST	
Assess fetal wellbeing in labour	ST, WS	
Manage fetal compromise during labour	ST	
Manage women with eclampsia	ST, WS	
Manage maternal collapse	ST, WS	
Manage retained placenta including manual removal	ST, WS	
Perform induction and augmentation of labour	ST	
Perform and repair episiotomy	ST	
Repair of vulval, vaginal and second and third degree perineal tears	ST	
Manage intrapartum sepsis	ST	
Perform instrumental delivery	ST, WS	Log, WBA
Manage shoulder dystocia	ST, WS	
Manage unexpected vaginal breech delivery	ST	
Perform a Caesarean delivery, both elective and emergency	ST	WBA, Log
Manage postpartum haemorrhage, including operative management (eg, uterine balloon tamponade, laparotomy and uterine brace sutures)	ST	Log



## APTP2 Advanced Gynaecology

	T&LS	Assessment
<b>Demonstrate knowledge and understanding of:</b>		
Principles of diagnosis and management of ectopic pregnancy	*	
Principles of management of complications of an ovarian cyst (ruptured/torsion/haemorrhage)	*	
Principles of pathological conditions of the cervix	*	
Principles of management of uterine contraceptive device complications	*	
Principles of performing female sterilization at the time of Caesarean section	*	
Principals of performing a pelvic laparotomy for non-obstetric pathology, e.g. for ectopic pregnancy or ovarian cyst complication <sup>#</sup>	*	
Principles of performing a hysteroscopy	*	
Principals of abdominal hysterectomy <sup>#</sup>	*	
Principles of uterine evacuation following second trimester pregnancy loss and/or mid trimester abortion <sup>#</sup>	*	
<b>Be able to independently:</b>		
Manage first trimester medical and surgical abortion*	ST	Log
Manage first trimester miscarriage	ST	WBA, Log
Management of Bartholin's cyst or abscess	ST	Log

\*Trainees are required to notify their training supervisor in case of conscientious objection

<sup>#</sup>Procedures recommended to be performed/assisted/observed if possible and recorded in procedures log

## APTP3 Ultrasound

	T&LS	Assessment
<b>Be able to independently</b>		
Perform basic first trimester scanning, including localization, dating, viability and plurality of pregnancy, both transvaginally and transabdominally	ST, WS	WBA, Log
Perform late pregnancy scanning, including presentation of fetus, placental localization, basic fetal biometry and amniotic fluid volume	ST, WS	WBA, Log

## APTP4 Postnatal and Neonatal Care

	T&LS	Assessment
<b>In consultation with a specialist be able to:</b>		
Recognise, provide immediate management, stabilize and arrange transfer as appropriate of sick neonates, including those with: <ul style="list-style-type: none"> <li>● Sepsis</li> <li>● Respiratory distress</li> <li>● Hypoglycaemia</li> <li>● Failure to thrive</li> <li>● Congenital anomalies</li> </ul>	ST	Log
Evaluate a perinatal death in accordance with PSANZ guidelines	ST	Log , WBA
Perform basic grief counselling, including counselling parents after a perinatal death	ST	Log, WBA
<b>Be able to do independently:</b>		
Provide basic life support to a sick neonate, including: <ul style="list-style-type: none"> <li>● Establish IV access</li> <li>● Resuscitate a neonate, including endotracheal intubation</li> <li>● Intubate a neonate for ventilation or laryngeal mask</li> <li>● Collect blood from neonate</li> <li>● Establish CPAP or high flow oxygen for neonate</li> </ul>	ST	Log
Manage neonatal jaundice	ST	Log

## 5. Assessment of Competence

### 5.1 Assessment Overview

All domains of practice in women’s health must be assessed if judgements are to be made about professional competency. Assessment methods include the demonstration and application of core knowledge and skills in clinical practice through traditional examinations, workplace-based assessments, workshops, logbooks, and case syntheses. It also follows that individuals appointed as assessors by the College must demonstrate knowledge and skills appropriate to the performance being assessed and the processes involved.

RANZCOG provides face-to-face training workshops for trainees in the Women’s Health Training Programs. The training workshops promote active learning and include practical activities to optimise individual participation. The content of the workshops has been developed from the curriculum, with clearly articulated learning outcomes to assist trainees in their development of the relevant clinical and procedural skills and their preparation for assessment. The training workshops are delivered at various locations; contact your RANZCOG State and Territory Office for further information.

A curriculum includes a program of assessment, in which different learning domains and competencies are assessed in different, targeted ways. This program of summative assessment, successfully completed, certifies competence in the provision of women’s health care.

Assessment is also a key tool to inform learners on progress made and identify what still needs to be achieved. Ongoing, formative assessment is therefore central to the curricula as a means to guide and motivate learning and achievement.

### 5.2 Assessment Structure

#### Competencies expected and assessment formats

This section outlines the assessment tools utilised within the Women’s Health curricula. Rather than existing as stand-alone entities, the tools are designed to be integrated into the training program and implemented within the context of the training setting to assess elements of competencies expected in the practice of women’s health care. These elements of competencies are assessed over progressive stages of the training program, ensuring that the framework of objectives presented in these curricula is comprehensively tested.

Certificate of Women’s Health, PTP and APTP Assessment Structure

	CWH	PTP	APTP
Online modules	*	*	*
Logbook	✓	✓	✓
Workplace-based Assessments	✓	✓	✓
Workshop participation	*	✓	✓
Written Examination	✓	✓	

	CWH	PTP	AFTP
Oral Examination			✓
Case Syntheses			✓
Summative Assessment			✓

\* Not compulsory, but available to trainees to assist them with the development of relevant knowledge and clinical and procedural skills.

## Certificate of Women’s Health, PTP and AFTP

### Online Modules

The online modules provide learners with a readily accessible suite of resources and guided learning tasks. Modules are mapped directly to the curriculum, with clearly stated learning outcomes. They can be completed sequentially or non-sequentially at the learner’s own pace according to their individual needs. Each module guides the learner through selected resources that are tied to active learning tasks. The online modules are designed to support clinical educators, Training Mentors and Training Supervisors, as well as trainees, and serve as a useful point of reference for appraisal and assessment.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Possession of knowledge and clinical abilities based on objectives outlined in each of the modules.	The material provided by the modules should be known and understood prior to presenting for the examinations.	Self assessment, with guidance from appointed mentors.

### Logbook

The Logbook enables trainees to maintain a daily record of the experience relevant to the training undertaken. It is used by the Training Mentor or Training Supervisor(s) and Chair of the relevant State Reference Committee (SRC) to monitor the trainee’s experience to ensure that it is appropriate for the level of training. The information in trainee Logbooks is also used by RANZCOG to monitor each trainee’s training experience.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Procedural skills Communication and counselling skills Documentation Participation in practice review and clinical risk management activities	Observation of regular and active participation Monthly assessment throughout the training program, with required progress towards the scope and level required for practice in women’s health care	Consultants, senior FRANZCOG trainees, Certificants and Associate Procedural Members or equivalent who have supervised and observed practice consistently Training Mentors and Supervisors

## Workplace-Based Assessments

The clinical encounters that trainees face every day provide learning experiences which are assessable. The purpose of Workplace-based Assessments is to assess trainees at the time of doing, in real patient scenarios during normal everyday work. When a trainee is involved in a clinical encounter or performing a procedure that may be assessed, a suitable Assessor utilises the relevant form to assess the trainee's performance against the standards described for each criterion. A suitable Assessor is one who has worked with the trainee and who can make a balanced and informed judgement of the trainee's performance; the Training Mentor, Training Supervisor or another 'teacher' who has guided and supported the trainee's knowledge and skill development, namely other consultants or senior registrars in the FRANZCOG Training Program, who have been approved by the Training Supervisor to act as Assessors. Embedding this assessment process in the everyday work of trainees formalises the learning opportunities that already exist with each clinical encounter and enhances the overall training experience.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Certificate of Women's Health, PTP, APTP: Range of clinical and practical skills.	Satisfactory completion of workplace-based assessments of practical and clinical skills.	Training Mentors, Training Supervisors, Assessors approved by the Training Supervisor or accredited RANZCOG course facilitators

## Certificate of Women's Health and PTP ONLY

### Written examination

The Written Examination consists of 100 multiple-choice questions for Certificate trainees and an additional 50 multi-choice questions for PTP trainees. All content within the CWH and PTP Syllabus (4.0) is examinable in the written exam.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Possession of knowledge of all points in the Syllabus (4.0)	Multiple choice questions Passing score set by rigorous standard setting process	Accredited, trained examiners

## APTP ONLY

### Oral Examination

The APTP Oral Examination is designed to address the scope of practice that will be expected of an Associate Advanced Procedural Member upon completion of the training program. As such the examination will include curriculum topics from across the CWH, PTP and APTP curricula. The Oral Examination consists of a series of Objective Structured Clinical Examination stations that simulate clinical scenarios relevant to the APTP scope of practice.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Demonstration of clinical abilities, including: <ul style="list-style-type: none"> <li>• Clinical management</li> <li>• History taking</li> <li>• Communication requirements</li> <li>• Problem solving</li> <li>• Resource utilisation</li> <li>• Time management, prioritisation of tasks</li> <li>• Possession of knowledge and clinical understanding as outlined in 4.0 Syllabus</li> </ul>	Structured oral stations simulating clinical scenarios Pre-set criteria and marking scheme Passing score set by rigorous standard setting process	Accredited, trained examiners

### Case syntheses

Trainees must submit for assessment five (5) de-identified written Case Syntheses on a range of obstetric conditions. Cases selected must:

- be particularly unusual and/or problematic,
- be based on patients under the care of the trainee during their APTP training,
- be relevant and valuable to the candidate's current and/or intended practice, and
- require the candidate to undertake review of current evidence-based literature so that the final synthesis of each case is representative of evidence-based best practice.

COMPETENCIES ASSESSED	ASSESSMENT	ASSESSORS
Demonstration of clinical skills, including: <ul style="list-style-type: none"> <li>• History taking</li> <li>• Differential diagnosis</li> <li>• Ordering of appropriate investigations</li> <li>• Clinical management</li> <li>• Problem solving</li> <li>• Resource utilisation</li> <li>• Utilisation of evidence-based data</li> </ul>	Satisfactory completion of case syntheses based on set criteria and standards	Training Supervisors and State Reference Committee Chairs

### APTP Summative Assessment

Training Supervisors complete the Summative Assessment and for each assessment criteria must determine if the Trainee is **below** or **at** the level expected to practice obstetrics independently at the end of the RANZCOG Associate Training Program (Advanced Procedural). Both the Training Supervisor and Trainee must sign and date the Summative Assessment.

In order to satisfactorily complete this assessment requirement the Trainee must be **at** the level expected to practice obstetrics independently at the end of the RANZCOG Associate Training Program (Advanced Procedural). If a Trainee is assessed as **below** the level expected the Trainee does not pass the assessment.

### 5.3 Competencies Required and Assessment Methodologies

	ONLINE MODULES	WORKSHOP PARTICIPATION	WORKPLACE-BASED ASSESSMENTS	LOGBOOK	CASE SYNTHESSES
<b>Clinical Expertise</b>					
Medical knowledge	✓	✓	✓	✓	✓
Clinical examination	✓	✓	✓		✓
Clinical reasoning and judgement					✓
Diagnostic, therapeutic & surgical skills	✓	✓	✓	✓	✓
Ethics and legal	✓		✓		
Establish therapeutic relationships		✓			
History taking	✓			✓	
Communication skills	✓	✓	✓	✓	✓
<b>Academic abilities</b>					
Seek and critically appraise information	✓				✓
Consult with colleagues					
Use information technology	✓				
Commit to on-going professional development					
Know one's own limits		✓			
Understanding learning needs of self and others	✓	✓			
<b>Professional qualities</b>					
Be a team player			✓	✓	
Exhibit ethical conduct		✓			
Review & update professional practice	✓			✓	

*NB: All competencies listed in the table above are examinable in the written and oral examinations*

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