



Training Program Handbook

# Certification in Urogynaecology (CU)

[ranzcog.edu.au](http://ranzcog.edu.au)

## IMPORTANT NOTICE: INFORMATION AND REGULATIONS IN THIS HANDBOOK

### RANZCOG Regulations

Every effort has been made to ensure that the Information and RANZCOG Regulations in this Handbook were correct at the time it was produced. The College Regulations are available on the RANZCOG website via the following link:

[RANZCOG Regulations](#)

### RANZCOG policies relating to training

For all the RANZCOG policies governing the CU Subspecialty Training Program refer to the following link:

[RANZCOG Policies and Procedures Directory](#)

### Updates

A regularly updated version of the Handbook is available on the RANZOG website, and readers should always consult the website version when checking information or Regulations

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## College Vision, Mission and Values

**Vision** Excellence and equity in women's health

**Mission** To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health

### Values

#### **Advocacy**

We are a leading voice for equity, social justice, fairness and evidence-based policy

#### **Education**

We embrace the opportunity to learn, share knowledge and experience through innovation, discovery and research

#### **Excellence**

We are committed to performance at the highest standard in our work, training, research and support.

#### **Integrity**

We act honestly, ethically and with accountability towards everyone and in everything we do

#### **Kindness**

We act with compassion and care towards ourselves and one another.

#### **Respect**

We expect and promote inclusivity, valuing individual rights, beliefs and choices



## College Information

### Staff Contact Details

#### CU Subspecialty Training Program Coordinator

**Phone:** +61 3 9412 2990

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

#### Examinations Department

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

#### Training and Support Unit

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

**Phone:** +61 8 6102 2096

**Website:** [RANZCOG Member Wellbeing and Support](#)



## College Training and Education Committees

Standing Committees of the Board have been established to formulate and review training and assessment requirements leading towards the attainment of subspecialty certification. Board Committees usually meet in March, July and November.

### Certification in Urogynaecology (CU) Subspecialty Committee

#### **Chair: Dr Alexandra Mowat**

The CU Subspecialty Committee is responsible for overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Urogynaecology Subspecialty Certification of the College. It reports to the RANZCOG Board via the Subspecialties Committee and Education Standards Committee (ESC). Recommendations on assessment matters are referred to the RANZCOG Board through the Subspecialties Committee and the Examinations and Assessment Committee; recommendations on training and accreditation matters are referred to the RANZCOG Board through the ESC and Subspecialties Committee. Recommendations concerning Specialist International Medical Graduates (SIMG) assessments for RANZCOG subspecialty recognition are referred by the Committee through the Subspecialties Committee, ESC and SIMG Committee to the RANZCOG Board for consideration.

All correspondence pertaining to the work of these Committees should be forwarded to the Chair of the relevant Committee at the address below.

RANZCOG, Djeembana  
1 Bowen Crescent  
NAARM (Melbourne) VIC 3004  
Email: [cu@ranzco.edu.au](mailto:cu@ranzco.edu.au)

### Subspecialties Committee

#### **Chair: A/Prof Michael Rasmussen**

The Subspecialties Committee, through its five (5) subcommittees, is responsible for overseeing the formulation and review of the training, assessment and accreditation policies leading towards the attainment of Subspecialty Certification from RANZCOG.

Recommendations on assessment matters are referred to the RANZCOG Board in conjunction with the Education & Assessment Committee.

Recommendations on training and accreditation matters are referred directly to the RANZCOG Board. The Committee is responsible for the assessment of Specialist International Medical Graduates (SIMGs) for RANZCOG subspecialist recognition and reports directly to the RANZCOG Board on this matter.

Such training, assessment and accreditation matters include, but are not limited to -

- overseeing the process of ongoing development, co-ordination, and maintenance of RANZCOG's Subspecialty Training Programs, the assessment of the trainees enrolled in those programs and approval of Training Supervisors.
- making recommendations to the RANZCOG Board, in conjunction with RANCOG's Education & Assessment Committee, on matters relating to RANZCOG assessment processes, including the Research Project, Written and Oral Examinations and the In-hospital Clinical Examinations.
- overseeing the process of selection of subspecialty trainees.
- making recommendations to the RANZCOG Board of new training posts and the re-accreditation of existing training posts.

- reporting to and liaising with the Training Accreditation Committee on matters pertaining to subspecialty training.
- making recommendations to the Continuing Professional Development Committee on matters pertaining to recertification.
- overseeing the process of assessment of International Subspecialists applying for subspecialty recognition in Australia and New Zealand.

### Education & Assessment Committee (EAC)

#### Chair: Dr Nisha Khot

The EAC is responsible for ensuring, maintaining, and enhancing the integrity, validity and reliability of the individual and collective education and assessment components and associated processes pertaining to training programs run and administered by RANZCOG.

Such assessment components include, but are not limited to:

- Certificate in Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP), RANZCOG Associate Training Program (Advanced Procedural) (APTP), FRANZCOG and Subspecialty Written Examinations
- APTP, FRANZCOG and Subspecialty Oral Examinations
- In-hospital Clinical Assessments (IHCA) and In-hospital Clinical Examinations (IHCE)
- research component of the FRANZCOG Curriculum and Subspecialty programs
- trainee competence in defined O&G surgical procedures.

### Education Standards Committee (ESC)

#### Chair: A/Prof Michael Rasmussen

The ESC oversees the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment, and accreditation. The Committee is responsible for RANZCOG's training programs, including regular monitoring and evaluation and is delegated by the Board to make decisions relating to its area of responsibility.

The responsibilities of ESC include the following:

- oversight of all education, training, assessment and accreditation of RANZCOG programs to ensure contemporary and high quality delivery;
- consideration of ongoing developments in specialist medical education and training, ongoing monitoring of assessment processes and developments in training modalities, including simulation and other initiatives and consideration of possible application to RANZCOG education and training programs;
- formulation of recommendations and development of discussion papers regarding strategic initiatives in line with RANZCOG's strategic objectives;
- development, implementation, monitoring, and evaluation of the currency, reliability and validity of all components of the RANZCOG Training and Assessment Processes;
- reviewing and responding to contemporary practices and AMC and MCNZ Standards for Specialist Medical Training in consultation with key stakeholders as appropriate;
- establishing Recognition of Prior Learning (RPL) panel from its members to assess, review and recommend assessment criteria for applicants who are prospectively approved to commence the FRANZCOG Training Program and see to obtain recognition of relevant training, which predates the commencement of their FRANZCOG training; and



- establishing prevocational pathway panels as required to review requirements for prevocational trainees (as set by AMC/MCNZ), oversee quality assurance and continuous improvement of the RANZCOG PVP (including update of educational content), and ensure completion of the PVP is aligned to FRANZCOG selection requirements.

## Bullying, Harassment and Discrimination in the Workplace Policy

This policy relates to the behaviour of members, Fellows, and trainees of RANZCOG in roles pertaining to RANZCOG training, including supervision, oversight, reporting and assessment.

The purpose of this policy is to protect RANZCOG trainees, members and Fellows against bullying, harassment and discrimination in the workplace. The workplace includes training sites in public and private hospitals, private practice settings and RANZCOG environs.

RANZCOG is committed to ensuring fair and equitable workplace practices and does not tolerate bullying, harassment or unlawful discrimination in any workplace. Discrimination, bullying and harassment are prohibited by law and workplace participants who engage in such conduct may be held personally liable for their actions. This includes threatening behaviour, intimidation, exclusion or physical violence.

The full Bullying, Harassment and Discrimination in the Workplace Policy is available on the RANZCOG website via the following link:

[RANZCOG Policies and Procedures Directory](#)

## Trainee Support

### Training Support Unit (TSU)

RANZCOG is committed to supporting trainees and therefore has established the TSU. This is a safe, professional and impartial service for trainees to contact should guidance and support, be required.

The Trainee Liaison has a background in mental health, counselling and public health services. The TSU encourages trainees, consultants and Training Supervisors to reach out at times of difficulty. The TSU can also assist with the following:

- processes for management of complaints
- development of resources
- referral to appropriate internal and external support resources and services
- identification of a range of potential intervention strategies

Trainees are encouraged to contact Carly Moorfield, Senior Coordinator, Trainee Liaison in times of personal or professional stress, anxiety or poor health.

Senior Coordinator, Trainee Liaison

**Email:** [traineeliaison@ranzcoг.edu.au](mailto:traineeliaison@ranzcoг.edu.au)

**Phone:** +61 8 6102 2096

**Website:** [RANZCOG Member Wellbeing and Support](#)

## Converge International

To further support Trainees the TSU has established a partnership with Converge International. (Vitae is the NZ equivalent).

**Converge International is a confidential support service that is open to our Trainees, 24/7 365 days a year. This service can be utilised for any personal or work-related matter.**

- support is confidential and private
- EAP Counselling, Family Assist and Crisis Telephone Counselling Sessions (these are funded by RANZCOG)
- support that can be tailored to meet our Trainees needs (face-to-face, telephone or online)
- services are available across Australia and New Zealand (Vitae – NZ equivalent)

For more information please contact: Converge International on:

Phone: 1300 687 327 (Australia)  
Phone: +64 0800 666 367 (New Zealand)  
Phone: +61 386 205 300 (International)

Website [Converge International](#)

## RANZCOG Exceptional Circumstances, Special Consideration

This policy outlines the criteria and processes by which those individuals subject to RANZCOG regulations and/or policies pertaining to a range of requirements, including those associated with training and assessment, may apply for variation to the normal requirements on the grounds of exceptional circumstances that may justify special consideration.

As such, the application of this policy includes the following groups:

- Applicants for a position on a RANZCOG training program
- Trainees undertaking the Basic training or advanced training components of the RANZCOG training program
- Trainees undertaking a RANZCOG Subspecialty Training program
- Trainees undertaking the Certificate of Women's Health, RANZCOG Associate Training Program (Procedural) or the RANZCOG Associate Training Program (Advanced Procedural)
- Specialist International Medical Graduates (SIMG) being assessed for comparability to a RANZCOG trained specialist in obstetrics and gynaecology or suitability for an area of need position, or undertaking training / assessment / supervision requirements as part of a pathway to obtain RANZCOG Fellowship
- SIMG being assessed for comparability to a RANZCOG trained Subspecialist or undertaking training / assessment requirements as part of a pathway to obtain certification by RANZCOG as a Subspecialist
- Fellows and other College members required to undertake a continuing professional development (CPD) program.

Exceptional Circumstances and Special Consideration Policy is available on the RANZCOG website via the following link:

[Exceptional Circumstance and Special Consideration Policy](#)

This policy should be read in conjunction with the RANZCOG reconsideration review and appeals procedures, and the processes described therein. This is available on the RANZCOG website via the following link:

[Reconsideration Review and Appeal of Decisions Policy](#)

## Training Administration

### Components of the CU Subspecialty Training Program

The CU Subspecialty Training Program consists of three (3) clinical years, all of which must be prospectively approved. It includes the following elements:

#### Minimum Surgical Procedures

- 100 anti-incontinence procedures per training period
- 100 reconstructive surgical procedures per training period

#### Urogynaecology Meetings

Attendance at a program of lectures, tutorials, demonstrations and conferences on Urogynaecology.

#### Optional Elective Term

Six (6) months of appropriate experience in a closely related field (e.g., urologic surgery) may be approved as a part of clinical training.

#### Scholarly Elective – Research Project

A research project, on some aspect of, or pertaining to, the CU subspecialty, must be completed by each subspecialty trainee.

#### Examination

A Written examination can be attempted following 46 weeks of satisfactory training

## A Year-By-Year Guide for Trainees

	Year 1 (46 weeks)	Year 2 (92 weeks)	Year 3 (138 weeks)	Post Year 3
<b>Prospective Approval</b>	<b>Statement of Understanding (SoU), Registration (Form A) &amp; Prospective Approval (Form B)</b> Submit annually (each calendar year) eight weeks prior to commencement of each training year			<b>Statement of Understanding (SoU) Registration (Form A)</b> Submit annually prior to 31 January
<b>Training</b>	<b>Urogynaecology:</b> Minimum of two (2) years in a Urogynaecology unit <b>Urogynaecology Meetings</b> Attendance at lectures, tutorials, demonstrations, and conferences on Urogynaecology <b>Minimum Procedures</b> Complete 100 anti-incontinence procedures and 100 reconstructive procedures <b>Optional Elective Term</b> Six months during the three (3)-year clinical training program			<b>Post Year 3 Progress Report (Replaces TAR)</b> Submit 6 monthly report until completion of training components
<b>Clinical Training Program Assessments</b>	<b>Formative Appraisal Report (FAR) 1 per semester</b> Submit within four (4) weeks of the end of each relevant three (3)-month period			
<b>Clinical Training Program Assessments</b>	<b>Training Assessment Record (TAR) (1 per semester)</b> Submit within six (6) weeks of the end of each relevant six (6)-month period the following: <ul style="list-style-type: none"> <li>Summative Consultant Assessment Reports</li> <li>Clinical Training Summary (CTS) - two Clinical Training Summaries (one for the period covering the current training period and one cumulative from the commencement of training). Download from My.RANZCOG and attach to the back of the TAR</li> <li>Directly Observed Procedural Skills (DOPS): Generic - all compulsory Generic DOPS must be completed by the end of Year two of clinical training. Summative Assessment Forms to be submitted with TAR.</li> <li>Directly Observed Procedural Skills (DOPS): Surgical -                For trainees who commenced subspecialty training <b>prior to 1 December 2020</b> a minimum of four (4) compulsory surgical/procedural DOPS of nine (9) must be completed in each of the first two (2) years of clinical training the remaining to be completed in year three (3).                For trainees who commenced subspecialty training <b>after 1 December 2020</b> a minimum of four (4) compulsory surgical/procedural DOPS of eleven must be completed in each of the first two (2) years of clinical training the remaining to be completed in year three (3)</li> <li>Scholarly Elective Research Stream Progress Report</li> <li>Online Trainee Feedback Survey</li> </ul>			
<b>Clinical Training Program Assessments</b>	<b>Multi-Source Feedback (MSF) Year 1-Semester 2</b>			
<b>Clinical Training Program Assessments</b>	<b>Research-based Discussion (RbD)</b> Select and analyse three (3) research articles and be formally assessed on one of these, selected by the assessor, each training year. (Preferably submitted with TAR)			
<b>Exams</b>	<b>Written Examination</b> (first attempt after forty-six (46) weeks FTE satisfactory training)			
<b>Scholarly Elective</b>	<b>Scholarly Elective (Research Project) Proposal &amp; Timeline</b> including Ethics Committee approval (if required) to be included with <b>TAR 1.2</b>	<b>Scholarly Elective (Research Project)</b> Research project must be submitted for assessment within one (1) year of completion of clinical training and satisfactorily assessed within three (3) years of completion of clinical training.		

## Requirements of the CU Subspecialty Training Program

### Clinical Training Program Requirements

- Each year of clinical training must be prospectively approved
- Year 1 of clinical training must be spent in a prospectively approved RANZCOG accredited CU subspecialty training unit in Australia or New Zealand and may be completed either as part-time (minimum 0.5FTE) training or full-time training
- Subsequent years may be completed either full-time or part-time, with a maximum of two (2) years extended leave
- Must be undertaken in a minimum of two (2) accredited CU training units during the three (3)-year training program unless otherwise prospectively approved by the CU Subspecialty Committee. The minimum time in one unit will be the equivalent of twelve months' full-time training
- If a training unit has only one CU Subspecialist, then the unit can only be approved for a maximum of two (2) years of training per trainee.
- Clinical training must be completed in five (5) years (excluding extended leave)
- Desirable that part of the program is in a prospectively approved unit outside Australia or New Zealand
- Trainees must spend a minimum and maximum of 20% of clinical training time in ongoing research
- Trainees expected to complete a minimum of 100 anti-incontinence procedures, and 100 reconstructive surgical procedures over the three (3) -year clinical training period

### Clinical Training Program Assessments

- Directly Observed Procedural Skills (DOPS) are compulsory and can be undertaken at any time during the CU Subspecialty Training Program and trainees are required to space them across the three (3) years of their training. Identified generic and surgical/procedural skills are assessed in each year of training
- Completion of Research-based Discussion (RbD) requirements in each year of clinical training, i.e., select and analyse three (3) research articles and formal assessment of one as selected by the assessor at end of each clinical training year
- Multi-Source Feedback (MSF) in semester 2 of Year 1 clinical training
- Trainees are required to complete and submit the following documents as part of their CU Subspecialty training:
  - Annual Prospective Approval (PA): Annually
  - Formative Appraisal Report (FAR): Mid semester
  - Training Assessment Record (TAR): six (6)-monthly
  - Post Year 3 Clinical Training Progress Reports: six (6)-monthly report

### Skill Expansion Program (to be implemented in 2025)

A Skill Expansion Program will be introduced for first year trainees entering training in 2025, this will provide consistent training for all CU trainees in a broader skillset including laparoscopic procedures. CU Trainees will be required to spend a minimum of two years in Vaginal/Laparoscopic (VL) units.

VL units are the training units that provide a minimum recommended trainee exposure to laparoscopic procedures in addition to the traditional foundational procedures in urogynaecology. This is to include a two-year block or two separate 12-month blocks in the same or different VL units. To ensure diversity of experience, CU trainees cannot spend more than two years in one training unit.

For VL unit status to be conferred, training units need to offer the following over a 12-month period:

- A mandated minimum of 10 advanced laparoscopic procedures, of which a minimum of eight would need to be urogynaecological procedures, including:
  - laparoscopic sacrocolpopexy
  - laparoscopic burch or other laparoscopic retropubic procedures
  - laparoscopic uterosacal vault suspension
  - laparoscopically assisted retropubic midurethral sling excision
  
- A maximum of two advanced laparoscopic general gynaecological procedures can be included in the 10 advanced laparoscopic procedures: these include:
  - total laparoscopic hysterectomy (with laparoscopic vault suturing)
  - laparoscopic supracervical hysterectomy.
  
- In units where mesh is available, or where other grafts are being considered, it is strongly recommended that the following procedures are performed laparoscopically, rather than open where possible, to improve the chances of the unit reaching VL status:
  - sacrocolpopexy
  - sacrohysteropexy

Training units (via Program Directors) would be informed in April 2024 of the VL or non-VL status of all accredited training units. VL status of training units will be reviewed on a yearly basis.

## Eligibility to Commence Training in the CU Subspecialty Training Program

Following the Subspecialty selection process and after being deemed eligible for CU training, to become a CU trainee and commence CU training, doctors must;

- Have the FRANZCOG or have the following:
  - For those trainees who commenced the FRANZCOG training program during the period 1 December 2003 to 30 November 2013 trainees must have successfully completed all requirements of Basic Training in the FRANZCOG training program as well as the FRANZCOG Written and Oral examinations, and Assessments of Procedural and Surgical Skills, and 46 weeks of Advanced Training.
  - For those who commenced the FRANZCOG training program after 1 December 2013 they must have successfully completed all requirements of Basic Training in the FRANZCOG training program, satisfactorily completed the research component of the FRANZCOG training program and 46 weeks of Advanced Training.
- Current Medical Registration with the Medical Board of Australia (MBA) or the Medical Council of New Zealand (MCNZ) as per Regulation C1.2.2.3
- An appointment to an accredited CU Subspecialty Training position
- Submission and approval of a Prospective Approval application

### Prospective Approval (PA)

Following confirmation of being selected eligible to join the CU Subspecialty Training Program trainees must complete a prospective approval of training at least eight (8) weeks prior to the commencement of training. Only training that has been prospectively approved will be credited by RANZCOG.

To be prospectively approved, applicant applying to commence the CMFM Training Program should complete the following:

- Statement of Understanding (SoU);
- Registration Form A(Reg); and
- Prospective Approval (PA) Form B

These forms can be found on the RANZCOG website via the following link:

[CU Subspecialty Training Documents and Resources.](#)

In some circumstances, a trainee who was selected as eligible to join the CU Subspecialty Training Program, may be eligible to begin their training in August of the year they were interviewed provided the applicant:

- Is already working accredited training unit with an accredited position available for them to commence in August
- Has completed eligibility requirements for commencement of CU training as per the RANZCOG Regulations or is a FRANZCOG

In such a case, a SoU form, Registration form and Prospective Approval form must still be submitted eight (8) weeks prior to commencement of training. If commencing in August, the Prospective Approval will apply for six (6) months (one semester only).



All CU trainees are required to apply for prospective approval of training for each calendar year of clinical training. Application for prospective approval must be submitted at least eight (8) weeks prior to commencement of the relevant training period.

Some trainees find that circumstances and opportunities change from their prospectively approved during the CU Subspecialty Training Program. The trainee and the Training Supervisor should communicate this to the CU Subspecialty Committee Chair as soon as possible.

### Applying for Part-Time Training

For trainees in the CU Subspecialty Training, Years 1 - 3 may be undertaken as part-time training.

All part-time training must be at least half of the full-time training requirement (0.5FTE) for the relevant training period. The duration of the training program will be extended for that trainee. All part-time training must include a range of experience appropriate to the trainee's year level and must include appropriate supervision.

### Applying for Leave from CU Training

#### **Annual Leave and Professional Development Leave (PDL)**

The maximum number of weeks able to be credited in any period covered by a six (6) monthly summative assessment is twenty-six (26) weeks FTE with a maximum of forty-six (46) weeks FTE of training able to be credited for training undertaken in a 'subspecialty training year'.

A 'subspecialty training year' consists of two (2) consecutive 'six (6) month training blocks' based around (but not confined to) a calendar year and is determined by the CU subspecialty committee. This applies irrespective of any government or hospital leave entitlements which may operate in a particular state or region.

In addition to the six (6) weeks leave per year allowed, trainees are permitted up to two weeks (ten days) of study-conference leave per year, which is recognised as part of active clinical services professional development.

With each six (6)-monthly summative assessment, the trainee and their supervisor must sign off on the number of weeks of leave taken during the six (6)-month training period. The nature of the leave must also be indicated.

#### **Extended Leave**

Trainees may interrupt their training to take extended leave from the training program for a maximum of 104 weeks cumulative, but only 52 weeks' leave can be approved at any one time and includes parental leave taken while on the training program.

All extended leave must be prospectively approved by the Chair of the CU Subspecialty Committee and as from 1 August 2019 the 'clock will stop' when a trainee applies for extended leave and will not be included in the aggregate of all time requirements in the CU Subspecialty Training Program.

The application for extended leave approval must be made with the knowledge and agreement of the Training Supervisor.

## Accredited Training Units

Prospective candidates should note that trainees commencing subspecialty training in all Subspecialties must undertake subspecialty training in a minimum of two (2) training units with different Training Supervisors during the three-year clinical training program. For CU trainees, training must be in two (2) accredited CU training units unless otherwise prospectively approved by the CU Subspecialty Committee. The minimum time in one unit will be the equivalent of six (6) months' full-time training.

The intent of the requirement is to ensure that trainees are exposed to educational and training diversity with a variety of procedures and methods that are obtained with different Training Supervisors preferably in different geographical locations. If the CU Subspecialty Committee considers that the intended second training unit is not substantially different from the first training unit, the application may be declined, and the trainee will require to find another unit either in Australia and New Zealand or overseas.

Further information on Subspecialty Accredited training units can be found at the following link:

[Subspecialty Accredited Training Units](#)

## Training in an Overseas Training Unit

All overseas training must be prospectively approved and assessed by the CU Subspecialty Committee. Trainees must provide a plan for completion of training on return to Australia and New Zealand and commitment of support from an Australian or New Zealand Training Supervisor.

As with training in Australia or New Zealand, trainees overseas are required to submit all training documentation within the specified timelines to the CU Subspecialty Training Program Co-ordinator. The guidelines and regulations that govern registration, fees and training documentation also apply to trainees overseas.

In some overseas hospitals, the consultants with whom the trainee works, and the Training Supervisor may not be familiar with the forms and training documentation requirements. Trainees will need to provide consultants and their Training Supervisors with the necessary documentation and explain how it is used.

## Training Documentation

### Years 1 – 3 Clinical Training

#### Online Logbook

Trainees are required to keep a logbook of their daily training for each year of clinical training. The online logbook can be found via the My RANZCOG training platform at the following link:

[my.ranzcog.edu.au](https://my.ranzcog.edu.au)

The contents of the logbook must be reviewed online by the Training Supervisor. The trainee logbook must record:

- Clinical experience
- Attendance at meetings
- Research activities

This record of experience has several functions:

- It provides trainees with a personal record of clinical experience, which can be used to plan further training with the trainee, Training Supervisor or other mentors
- It provides trainees with the information required to complete the six (6)-monthly summary of training experiences which trainees are obliged to submit online
- The six (6)-monthly summaries are used by the Training Supervisors, Program Director and the CU subspecialty committee Chair to monitor the trainee's experience and ensure that it is appropriate for the trainee's year of clinical training
- They are used by RANZCOG to monitor the experience provided for the trainee by the hospital units
- It makes up a component of the formal proof of training, which trainees are obliged to provide to RANZCOG when requested
- The Chair of the CU subspecialty committee, or Training Supervisor, or Program Director may view the logbook for verification or clarification of details in the training period

#### Completing the Online Logbook

- The online logbook is used by each trainee as a personal record of all required procedural and other training experiences in every year of subspecialty clinical training. Use of the online logbook is mandatory for all trainees
- The online logbook is accessible via any web browser as both a desktop interface, and a mobile friendly interface
- A **paper** logbook **should not** be used, nor should any electronic version of the logbook which individual trainees may have created for their own convenience
- Features of the logbook include predictive search for procedures, default hospital settings, and automatic classification and tallying of entries
- Online logbook entries made during a semester are not accessible for supervisors to review. Logbook entries must be provided to Training Supervisors as part of the six (6)-monthly summative assessment process

- Online logbook is an essential proof of training and trainees should keep their logbooks up to date to all times
- to be submitted within six (6) weeks of the end of each relevant training period

### **Formative Appraisal Report (FAR)**

The three-monthly formative appraisal report (FAR) is a compulsory assessment of a trainee's knowledge, skills and attributes. Trainees must complete a self-assessment of their strengths and challenges before meeting with their Training Supervisor to discuss their performance during the relevant training period.

The online three-monthly FAR must be completed and submitted within four (4) weeks of the end of each relevant three-month period.

### **Training Assessment Record (TAR) (including six (6)-monthly Consultant Summative Assessment report)**

The six (6) monthly Training Assessment Record (TAR) including the Consultant Summative Assessment report is designed to provide the CU Subspecialty Committee Chair, Training Supervisor and RANZCOG with a presentation of all training and assessment achievements. It also enables trainees to record progress made in other components of the CU Subspecialty Training Program.

The TAR must be completed and submitted within six weeks (6) of the end of each relevant six (6)-month period.

#### **Every Six (6) Months, Trainees Must:**

- Ensure the online logbook is up to date
- If the training period altered significantly from the prospectively approved timetable (during the six (6) months), trainees must provide details of the changes, indicating the altered training experiences
- Complete the trainee section of the Scholarly Elective; Research Stream (Research Project) or Non-Research Stream Progress Report and have the Training Supervisor complete the Training Supervisor section of the report
- Complete trainee participation in other professional development activities
- All RANZCOG CU trainees are required to provide a confidential evaluation of their training unit via an Online Trainee Feedback Survey. The aim is to identify strengths and weaknesses within training units that, where appropriate, improvements in a training unit may be encouraged. The CU Subspecialty Committee Chair (or nominee) will contact the trainee to discuss any identified weaknesses and the best approach to improve the situation
- The trainees must complete and sign their TAR with their Training Supervisor

#### **Every Six (6) Months, Training Supervisors Must:**

- Distribute consultant assessment reports to each consultant with whom the trainee has worked before the six (6)-monthly summative assessment meeting with the trainee
- This report is used for the following purposes:

- It provides the Training Supervisor with feedback on the trainee's performance from the consultants with whom the trainee has worked and it provides RANZCOG with feedback on the trainee's progress
- Where a trainee receives 'below expectation' in two (2) or more competencies by two (2) or more consultants, the Training Supervisor must tick the box 'referred for review to the CU Subspecialty Committee' on these six (6)-monthly reports and a learning development plan must be submitted with the report
- Training supervisor must complete, review, and sign the TAR with the Trainee

### Submitting Training Documentation and Deadlines

The Key submission dates for Training documentation are available on the RANZCOG website via the following link:

#### [Key Submission Dates](#)

Trainees who do not receive satisfactory six (6)-monthly summative assessment reports, must submit a Learning Development Plan (LDP) and may be referred and discussed by the CU Subspecialty Committee. A recommendation may be made, through the Subspecialties Committee that no credit is given for the period in question. This will extend the training time for the trainee.

If a trainee fails to submit the formative appraisal report within four (4) weeks of the end of the relevant training period, or the training assessment record within six (6) weeks of the end of the relevant training period, the relevant training period will be assessed as 'Not Satisfactory' and will not be credited.

At this time the trainee will receive a letter from the CU Subspecialty Committee Chair advising this fact and further advising that if there is a second occasion when the three-monthly formative appraisal report or the six (6)-monthly summative assessment are not submitted within the stipulated timeframe, they will be recommended for removal from the program. No further warnings will be provided.

### Post-Year 3 Training Progress Report

At the completion of clinical training trainees are advised to nominate a mentor/supervisor who shall provide input into a Progress Report toward the completion of any outstanding assessment requirements. These reports must be submitted at six (6) months post clinical training and thereafter every six (6) months, until all requirements are completed, and trainees are eligible to apply for certification.

**Please note you must not identify yourself as a Specialist in Urogynaecology until all training requirements are satisfactorily completed, including the Written as well as the prospectively approved research project and you have been certified by the RANZCOG Board.**

### **Scholarly Elective: Research Stream (Research Project)**

A research project, on some aspect of, or pertaining to, the CU subspecialty, must be completed by each subspecialty trainee. The paper that reports on the research must be at a standard to be accepted in a peer-reviewed journal and must meet the criteria. The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper. A Cochrane Review, which must be prospectively approved by the CU Subspecialty Committee, with the trainee as first author, also meets the CU research requirement.

The research project should be prospectively approved and demonstrate the basic principles of research: original hypothesis testing, research methodology, rigorous scientific method, and approved by the trainee's research and ethics committee.

A draft of the Prospective Approval of Scholarly Elective Proposal and Timeline, including timelines, must be submitted with the first six (6)-month training documentation within the approved timeframe for submission of training documentation. A detailed final proposal of the Scholarly Elective: Research Stream with institutional ethics approval, if necessary, must be submitted to the CU Subspecialty committee for approval by the end of the first Forty-Six weeks (46) FTE of training, within the approved timeframe for submission of training documents. Progress reports must be submitted with training documentation with six (6)-monthly Training Assessment Records.

Post Year 3 Training Progress Reports must be submitted at six months (6) post clinical training and thereafter every six (6) months, until all requirements are completed, and trainees are eligible to apply for certification.

Trainees must nominate a Research Supervisor. The supervisor could be the trainees previous Training Supervisor, or other research mentor.

For trainees who commenced subspecialty training prior to 1 December 2018 they must submit their research paper for assessment within two (2) years of completion of clinical training and the research paper must be assessed satisfactory within three (3) years of completion of clinical training or the candidate will be recommended for removal from the training program.

For trainees who commenced subspecialty training after 1 December 2018 they must submit their research paper for assessment within one year of completion of clinical training and the research paper must be assessed satisfactory within three (3) years of completion of clinical training or the candidate will be recommended for removal from the training program.

A prospectively approved research project which has been published or accepted for publication in a journal with an impact factor of  $\geq 2$  or the ANZJOG will not need further assessment but must still be submitted to the CU Subspecialty Committee.

### **Scholarly Elective: Research Stream Assessment Outcomes**

If the study is assessed as 'not satisfactory but suitable for resubmission' by both assessors, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6) calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with minor revisions, the Trainee's nominated research supervisor will assist the candidate to revise the paper which must be resubmitted within six (6)

calendar months of notification of the result. The resubmitted study will be assessed by the original assessors.

If the assessors submit differing assessments with major revisions, the CU Subspecialty Committee Research Advisor, will appoint a third assessor who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be the final assessment for the research study.

### **Scholarly Elective: Research Stream Resubmissions**

In the event that the assessors submit differing assessments for a resubmitted study a third assessor will be appointed by the CU Subspecialty Committee Research Advisor who will assess the study without seeing the comments of the original assessors. The assessment of the third assessor will be taken as the final assessment for the research study.

If the study is assessed as unsatisfactory for a second time, the CU Subspecialty Committee will review the result, and the relevant Chair will provide a report on the Study and its assessments for the full Subspecialties Committee. A recommendation will be forwarded to the Chair of the Education & Assessment Committee about an appropriate course of action. The final decision on the most appropriate course of action will be made by the Chair of the Education & Assessment Committee in consultation with Subspecialty Committee Chair.

### **Important Points**

1. Proposals and progress reports of the research paper must be submitted with the TAR.
2. Case reports and review articles are not acceptable for the thesis
3. All submissions for assessment must include the candidate statement for research papers detailing the trainee's role in the project. This is available from the RANZCOG website.

### **Recognition of Prior Research**

A formal higher research degree qualification in an area relevant to the subspecialty may be approved as meeting the requirement for satisfactory completion of the Scholarly Elective (Research Project). However, trainees to whom this applies will still be expected to be involved in ongoing research during their training.

Trainees who have completed a higher research degree must complete the Exemption from Scholarly Elective (Research Project) Application, available from RANZCOG website. This application must be submitted to the Chair of the CU Subspecialty Committee with the year 1 prospective approval on commencement of subspecialty training.

Details of ongoing research must be documented in the Scholarly Elective (Research Project) progress sections and submitted with each TAR.

## Workplace Based Assessments (WBA)

### Directly Observed Procedural Skills (DOPS)

The surgical and diagnostic procedures list includes both compulsory and non-compulsory surgical and procedural items. Compulsory procedures are grouped as generic and surgical /procedural skills. These compulsory procedures are assessed using a Directly Observed Procedural Skills (DOPS) assessment.

DOPS provide the trainee with both formative (to enhance a trainee's development) and summative assessments that are undertaken in-situ. The DOPS can be undertaken at any time during the CU Subspecialty Training Program and trainees are required to space them across the three (3) years of their training.

*-Generic DOPS:* All compulsory generic DOPS EIGHT (8) must be completed by the end of year two (2) of clinical training.

*-Surgical DOPS:* For trainees who commenced subspecialty training prior to **1 December 2020:** A minimum of four (4) compulsory surgical/procedural DOPS of nine (9) must be completed in each of Year 1 and Year 2 of clinical training and the remaining to be completed in Year 3.

For trainees who commenced subspecialty training after **1 December 2020:** A minimum of four (4) compulsory surgical/procedural DOPS of eleven must be completed in each of Year 1 and Year 2 of clinical training and the remaining to be completed in Year 3.

*-Non Compulsory DOPS:* There are currently five (5) DOPS that are not compulsory, however if you have a consultant to directly supervisor and sign off on either anterior vaginal repair with Mesh, Posterior Vaginal Repair with Mesh, Transobturator (synthetic), Vaginal Mesh Excision and/or Uterosacral Vault Suspension then these may be included in your Surgical/Procedural Summary Sheet.

DOPS can be assessed by any supervising consultant or can be filmed and forwarded to a nominated assessor should a trainee's placement preclude an appropriate supervisor to assess.

### Assessment Process

Any time an assessment of a trainee for any of the procedures is conducted there are two possible outcomes:

1. That the trainee is assessed as "Competent to perform the procedure independently".
  2. That the trainee is assessed as "Not competent to perform the procedure independently".
- 'Competent' implies the ability of the trainee to safely complete the procedure in a timely manner, without instruction or intervention from others.

Repeated failed assessments will be noted as part of the trainee's formative and summative assessment processes through their three (3)-monthly and six (6) -monthly training reports. This circumstance will require a learning development plan to be put in place by the Training Supervisor, and may involve the trainee being directed to undertake specific surgical training in order to progress further in the training program



### Who Can Perform the Assessment?

The assessment of each procedure is to be performed by a certified RANZCOG CU subspecialist. At the discretion of the trainee and their Training Supervisor, the assessment may be performed by the trainees' usual consultant, Training Supervisor, head of unit or an external assessor. If the involvement of the assessing subspecialist is anything more than that of a routine non-specialist assistant, re-assessment at another time will be required.

If the opportunity to independently perform one of the procedures proves difficult, the trainee must notify the Subspecialties department. It is recognised that all procedures may not be undertaken in all units.

### When are Assessment Forms Submitted?

Individual formative assessment forms for each of the procedures assessed are retained by trainees and made available upon request by the Chair of the CU subspecialty committee, the trainee's Training Supervisor, or the Subspecialties department.

The summative assessment form/s are submitted with each TAR until completion of clinical training.

### Multi-Source Feedback (MSF)

A formative multi-source feedback assessment must be completed for all Year 1 CU trainees in the second half of the first training year. The MSF is administered by RANZCOG in consultation with the Training Supervisor. De-identified data from the MSF is provided to the Training Supervisor to assist with supervision and is to be used formatively only.

Year 1 CU trainees are also required to complete a MSF self-assessment when provided by RANZCOG.

### Recognition of Prior Learning (RPL)

Where an applicant has completed training in a subspecialty field, it may be counted towards their required training period, reducing their training time as required by the program. For further information, refer to the RANZCOG website via the following link:

[Recognition of Prior Learning Policy and Procedure - RANZCOG](#)

### Examinations – Written and Oral

The examination dates, information, format, and applications are available on the RANZCOG website. The information below on Written examinations is subject to change. Please refer to the following link:

[Subspecialty Examinations](#)

## Written

### Eligibility

Subspecialties trainees may make their first attempt at a subspecialty Written examination after at least forty-six (46) weeks FTE of prospectively approved and satisfactory training in a Subspecialty training program.

### Applications

Check RANZCOG website for application dates for the Written examination. Please contact assessment services for application and fee details. This information is available on the website.

### Withdrawal

For all enquiries regarding withdrawal from the Written examination contact Assessment Services.

For further information on withdrawal from the Written examination, refer to Section C4.3:

#### [RANZCOG Regulations](#)

Failure to give written notice of withdrawal from the examination or failure to present for an examination will constitute a failure in the examination and forfeiture of the whole examination fee.

### Number of Attempts

Subspecialties trainees must attempt for the first time a Written examination within two (2) years of completion of clinical training.

- For trainees commencing subspecialty training prior to 1 December 2016 a maximum of four (4) consecutive attempts allowed for the Written examination
- For trainees commencing subspecialty training after 1 December 2016 a maximum of three (3) consecutive attempts allowed for the Written examination
- For trainees who commenced training prior to 1 December 2020 they must pass the Written examinations within six (6) years of completing clinical training
- For trainees who commenced training after 1 December 2020 they must pass the Written examinations within four (4) years of completing clinical training

## Format

### Written Examination

The three hour and 15-minute examination may comprise of ten (10) short answer questions (SAQs).

### Areas Covered by the Examination

The CU Written examination will have material drawn from the curriculum and may include the following areas:

1. Pathologies affecting urinary control
2. Radiological and diagnostic investigations of urinary tract conditions
3. Therapeutic management of patients with urinary tract and pelvic floor disorders
4. Surgical management of patients with urinary tract and pelvic floor disorders
5. The role of ultrasound in Urogynaecology

6. Detailed practical knowledge of the legal, regulatory and ethical framework in which the subspecialty is practiced
7. Clinical trial methodology and statistics needed to critically analyse scientific data and published papers

### Release of Examination Results

The results of examinations are made available via secure login on the RANZCOG online assessment portal on a date specified by RANZCOG. Detailed information regarding accessing examination results is emailed to trainees prior to the release date.

## Certification as a CU Subspecialist

### Eligibility

Subspecialty certification is awarded to persons who have met all the following CU Subspecialty Training Program requirements:

- Joined the CU subspecialty training program in Australia and New Zealand after obtaining an approved Australian or New Zealand subspecialty training position.
- Have satisfactorily completed:
  - 138 weeks of prospectively approved and credited clinical training
  - The Scholarly Elective: Research Stream (Research Project)
  - All the components of the CU Subspecialty Training Program requirements
  - The Written examination
  - Designated workplace-based assessments (WBA)
- Have submitted all documents required by these regulations and/or the CU subspecialty committee
- Have paid all required fees including training, examination, subscription, and certification
- Trainees who commenced prior to 1 December 2020 achieved all of the above within six (6) years of satisfactorily completing approved CU clinical training
- Trainees who commenced after 1 December 2020 achieved all of the above within four (4) years of satisfactorily completing approved CU clinical training
- Have been admitted by the Board as a Fellow of the RANZCOG
- Satisfactorily completed the requirements of the CU Subspecialty Training Program, including completion of all associated administrative requirements

### Application Process

Trainees must submit an online Certification Application and Payment form available from the RANZCOG website via the following link:

[Subspecialty Certification Application Form](#)

**A trainee must not identify themselves as a Specialist in Urogynaecology until all training requirements are satisfactorily completed, including a prospectively approved research project, and they have been certified by the RANZCOG Board.**

# Curriculum

## Aims

### Subspecialist Practice

Urogynaecology is a subspecialty of Obstetrics and Gynaecology.

Urogynaecologists are specialists in obstetrics and gynaecology, awarded the FRANZCOG, who are trained and assessed as being competent in the comprehensive management of patients with Urogynaecological disorders. A subspecialist in Urogynaecology must spend at least 66 percent of his / her clinical time working in the area of their specialty, the remainder being split between either obstetrics or gynaecology.

The Certificate of Urogynaecology (CU) is a qualification only for individuals who hold the qualification of Fellow of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG).

### Context

The specialised field of Urogynaecology has emerged as a result of accumulation of new knowledge in Urogynaecology and developments in clinical management, through the availability of new diagnostic techniques and treatments resulting in improved patient outcomes. The subspecialist will be required to keep abreast of this knowledge and ensure its availability to mainstream obstetric and gynaecological practice.

The development of subspecialisation in Urogynaecology highlights a developing and exciting area of obstetrics and gynaecology and will enhance recruitment of quality people into obstetrics and gynaecology in general and to the subspecialty in particular.

The changing medico legal climate in Australia requires experts to keep abreast of the rapid pace of development in this field.

A subspecialist in Urogynaecology would be expected to promote clinical and basic research in this field and would function as a regional consultant in matters of organisation, standards and education in the subspecialty.

### Aims of the Subspecialties

RANZCOG introduced certification in the five Subspecialties in order to:

- Improve knowledge, practice, teaching and research
- Promote the concentration of specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients
- Improve the recruitment of talented graduates into areas of recognised subspecialisation
- Establish a close understanding and working relationship with other disciplines
- Encourage co-ordinated management of relevant clinical services throughout a region
- Accept a major regional responsibility for higher training, research and audit in areas of recognised subspecialisation

- Establish, as far as possible, consistency in recruitment, training and assessment across areas of recognised subspecialisation

### **Aims of the Subspecialty in Urogynaecology**

RANZCOG introduced certification in the subspecialty of Urogynaecology in order to:

- Improve knowledge, practice, teaching and research in Urogynaecology
- Promote the concentration of very specialized expertise, special facilities and clinical material that will be of considerable benefit to Urogynaecological patients
- Establish a close understanding and working relationship with other disciplines
- Encourage coordinated management of relevant clinical services throughout a region
- Accept a major regional responsibility for higher training, research and audit in the subspecialty fields
- Improve the recruitment of talented graduates into the recognized subspecialty

### **Objectives of the CU Subspecialty Training Program**

It is appreciated that as the CU subspecialty evolves there will be trainees who will be at the forefront of its evolution and who do not intend to practice clinically in every area of the subspecialty. Nevertheless, they must, in their training, acquire a working knowledge of all these skills in order to place themselves properly in the context of any given situation and be able to attend to their non-subspecialist colleagues' enquiries.

Exposure to and competence in these skills will be assessed formally by the Subspecialty Committee on the basis of the Training Assessment Record, which includes Training Assessment Records and Six (6)-monthly Trainee Reports, and published work.

It is expected that the subspecialist in Urogynaecology will be able to -

- Demonstrate a detailed knowledge of:
  - The embryology and anatomy of the pelvis, the pelvic musculature and the pelvic viscera
  - The physiology of urinary and faecal control
  - The pathology of abnormal urinary and faecal control
  - Neurotransmission and the pharmacology of drugs acting directly and indirectly on the lower urinary tract
- Have a basic knowledge of:
  - Imaging of upper and lower urinary tracts
  - The design and statistical analysis of clinical trials
  - The function of urodynamic equipment
- Have an extensive personal experience in the assessment of patients with lower urinary tract disorders by:
  - Clinical assessment
  - Urodynamic assessment

- Cystourethroscopy
  - Organ imaging
- Have a clinical competence in the following:
    - The medical and surgical management of pelvic floor dysfunction including genital tract prolapse
    - The surgical and medical management of lower urinary tract dysfunction
    - The long-term care of patients with intractable incontinence
    - Organisation of community care of the incontinent, community assessment procedures, liaison with nursing and general practitioner services

## 1 Knowledge and Understanding

### The Building Blocks Required for the Development of Expertise in Urogynaecology

This section details areas of knowledge that underpin the practice of Urogynaecology. The purpose is to grasp the underlying principles on which modern Urogynaecology practice is based, not merely to memorise facts. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The areas of knowledge presented in this section are categorized as follows:

- **Scientific knowledge** that forms the building blocks underpinning clinical practice
- **Clinical or applied knowledge** that links the science and the practice of Urogynaecology
- **Contextual knowledge** (for example, consultation processes, business and management principles, professional expectations) that acknowledges the service obligations implicit in the practice of Urogynaecology

Relevant knowledge may be accessed in a variety of ways, through textbooks, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication. It is through these publications and interactions that a consensus on standards is established for the discipline. Through these means, specialists certified in Urogynaecological medicine learn accepted terminologies, appropriate vocabulary, levels of understanding expected of them and key applications for their clinical work. As clinical professionals, they are expected to select, organize and test this knowledge through their own experience and in academic conversation with colleagues.

### 1.1 Anatomy

#### General Aim

Understand and describe the normal anatomy of the female pelvis and lower urinary tract, and the normal embryonic development of the urinary system.

## Learning Objectives

### 1.1.1 Anatomy

- Understand and describe:
  - The bony pelvis
  - The pelvic floor and innervation
  - Structure of the urinary bladder and its central and peripheral innervation
  - Structure of urethra and its central and peripheral innervation
  - The uterus
  - Endo-pelvic fascia
  - The vagina
  - The rectum and its innervation
  - The internal and external anal sphincter

### 1.1.2 Embryology

- Understand and describe:
  - The relationship of the urogenital ridge to the subsequent development of the three successive sets of excretory organs
  - Development of position of the mature kidney and ureter
  - Development of structural abnormalities
  - Contributions of the urogenital sinus and the allantois to the normal and abnormal development of the bladder, urethra, vagina and vulva, including lymphatic drainage and blood supply

## 1.2 Physiology

### General Aim

Understand and describe the normal physiology of the female lower urinary tract, and terminal gastrointestinal tract.

### Learning Objectives

- Understand and describe:
  - The physiology of urine storage and voiding
  - Neuro-muscular transmission
  - Hydrodynamics of the bladder and urethra
  - Faecal control and defecation
  - Physiology of rectal action and the function of internal and external sphincter



## 1.3 Pharmacology and Therapeutics

### General Aim

Candidates should understand and describe pharmacological properties of agents commonly used in Urogynaecology, and the principles underpinning non-pharmacological therapeutic techniques used in Urogynaecology.

### Learning Objectives

- Understand and describe:
  - The neuropharmacology of the lower urinary tract
  - Drugs inhibiting bladder contractibility
  - Therapy to facilitate bladder emptying
  - Drugs decreasing outflow resistance
  - Drugs increasing outflow resistance
  - Effect of steroids on the lower urinary tract
  - Adverse effects of drug therapies
  - Adverse effects of therapy for other medical conditions
  - Understand and describe the pharmacological basis, efficacy and adverse effects of drug therapies for the treatment of stress and urge incontinence and painful bladder conditions, including those available internationally
- Understand the principles underpinning:
  - The efficacy of pelvic floor muscle training, biofeedback, electrical stimulation, bladder retraining techniques for the treatment of stress and urge incontinence and painful bladder
  - The non-surgical management of voiding dysfunction
  - Devices and pessaries for the treatment of incontinence and genito-urinary prolapse
  - The management of nocturnal enuresis

## 1.4 Pathology

### General Aim

Understand and describe the pathology of diseases and disorders of the female lower urinary tract.

### Learning Objectives

- Understand and describe:
  - The effect of pregnancy on renal function, urinary storage and voiding, changes in renal function, ureteric changes and postural effects
  - The effect of parturition on the lower urinary tract and genital tract supports
  - The effect of ageing on bladder and urethral function
  - The effect of menopause on lower urinary tract function
  - The relation of genital tract prolapse to urinary disorders
  - Neurological disease as it affects the pelvic viscera

- Partial denervation of the pelvic floor
- Chronic urinary infection
- Chronic inflammatory disease of the lower urinary tract
- Sensory disorders
- Pelvic tumours, endometriosis and extensive pelvic surgery on bladder/sphincter function
- Emotional and psychosexual disorders

## 1.5 Research

### General Aim

Understand the principles and methods underpinning productive and ethical research, and the sharing of knowledge in the medical community.

### Learning Objectives

#### 1.5.1 Research

- Understand the principles and practice of research, including:
  - Epidemiological techniques, e.g., cohort, studies and case control studies, cumulative calculation and assessment of bias
  - Population parameters and sample techniques
  - Computation and interpretation of comparison measures, such as means and variations
- Analysis of presented experiments and the construction of a hypothetical experiment with respect to the following:
  - The question examined
  - The hypothesis
  - The sampling technique, including sampling bias and sample size
  - Significance of results
  - The conclusion
  - The appropriate inferences which can be obtained

#### 1.5.2 Publications

- Know the current RANZCOG and RCOG guidelines in Urogynaecology
- Know the relevant Cochrane reviews
- Know significant published studies and trials in Urogynaecology

See related items under Recommended Resources section (texts, journals and websites)

## 1.6 Diagnostic Techniques

### General Aim

Understand the principles of physics underpinning diagnostic techniques used in Urogynaecological practice, and the indications and methods used to diagnose diseases and disorders of the female lower urinary tract.

### Learning Objectives

#### 1.6.1 Biophysics

- Understand the principles and techniques of force and pressure measurements
- Understand and describe the following measurement techniques:
  - Intravesical pressure by internal and external gauges
  - Voiding studies
  - Urethral closure pressure and forces

- Urethral competence
- Electromyographic techniques

### 1.6.2 Radiological Investigation

- Understand and describe:
  - The indications for radiological examination of the upper urinary tract and x-ray cystography
  - Micturating cystogram
  - Ureteric reflux
  - Voiding disorders
  - Sphincter incompetence
  - Appearances produced by genital tract prolapse
  - Bead chain cysto-urethrography

### 1.6.3 Electromyography

- Understand and describe:
  - Basic theory
  - Choice of electrode
  - Recording equipment
  - Choice of site
  - Patterns of response
  - Partial denervation

### 1.6.4 Ultrasound

- Understand and describe the following diagnostic methods:
  - Transvaginal
  - Transrectal
  - Tranperineal-translabial ultrasound
- Understand and describe the following principles:
  - Transducer type and frequency
  - Choice of transducers for given clinical situations
  - Artefacts and their recognition
  - Bioeffects of ultrasound
  - Infection control issues
  - Advantages/disadvantages of ultrasound versus radiological imaging
- Understand the indications for the use of ultrasound in Urogynaecology, including:
  - Incontinence, including context of urodynamics assessment
  - Prolapse assessment
  - Levator function
  - Assessment of the urethra and bladder wall

- Estimation of residual urine and testing of ureteric function
- Renal ultrasound to exclude hydronephrosis, gross distortion of anatomy and concrements
- Isotope renography
- Volume 3d ultrasound assessment of urethra, levator and paravaginal spaces
- Postoperative assessment after incontinence and prolapse surgery

### 1.6.5 Pelvic Floor Disorders

- Understand the principles underpinning the assessment of patients with pelvic floor disorders such as lower urinary tract symptoms, pelvic organ prolapse and anorectal disorders, including:
  - Microbiological examination of urine
  - Quantification of urine loss by bladder diary and pad tests
  - Assessment of bladder function by subtracted multichannel cystometry
  - Assessment of voiding by uroflowmetry, combined pressure/flow studies and residual urine volume by ultrasonography
  - Assessment of intrinsic urethral function by urethral pressure profile studies (both static and dynamic) and abdominal and detrusor leak point pressures
  - Ultrasonography imaging of the lower urinary tract
  - Ambulatory urodynamics assessment
  - Micturating cystourethrography and video-urodynamics (e.g., using fluoroscopy)
  - Interpretation of urodynamics findings and ability to recognise artefacts
  - Pelvic floor and sphincter function by electromyographic techniques
  - Urethrocystoscopy, including ureteric catheterisation
  - Endorectal ultrasonography, anorectal manometry and defecating proctography
  - Specialised imaging techniques, e.g., IVP, CT scan, MRI and PET scan
  - Perineometry
  - Perineal ultrasound
  - MRI

## 1.7 Clinical Conditions, Problems and Management

### General Aim

Understand and describe the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management, prognosis, prevention, and counselling of women with Urogynaecological problems and conditions and the role of community care organisations and other health professionals.

### Learning Objectives

- Lower urinary tract and terminal gastrointestinal tract problems
- Understand and describe the principles underpinning the diagnosis, investigation, treatment and counselling of women with the following problems:
  - Incontinence of urine
  - Retention of urine

- Voiding disorders
- Urinary frequency and urgency
- Lower urinary tract pain
- Recurrent urinary infection
- Symptoms of prolapse
- Problems of defecation
- Faecal incontinence
- Sexual problems
- Understand and describe:
  - The evaluation and care of the elderly and handicapped suffering from urinary problems
  - Care of women with intractable incontinence

### 1.7.1 Lower Urinary Tract and Terminal Gastrointestinal Tract Conditions

- Understand the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management, and counselling of women with the following conditions:
  - Urethral sphincter dysfunction
  - Abnormalities of bladder function
  - Fistulae of the lower urinary tract
  - Lesions of the central nervous and autonomic systems affecting urinary and faecal control
  - Genital prolapse
  - Recurrent genital prolapse
  - Acute and chronic urinary infection
  - Chronic inflammatory lesions of the lower urinary tract
  - Sensory disorders of the lower urinary tract
  - Urethral lesions, e.g. diverticulae
  - Urinary problems consequent on radical pelvic surgery and irradiation
  - Urinary disorders in pregnancy
  - Urologic problems associated with gynaecological pathology
  - Disorders of sexual function
  - Detrusor overactivity
- Understand the principles underpinning the following procedures:
  - The repair of vesico-vaginal and urethro-vaginal fistulae
  - Implantation of an artificial urinary sphincter
  - Assessment and management of ureteric and bladder injury
  - Urinary diversion and augmentation cystoplasty
  - Sacral neuromodulation
  - Urethral diverticular surgery
  - Ureteric re-implantation and re-anastomosis

- Nephrostomy
  - Anal sphincter repair
  - Vaginal prolapse repair
  - Apical support techniques
- Understand and describe the role of prosthetic materials in pelvic reconstructive surgery, e.g. synthetic mesh and fascia lata, biological grafts
  - Understand indications for different types of catheters and pessaries and methods of insertion

### 1.7.2 Neoplasia

- Understand the significance and the principles underpinning the recognition of lower urinary tract neoplasia, including:
  - Classification
  - Presentation
  - Indications for biopsy and referral
  - Criteria for management
  - Prognosis

### 1.7.3 Intraoperative Injuries and Complications

- Understand:
  - Appropriate preoperative verbal and Written communication required concerning intraoperative injuries and complications
  - Prevention and recognition of operative and obstetrical injuries to the urinary tract
  - Normal and abnormal and anatomical relationships of pelvic viscera
  - Accepted precautions necessary to prevent injury
  - Investigations to recognise injuries and techniques for immediate and delayed repair
  - Appropriate communication and harm minimisation
  - Adverse outcome reporting

### 1.7.4 Community Care

- Understand and describe:
  - The organisation of schemes for the detection and management of urinary and faecal incontinence in the community
  - The establishment of community programs for the planned management of the incontinent
  - The role of the community nurse and general practitioners
  - The role of nurse continence advisor:
    - Indications for hospital referral
    - Incontinence garments, relative costs and supply
    - Grants for the care of the disabled

- The role of the Continence Foundation of Australia and / or New Zealand Continence Association
- The Australian National Continence Strategy
- Helplines, etc. (Australia and / or New Zealand)



## 1.8 Professionalism and Management

### General Aim

Understand and describe the organizational responsibilities inherent in the practice of Urogynaecology.

### Learning Objectives

- Understand the organizational responsibilities inherent in the practice of Urogynaecology at a subspecialty level, including:
  - Creating protocols for management
  - Establishing and maintaining regional transport systems with appropriate patterns of referral
  - Involvement in research advisory and ethics committees
  - Organization and co-ordination of clinical meetings

## 1.9 Teaching

### General Aim

Understand the principles and methods underpinning the teaching and assessment of practical and theoretical concepts.

### Learning Objectives

- Understand the principles underpinning:
  - Facilitation of learning of patients, trainees, students and other health professionals
  - Apprenticeship learning
  - Provision of constructive feedback
  - Assessment of performance according to set performance criteria
- Understand the use of vocabulary that encourages and acknowledges learning
- Understand the learning needs of oneself and others

## 1.10 Ethics and the Law

### General Aim

Understand and discuss the ethical and legal aspects of Urogynaecology practice.

### Learning Objectives

- Understand the RANZCOG Code of Ethical Practice as pertains to practice in Urogynaecology
- Understand and discuss the ethical and legal aspects of Urogynaecology practice, including:
  - Refusal of treatment
  - Health economics
  - Inequalities of healthcare
  - Ethics of pharmaceutical and device company sponsorship

### Resources

Skene L, (2004) *Law & Medical Practice: Rights, Duties Claims & Defences*. Butterworths

See also; Acquire FRANZCOG Modules C2(Ethics) and C3(Law)

## 1.11 Culture

### General Aim

Understand and discuss the ethical and legal aspects of subspecialty practice in Urogynaecology.

### Learning Objectives

- Understand special implications for women's health services with respect to women of diverse cultural backgrounds, including indigenous women and those with various spiritual beliefs, sexual orientations, lifestyles, beliefs, ages, social status and perceived economic worth
- Understand and respect the ways in which culture impacts on women's reaction to gynaecological disorders and recommended treatments
- Have an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups and how these are applied in a clinical situation

## 2. Clinical and Management Skills

### Clinical and Management Skills Fundamental to the Practice of Urogynaecology

Routine skill develops with practical experience. Subspecialists in Urogynaecology perform complex skills that require much more than practical experience. Their skill set draws on a rich and interrelated store of knowledge that underpins and informs their practice. Their practice is characterized by professional attitudes and behaviours, and they review and update their practice continually to ensure the highest possible standard of healthcare delivery.

Urogynaecology subspecialists possess:

- Advanced knowledge of the Urogynaecological disorders and complications
- Expertise in the most current approaches to diagnosis and treatment of patients with Urogynaecological disorders

All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the woman.

### 2.1 Urogynaecology

#### General Aim

Be able to investigate, diagnose, counsel, treat and manage women with diseases and disorders of the urogenital and terminal gastrointestinal tracts.

#### Learning Objectives

- Investigate, diagnose, manage and counsel women with problems of the urogenital tract, defecation and sexual function
- Investigate, diagnose, medically and surgically manage, and counsel women with conditions of the urogenital tract and neoplasia
- Manage intraoperative injuries and complications

## 2.2 Procedural and Surgical Skills

### General Aim

Be able to perform surgical and ultrasound procedures relevant to diseases and disorders of the urogenital and terminal gastrointestinal tracts.

### Learning Objectives

- Be able to perform a competent basic pelvic floor assessment by translabial or introital ultrasound including quantification of bladder neck descent and levator function and estimation of residual urine
- Be able to perform the following surgical procedures:
  - Suprapubic cystostomy and / or suprapubic cystotomy
  - Vaginal and abdominal repair of recurrent prolapse
  - A range of abdominal and vaginal vault suspension procedures including; sacral colpopexy, sacrospinous ligament fixation, high uterosacral suspension and iliococcygeus fixation

### Clinical Training Summary

Subspecialty trainees may include up to 25 percent of directly supervised procedures ('Supervised Others') into their total number of 'personally performed' procedures, providing they supervised a FRANZCOG trainee.

### 2.2.1 Surgical and Diagnostic Procedures

<b>PLEASE NOTE:</b> <i>Italicised Procedures are Compulsory DOPS</i> <b>GP</b> – Generic Procedural <b>SP</b> – Surgical Procedural		<b>Understand (not perform)</b>	<b>Direct Supervision</b>	<b>Perform Independently</b>
<b>General Assessment</b>				
<i>Perineal and transvaginal ultrasound</i>	GP			x
Transrectal ultrasound		x		
<i>Dual channel subtracted cystometry</i>	GP			x
Videocystometry		x		
Ambulatory urodynamics		x		
<i>Urethral pressure profilometry</i>	GP			x
Anorectal studies		x		
<i>Rigid cystourethroscopy</i>	SP			x
Flexible cystoscopy		x		
<i>Bladder biopsy</i>	SP			x
<i>Urethral dilatation</i>	GP			x
<b>Conservative Management of Urogynaecological Conditions</b>				
<i>Insert and change suprapubic catheter</i>	GP			x
<i>Fit and change ring pessary</i>	GP			x
<i>Fit and replace other than ring pessaries (e.g. Gellhorn and oval pessaries)</i>	GP			x
Pretibial nerve stimulation		x		
<b>Surgical Procedures Continence</b>				
<i>Urethral bulking agents</i>	SP			x
Colposuspension (Open, Laparoscopic, Burch)			x	
Sub-urethral slings:				
Open sling (Fascial)			x	
<i>Retropubic (synthetic)</i>	SP			x
Transobturator (synthetic)			x	
Repair of urinary fistulae			x	
<i>Botulinum injections to bladder</i>	SP			x
Sacral nerve stimulation			x	
<b>Surgical Procedures Reconstructive</b>				
<i>Anterior repair without mesh</i>	SP			x
Anterior repair with mesh		x		
<i>Posterior repair without mesh</i>	SP			x
Posterior repair with mesh		x		
<i>Hysterectomy for prolapse</i>	GP			x
Urethral diverticulum repair				x
<i>Vaginal Mesh excision</i>			x	
Vaginoplasty (e.g. Fenton's procedure)				x
Colpocleisis				x

x required

		Understand (not perform)	Direct Supervision	Perform Independently
<b>Vaginal Vault Support Procedures (type may depend on individual unit practice)</b>				
<i>Uterosacral vault suspension - extraperitoneal or intraperitoneal either vaginally or laparoscopically (dependent on unit practice)</i>			x	
<i>Sacrospinous fixation for Level 1 support defect</i>	SP			x
Manchester Repair			x	
<i>Hysteropexy - vaginal or laparoscopic</i>	SP*			x
<i>Sacrocolopexy – open or laparoscopic</i>	SP			x
<b>Specialist Urology</b>				
Urethral reconstruction		x		
Urethral closure		x		
Ureteric stenting	SP*			x
Artificial sphincter		x		
Clam cystoplasty		x		
Urinary diversion		x		
Nephrostomy		x		
Ureteric reimplantation		x		
Ureteric reanastomosis		x		
Renal ultrasound		x		
Isotope renography		x		
<b>Specialist Colorectal</b>				
Defecating proctogram		x		
Anal sphincter repair (incl. OASIS)			x	
Transanal/transperianal repair of rectocele		x		
Rectovaginal fistula repair		x		
<b>Other</b>				
Rectopexy		x		

x required

\* Compulsory DOPS for trainees who commenced CU training after 1 December 2020:

- Hysteropexy
- Ureteric Stenting

#### Definition of 'Direct Supervision'

Trainees are expected to see and perform these procedures during their training; however no mandatory number of procedures is required.

### 2.2.2 Critical Care

- Understand critical care skills in the areas of:
  - Toxic shock syndrome
  - Septic shock
  - Amniotic fluid embolism
  - Adult respiratory distress syndrome
  - Haemodynamic monitoring / hypovolaemic shock
  - Cardiopulmonary resuscitation
  - Allergic (or adverse) drug reactions
  - Resuscitate an adult patient, including intubation

## 2.3 Management and Professional Skills

### General Aim

Be able to apply sound management and administrative skills to their professional practice.

### Learning Objectives

#### 2.3.1 Management

- Apply:
  - The basic principles of Human Resources Management
  - The steps associated with recruiting staff
  - Principles of good staff supervision
- Advocate on behalf of junior staff
- Counsel staff and manage conflict resolution in the workplace

#### 2.3.2 Administration

- Create protocols for management
- Establish and maintain regional transport systems with appropriate patterns of referral
- Be involved in research advisory and ethics committees
- Organize and co-ordinate clinical meetings

#### 2.3.3 Clinical Service Delivery

- Take steps to minimise areas of potential complaint in the delivery of clinical services
- Ensure that staff communicate clearly, verbally and in writing, with the women in their care
- Discuss costs, where appropriate, before treatment
- Provide consistent information
- Apologise where you have inconvenienced a woman in your care or made an error
- Personally, discuss complaints with women in one's care
- Be able to convey bad news and sub-optimal outcomes compassionately, appropriately and in person

### 2.3.4 Business/Financial Management

- Apply the principles of effective bookkeeping
- Understand issues related to insurance, including professional indemnity and public liability
- Understand how income is affected by patient satisfaction and the ability to pay

### 2.3.5 Risk Management

- Understand the principles and importance of risk management
- Understand the importance of continuing professional development in both a risk management and service improvement context
- Understand the importance and functional basis of continuing professional development program in risk management and practice improvement

### 2.3.6 Relationships with Professional Bodies

- Understand the need for accountability and its relationship to registration
- Understand the role of the relevant medical board and healthcare complaints body
- Understand the roles of the RANZCOG

### 2.3.7 Teamwork

- Understand the principles and importance of:
  - Good communication
  - Defining areas of individual responsibility
  - Collective goal setting
  - Providing opportunities for all team members to contribute

### 2.3.8 Time Management

- Understand the principles and importance of time management

### 2.3.9 Project Management

- Understand the importance of defining the scope of a project, the clustering of tasks and the principles of delegation

### 2.3.10 Economics

- Understand the basic principles of supply and demand, cost (total/marginal/average), profit, cost effective analysis and cost utility analysis
- Explain to patients the realities of health resource allocation

## 2.4 Research Skills

### General Aim

Be able to undertake productive and ethical research and share knowledge in the medical community.

### Learning Objectives

- Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information

- Critically appraise / evaluate relevant literature, reviews and new techniques / technologies
- Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers
- Conduct a literature review
- Develop a hypothesis to be tested
- Choose an appropriate research methodology and design a research study
- Write a grant application to fund a research project
- Apply for ethics Committee approval for a clinical or laboratory-based study
- Collect, collate and interpret data
- Apply basic statistical analysis to clinical data
- Develop an outline structure for a research paper
- Write a literature review for a research paper
- Apply the developed outline to write a research paper



## Recommended Resources

### Texts

Cardozo L, Stasdin D (eds) (2017) *Textbook of Female Urology and Urogynaecology 4th edition*. CRC press.

Weber A, Brubaker L, Schaffer J, Togli M (2004) *Office Urogynaecology (Practical Pathways Series)*. McGraw-Hill Company

ICI book (2016) 6th ICI Tokyo: Abrams P, Cardozo L, Wagg A, Wein A. *Incontinence 6th Edition* ICUD ICS 2016 ISBN 978 0 9569607 3 3

Walters M, Karram M (2014) *Urogynaecology and Reconstructive Pelvic Surgery 4th Ed*

Karram M Maher CF. (2013) *Surgical management of prolapse. video atlas series*. Elsevier

Baggish M, Karram M (2015) *Atlas of Pelvic Anatomy and Gynaecologic Surgery 4th Ed*

Moore KH (2006) *Urogynaecology: Evidence-based Clinical Practice*. Springer

### Journals

International Urogynaecology Journal

The Journal of Urology

British Medical Journal

The Lancet

Australian and New Zealand Journal of Obstetrics and Gynaecology

New England Journal of Medicine

British Journal of Obstetrics and Gynaecology

American Journal of Obstetrics and Gynecology

Obstetrics & Gynaecology (Green Journal of ACOG)

Female Pelvic Floor Reconstructive Surgery

### Websites

International Urogynaecological Association (IUGA)

[www.iuga.org](http://www.iuga.org)

International Continence Society (ICS)

[www.ics.org](http://www.ics.org)

European Urogynaecological Association (EUGA)

[www.eugaoffice.org](http://www.eugaoffice.org)

British Society of Urogynaecology (BSUG)

<https://www.rcog.org.uk/>

Continence Foundation of Australia (CFA)

[www.continence.org.au](http://www.continence.org.au)

New Zealand Continence Association (NZCA)

[www.continence.org.nz](http://www.continence.org.nz)

Urogynaecological Society of Australasia

[www.ugsa.com.au](http://www.ugsa.com.au)

American Urogynecological Association

[www.augs.org](http://www.augs.org)

## Appendices

### Acronyms

<b>AGES</b>	Australian Gynaecological Endoscopy Society
<b>AMC</b>	Australian Medical Council
<b>ANZJOG</b>	Australian and New Zealand Journal of Obstetrics and Gynaecology
<b>AUGS</b>	American Urogynaecological Association
<b>CFA</b>	Continence Foundation of Australia
<b>CU</b>	Certification in Gynaecological Oncology
<b>CMFM</b>	Certification in Maternal Fetal Medicine
<b>COGU</b>	Certification in Obstetrical and Gynaecological Ultrasound
<b>CPD</b>	Continued Professional Development
<b>CREI</b>	Certification in Reproductive Endocrinology and Infertility
<b>CU</b>	Certification in Urogynaecology
<b>DDU</b>	Diploma of Diagnostic Ultrasound (available through Australasian Society of Ultrasound in Medicine)
<b>EAC</b>	Education and Assessment Committee of the RANZCOG
<b>FIGO</b>	International Federation of Obstetricians and Gynaecologists
<b>FRANZCOG</b>	Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
<b>FRCOG</b>	Fellow of the Royal College of Obstetricians and Gynaecologists (UK)
<b>IHCA</b>	In-Hospital Clinical Assessment
<b>IHCE</b>	In-Hospital Clinical Examination
<b>IMG</b>	International Medical Graduate
<b>MCQ</b>	Multiple Choice Questions
<b>MRCOG</b>	Member of the Royal College of Obstetricians and Gynaecologists (UK)
<b>NASOG</b>	National Association of Specialists in Obstetrics and Gynaecology
<b>NHMRC</b>	National Health and Medicine Research Council
<b>OandG (O&amp;G)</b>	Obstetrics and Gynaecology
<b>RACGP</b>	Royal Australian College of General Practitioners
<b>RACS</b>	Royal Australian College of Surgeons
<b>RANZCOG</b>	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
<b>RCOG</b>	Royal College of Obstetricians and Gynaecologists (UK)
<b>SIMG</b>	Specialist International Medical Graduate
<b>TAC</b>	Training Accreditation Committee of the RANZCOG
<b>TAR</b>	Training and Assessment Record <b>UGSA</b> Urogynaecological Society of Australasia

## Abbreviations Used / Accepted in CU Subspecialty Examinations and Training Documentation

### Basic Evaluation Techniques

<b>UDS</b>	Urodynamic Study
<b>UPP</b>	Urethral Pressure Profile
<b>USS</b>	Ultrasound Study

### Surgical Procedures - Continence

<b>TOT</b>	Transobturator Tape
<b>RPMUS</b>	Retropubic midurethral sling
<b>TOMUS</b>	Transobturator midurethral sling

### Surgical Procedures – Reconstructive

<b>LAVH</b>	Laparoscopic Assisted Vaginal Hysterectomy
<b>SSF</b>	Sacrospinous Fixation
<b>TAH</b>	Total Abdominal Hysterectomy
<b>TLH</b>	Total Laparoscopic Hysterectomy
<b>VH</b>	Vaginal Hysterectomy

## Glossary of Terms

### **ACCREDITATION**

The formal process by which a hospital obtains recognition from the RANZCOG as a training unit/site for RANZCOG Training Programs.

### **ACCREDITED HOSPITAL**

A hospital which has been accredited by the RANZCOG as a training site for RANZCOG Training Programs.

### **ADVANCED PROGRAM**

A prospectively approved and planned two-year training program in an area of interest to trainees, usually as part of their post-Membership training.

### **ASSESSMENT OF PROCEDURAL SKILLS (APS)**

Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions.

### **AREA OF NEED (AON)**

A national initiative to streamline the recruitment of overseas trained doctors (including OandGs) to work in rural areas only. The prospective employer of an AON practitioner must refer the application to the RANZCOG for assessment and approval.

### **AUSTRALIAN SOCIETY FOR ULTRASOUND OF MEDICINE (ASUM)**

A multidisciplinary society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care

### **CANDIDATE**

A person attempting the Written and/or Oral Examinations and/or IHCA for the COGU subspecialty and IHCE for the CMFM subspecialty.

### **CERTIFICATION**

The formal process by which a trainee who has met all relevant subspecialty selection, training and assessment criteria is recognised as a Subspecialist, after also attaining Fellowship of the RANZCOG

### **CERTIFICATION IN GYNAECOLOGICAL ONCOLOGY (CGO)**

Certification in the treatment of genital malignancy after attaining Fellowship of the RANZCOG

### **CERTIFICATION IN MATERNAL FETAL MEDICINE (CMFM)**

Certification in the area of maternal and fetal physiology and pathology after attaining Fellowship of the RANZCOG

### **CERTIFICATION IN OBSTETRICAL AND GYNAECOLOGICAL ULTRASOUND (COGU)**

Certification in obstetrical and gynaecological ultrasound after attaining Fellowship of the RANZCOG

### **CERTIFICATION IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY (CREI)**

Subspecialty training of three years' duration in the treatment of reproductive endocrine disorders and infertility undertaken after attaining fellowship of RANZCOG

### **CERTIFICATION IN UROGYNAECOLOGY (CU)**

Certification in the field of urogynaecology, after attaining Fellowship of RANZCOG

### **CLINICAL TRAINING SUMMARIES (CTS)**

Sheets containing summaries of the clinical experiences (both primary operator procedures and assists) recorded by a trainee in their Logbook. These summaries are compiled by the trainee every six (6) months and checked/signed by the Chair of the CU Subspecialty Committee.

**COLLEGE**

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

**CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

The RANZCOG program for continuing professional development in which all Fellows of RANZCOG must participate to qualify for renewal of their Fellowship or Subspecialty Certification every three (3) years.

**CONSULTANT**

A specialist in obstetrics/gynaecology and Fellow of RANZCOG or Certified Subspecialist with whom a trainee trains in an accredited RANZCOG training site.

**CONSULTANT ASSESSMENT FORM**

A form completed every six (6) months by each consultant working with a trainee, assessing the trainee's knowledge, skill and attitudes. From these forms the relevant Training Supervisor compiles the Six (6)-Monthly Summative Assessment Report.

**COUNCIL**

The governing body of the RANZCOG with an elected term of two (2) years.

**CREDITED TRAINING**

A period of prospectively approved training of not less than 10 weeks (FTE), for which a trainee has satisfactorily completed all assessment requirements and paid the necessary annual training fee.

**DIRECTLY OBSERVED PROCEDURAL SKILLS (DOPS)**

Assessment of surgical and procedural skills undertaken in-situ and across multiple occasions.

**EDUCATION AND ASSESSMENT COMMITTEE (EAC)**

A Standing Committee of Council responsible for developing and maintaining the requirements for examinations and assessments leading towards the FRANZCOG and Subspecialty qualifications.

**ELEVATION**

The formal recognition that a trainee who has met all relevant selection and assessment criteria is a Fellow (FRANZCOG) of RANZCOG

**EXAMINER**

A specialist in obstetrics/gynaecology formally approved by the RANZCOG to assess Written and Oral Examinations and ICUEs for FRANZCOG, PTP, APTP or a Subspecialty.

**FELLOWSHIP (FRANZCOG)**

The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment and administrative requirements for the designated 276 weeks (72 months) FTE of FRANZCOG training.

**IN-HOSPITAL CLINICAL ASSESSMENT (IHCA) for FRANZCOG**

An essential element of the FRANZCOG Training Program in the form of three (3) hospital-based modules in consultation skills, diagnostic ultrasound, and colposcopy and the treatment of cervical disease.

**IN-HOSPITAL CLINICAL ASSESSMENT (IHCA) for COGU**

A requirement of the COGU training programs in diagnostic ultrasound.

**IN-HOSPITAL CLINICAL EXAMINATION (IHCE) for CMFM**

A requirement of the CMFM Training programs in diagnostic ultrasound.

**LOGBOOK**

An online record of clinical experiences available via College website which trainees must maintain for every year of their FRANZCOG Subspecialty Training.

**MULTI-SOURCE FEEDBACK (MSF)**

Assessment of an individual's professional behaviours undertaken by a diverse array of colleagues.

**PRACTICE IMPROVEMENT**

A process in which Fellows of RANZCOG review their work (individually or collectively) with the aim of improving or enhancing clinical practice by identifying areas for improvement or modification. Practice Improvement is part of RANZCOG's Continuing Professional Development (CPD) program.

**PROGRAM DIRECTOR**

A certified Subspecialist responsible for planning and co-ordinating a Subspecialty Training Program at an accredited Subspecialty Training Unit.

**RANZCOG Associate (Procedural and/or Advanced Procedural)**

Associate Member of RANZCOG who has completed the qualification of the RANZCOG Associate Training Program (Procedural) or RANZCOG Associate Training Program (Advanced Procedural).

**REGISTER OF TRAINEES**

The formal record of all those undertaking the Associate Training Program (Procedural), Associate Training Program (Advanced Procedural), FRANZCOG, Subspecialty Training Programs.

**REGULATIONS**

The formal stipulation of training requirements and the conduct of examinations and assessments approved by the Council of the RANZCOG.

**RESEARCH-BASED DISCUSSION (RBD)**

Assessment of an individual's analysis of contemporary research related to their discipline.

**RESEARCH PROJECT**

Original research work of sufficient quality and which meets the requirements of the relevant training program, which Subspecialty trainees are required to submit as part of their assessment completing the Research Stream.

**Royal Australian And New Zealand College Of Obstetricians And Gynaecologists Associate Training Program (Procedural) (PTP)**

A qualification for general practitioners who wish to obtain further post-graduate training in Obstetrics and family planning.

NOTE: A further qualification, the RANZCOG Associate Training Program (Advanced Procedural) (ATP), is also available in recognition of the attainment of skills in advanced Obstetrics and Gynaecology beyond the PTP.

**SCHOLARLY ELECTIVE: RESEARCH OR NON-RESEARCH STREAM**

Experience in research in clinical obstetrics and gynaecology or further vocational training (CMFM only), which all trainees must undertake during the Subspecialty Training Programs.

**SIX (6)-MONTHLY TRAINEE FEEDBACK QUESTIONNAIRE**

A confidential questionnaire on all aspects of training, which trainees are asked to complete at the end of each six (6)-month training period.

### **SIX (6)-MONTHLY SUMMATIVE ASSESSMENT REPORT**

A composite report on the performance of each trainee in the RANZCOG Training Programs compiled every six (6) months by their Training Supervisor based on the individual assessments of the consultants with whom the trainee works.

### **SPECIALIST INTERNATIONAL MEDICAL GRADUATE (SIMG)**

A medical practitioner in obstetrics/gynaecology who does not have an Australian or New Zealand primary medical degree and/or Australian/New Zealand residency status, and who must apply to the RANZCOG for assessment of their eligibility for specialist and/or subspecialist recognition.

### **SUBSPECIALTIES COMMITTEES**

Six (6) committees (an umbrella Committee and one for each Subspecialty) responsible for the development and maintenance of training and assessment requirements to achieve qualification in a Subspecialty.

### **SUBSPECIALTY SELECTION**

A formal process of selection applying to all prospective trainees intending to undertake the Certification in Gynaecological Oncology (CU), Obstetric and Gynaecological Ultrasound (COGU), Reproductive Endocrinology and Infertility (CREI), Urogynaecology (CU) or Maternal Fetal Medicine (CMFM).

### **SUBSPECIALTY TRAINING PROGRAM**

A 138 weeks (FTE) (three (3) year) full-time training program leading to a certificate in one of the following areas: Gynaecological Oncology; Maternal Fetal Medicine; Obstetrical and Gynaecological Ultrasound; Reproductive Endocrinology and Infertility; and Urogynaecology.

### **SUBSPECIALTY TRAINING SUPERVISOR**

A consultant and Subspecialist, who is a member of staff in an accredited unit, responsible for the co-ordination and ongoing supervision of Subspecialty trainees in that unit, including the formal assessment of one or more trainees every six (6) months.

### **THREE-MONTHLY FORMATIVE APPRAISAL**

A compulsory self-assessment in competencies in the categories of clinical, academic and professional abilities undertaken before meeting with the Training Supervisor.

### **TRAINEE**

A medical practitioner, who meets the eligibility criteria described in the RANZCOG Regulations and whose training has been prospectively approved), undertaking RANZCOG or Subspecialty Training Programs.

### **TRAINING ACCREDITATION COMMITTEE**

A standing Committee of Council responsible for the development and maintenance of the training requirements for the RANZCOG Training Program, the approval of training hospitals and posts, the review of RANZCOG Training Programs, and the consideration of applications for Fellowship elevation.

### **TRAINING ASSESSMENT RECORD (TAR)**

A collection of documents, compiled every six (6) months, recording and presenting for assessment, all the completed training experiences of each subspecialty trainee.



**TRAINING POST**

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

**TRAINING UNIT**

One or more sites that have been accredited as a group by the RANZCOG as suitable for training towards Subspecialty Certification.

**TRAINING YEAR**

A ‘subspecialty training year’ consists of two (2) consecutive ‘six (6) month training blocks’ based around (but not confined to) a calendar year and is determined by the CU Subspecialty Committee.

**WORKPLACE-BASED ASSESSMENTS (WBA)**

Assessment of skills and behaviours in-situ and across multiple occasions.

Version	Date of Version	Pages revised / Brief Explanation of Revision
v1 2024	Nov 2023	All
v2	January 2024	Revised to reflect change in nomenclature.

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