



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health



RANZCOG AMC Accreditation

Comprehensive Report 2019

Comprehensive Report to Australian Medical Council (AMC) from the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)

September 2019

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RANZCOG AMC Accreditation History	
Date of Last AMC Accreditation Decision	2013
Periodic Reports Since Last AMC Assessment	2014, 2015, 2016, 2017, 2018
Reaccreditation Due	2019 (via Comprehensive Report)

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Introduction

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is pleased to submit its Comprehensive Report to the Australian Medical Council (AMC) for consideration. This report covers the period September 2018 through to the end of August 2019.

The College is currently in various stages of evaluating and implementing several large projects throughout the Education and Training Directorate. Many of the developments are in the first or second phase of their project lifecycle and include the first phase (2018–2019) of a Curriculum Review.

The College welcomes feedback and is happy to offer clarification on any aspect of the details contained in this report.



2018 Findings

Summary of 2018 Findings

Standards		2018 Findings	Conditions
1	The Context of Education and Training	Standard met	Nil
2	The Outcomes of Specialist Training and Education	Standard met	Nil
3	The Specialist Medical Training and Education Framework	Standard met	Nil
4	Teaching and Learning Methods	Standard met	Nil
5	Assessment of Learning	Standard met	Nil
6	Monitoring and Evaluation	Standard met	Nil
7	Issues Relating to Trainees	Standard met	Nil
8	Implementing the Training Program – Delivery of Educational Resources	Standard met	Nil
9	Continuing Professional Development, Further Training and Remediation	Standard met	Nil
10	Assessment of Specialist International Medical Graduates	Standard met	Nil

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Standard 1: The Context of Training and Education

Previously Met	
1.1	Governance
1.1.1	<p>The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.</p>
	<p>The College has undertaken a significant governance review of the composition of its committees in order to streamline and improve the decision-making processes. This review was completed in two phases. Both phases one and two of the governance review are now complete. Phase One included undertaking a governance review workshop in mid-April 2018 and development of a governance review workshop report. The workshop report included the following:</p> <ul style="list-style-type: none">• support for undertaking a review of College committees with the intention of reducing the number of committees and increasing delegations from the Board to committees and staff; and,• review of the format of RANZCOG Council Week, including the level of formality and information provided. <p>Phase Two actions that have been undertaken and approved by the Board:</p> <ul style="list-style-type: none">• Reviewed its composition with due consideration of Constitutional requirements and approved that a Diplomate Director and an Independent Director be appointed. These roles have been initially appointed as Board Observers from May 2019 with Constitutional amendments being drafted for approval by Special Resolution at the Annual General Meeting in November 2019.• Prior to the commencement of the RANZCOG 11th Council in November 2018, the Board approved structural and governance changes including the reduction of the number of standing committees (Appendix I);• Committees' Terms of Reference have been extensively reviewed, with input from committee chairs and staff coordinators to ensure membership and scope of work reflected their current goals and responsibilities, and alignment with the new structure of committees.• Revised delegations for staff, committees and the Board have been implemented to enable more efficient and effective decision-making, whilst the Board has retained direct responsibility for specific legal, finance, risk and strategic decision-making. This has provided clarity regarding authority and responsibilities and has resulted in streamlined

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reporting to the Board. These changes clarify responsibilities and streamline processes for routine and administrative tasks that have been delegated to staff. The changes will be monitored over the coming 12 months.

- A Board Charter has been developed that sets out the roles, functions and responsibilities of the Board of Directors and management. The Charter will be updated as required to reflect the current governance processes of the College, and will also serve as an induction tool for new directors. A College Organisation Chart ([Appendix I](#)) is published on the website to inform members and the public of the structure of the College.

Additional Governance Review actions being undertaken throughout 2019 are:

A Constitutional Review was initiated in early 2019 to:

- update the Constitution to ensure legal compliance in Australia and New Zealand;
- streamline, simplify and modernise Constitution for flexibility going forward;
- allow for two additional Directors on the Board (the Diplomat Director and Independent Director)
- enshrine name changes for certain Committees and Fellows.

Other areas of change being investigated are:

- procedure for Council and Board appointments to be moved from the Constitution into regulations
- establishment of a Council Charter to set out Council's functions
- changes of committee name as follows:
 - Provincial Fellows to Regional Fellows
 - Regional Committee to State and Territory Committee
 - the New Zealand Committee title has change to Te Kāhui Oranga o Nuku. This is a name developed and gifted to RANZCOG by He Hono Wāhine, meaning 'an assembly of people with a focus on health pertaining to women'.

Consultation with the College Council and College members will be undertaken in July – August 2019 to finalise the Constitution amendments prior to approval of the Special Resolution by the Board in September 2019 for the Notice of Annual General Meeting to be sent to the members in October 2019.

Risk management

A risk management online system was introduced in August 2019 to enable supervisor reporting between business units, committees and the Board. Both strategic and operational risks are entered and reportable through the system ensuring sound visibility at the appropriate governance levels. Additionally, external input in the membership of the Finance Audit and Risk Management committee provides increased rigour for governance processes.

Committee Governance Reviews

Review of committees' governance is continuing process as issues are identified to deliver improved performance of the College. The amalgamation of two committees involved with issues of ethics and conduct is being addressed in late 2019 to enable one group to address both external and internal ethical issues of importance to the College. The new Committee will support the Board to address identified needs for increased focus on supporting

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	<p>respectful workplaces within O&G and improving existing culture by addressing unprofessional conduct.</p> <p>Following elections in 2018, Board members for the 2018–2021 term are listed below:</p> <ul style="list-style-type: none"> • President – Dr Vijay Roach • Vice-President – Dr Benjamin Bopp • Vice-President – Professor Ian Symonds • Vice-President – Dr John Tait • Board Member – Dr Gillian Gibson • Board Member – Professor Yee Leung • Board Member – Dr John Regan. <p>Members of Council and standing committees are maintained in the Governance Office database that is available to all committees and staff.</p>
1.1.2	<p>The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider’s relationships with internal units and external training providers where relevant.</p>
	<p>The training functions of the College continue to be overseen by the Training Accreditation Committee (TAC) and the education and assessment functions overseen by the Education and Assessment Committee (EAC). Regional/State TACs have oversight of training at the local level. These committees have representation from Fellows and Trainees, with educational and administrative support by College staff.</p> <p>The responsibility for education oversight and strategic development resides with the Education Strategy Committee (ESC).</p> <p>The College committee structure was revised in late 2018/early 2019. Committee reporting lines and delegations have been updated and Terms of Reference aligned with the revised structure.</p> <p>RANZCOG uses online tools and platforms to record and provide oversight of Trainees’ progress through the different training programs. Regular accreditation and site visits (that include Trainee representatives) ensure oversight of Integrated Training Program (ITP) sites and promote close relationships between training and education providers and the College.</p>
1.1.3	<p>The education provider’s governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allows all relevant groups to be represented in decision-making.</p>
	<p>The number of committees, their reporting relationships, composition, Terms of Reference (ToR) and delegations were reviewed between September 2018 and February 2019.</p>

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	<p>The RANZCOG Governance review workshop has led to the reduction in the number of College Committees:</p> <ul style="list-style-type: none"> • College committees in the 10th Council term (2016-2018) total 63 • College committees in the 11th Council term (2018-2021) total 46. <p>Delegation of committee decision-making was revised and approved in February 2019 to clarify responsibilities and streamline processes with routine and administrative tasks to be delegated to staff and other decision-making delegated to committees. The Board retains direct responsibility for key committees with specific legal, finance, risk or strategic responsibilities, approval of Regulation revisions, and approval of elevations to Fellowship.</p> <p>Committee Terms of Reference were reviewed and updated for the commencement of the 11th RANZCOG Council in November 2018.</p> <p>RANZCOG has appointed consumer representatives for the 2018-2021 Council term. Community representatives are actively engaged in committees and make a substantial contribution to the College.</p> <p>The following committees have consumer representatives:</p> <ul style="list-style-type: none"> • Appeals Committee • Continuing Professional Development Committee • Council • Engagement Committee • He Hono Wahine Committee • Te Kāhui Oranga o Nuku • Professionalism & Ethics Advisory Committee • Progression Review Committee • Specialist International Medical Graduate Committee • Women's Health Committee • Women's Health Foundation.
1.1.4	<p>The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.</p>
	<p>The majority of the College's Committees act to provide oversight, guidance and to support the important education function of the College.</p> <p>26 of the 46 College Committees/Working Groups are directly related to Education and Training.</p> <p>The RANZCOG Constitution lists the 21 objects for which the College was established. 17 out of the 21 objects are related to the College's educational role. The RANZCOG Constitution is available online.</p>

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	<p>Education-related objects in the RANZCOG Constitution:</p> <ul style="list-style-type: none">• Object A: promote and encourage the study, research and advancement of the science and practice of obstetrics and gynaecology• Object B: promote excellence in healthcare services for women and their families and cultivate and encourage high principles of practice, ethics and professional integrity in relation to obstetric and gynaecological practice, education, training and research• Object C: determine and maintain professional standards for the practice of obstetrics and gynaecology in Australia and New Zealand• Object E: admit to membership of the College such persons as shall be eligible in accordance with this Constitution• Object F: establish the status of Fellowship of the College and to admit appropriately qualified members of the College to that status• Object G: conduct and support programs of training and education leading to the issue of a certificate, diploma or other certification attesting to the attainment / maintenance of appropriate levels of skills, knowledge and competencies commensurate with specialist and sub-specialist practice in obstetrics and gynaecology in Australia and New Zealand• Object H: disseminate information and to advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for recognition by the College• Object I: conduct and coordinate examinations and other assessment processes and to grant registered medical practitioners recognition of special knowledge in obstetrics and gynaecology, either alone or in cooperation with other relevant bodies or institutions• Object J: award certificates, diplomas or other forms of certification evidencing a standard of attainment of specialised knowledge and competencies in the discipline of obstetrics and gynaecology and related subjects• Object K: hold or sponsor meetings, lectures, seminars, symposia or conferences, within or outside of Australia and New Zealand, to promote understanding in obstetrics and gynaecology and related subjects and professional relations among members of the College, members of other health professions, scientists and the community in general• Object L: facilitate the advancement of specialist and sub-specialist medical education and training through the conduct of projects and research• Object M: ensure College members undertake continuous professional improvement and participate in effective, ongoing professional development activities• Object N: foster and promote cooperation and association with organisations which have objectives similar to the College in Australia and New Zealand as well as in the wider international arena, including particularly Asia and the Pacific Region• Object O: advance public education and awareness of the science and practice of obstetrics and gynaecology and the health and welfare of women and their families• Object Q: work with governments and other relevant organisations to achieve the provision of adequate, well-qualified, experienced and capable obstetric and gynaecological workforces in Australia and New Zealand and to improve public health services• Object R: provide support for women's health programs concerned with - (i) the promotion of health and the prevention of injuries and disease; (ii) the early detection of anomalies, disabilities, disease and other abnormal states; and (iii) the enhancement of high-quality obstetric and gynaecological care
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	<ul style="list-style-type: none"> Object S: facilitate obstetric and gynaecological medical education provision and medical aid support to developing nations. <p>Each Australian region has a Regional Committee and New Zealand has the national committee known as Te Kāhui Oranga ō Nuku. One of the key responsibilities of the Te Kāhui Oranga ō Nuku and Regional Committees (referred to as Regional Committees from this point onwards) is to organise and conduct education courses for members (and other relevant groups). Each Regional Committee also establishes a Regional Training Accreditation Committee to coordinate and administer the FRANZCOG Training Program in their region.</p> <p>This is evidenced by equity of access to educational opportunities irrespective of location and standardisation of FRANZCOG Training Program activities e.g. FRANZCOG Written Examination Revision Courses and trial Oral Examinations.</p>
1.1.5	<p>The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.</p>
	<p>The College continues to collaborate with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.</p> <p>Please refer to Appendix II for a list of organisations that RANZCOG collaborated with during the period 1 August 2018 to 30 April 2019. In addition, RANZCOG hosted the first National Women's Health Summit (NWHS) in March 2018. The summit united Australia's top 100 women's health influencers – from healthcare, industry, NGOs, community groups and government – in a unique collaboration to discuss and address the most pressing health challenges Australian women face today. Representatives from 79 organisations attended. The NWHS Priorities Document is published on the RANZCOG website.</p>
1.1.6	<p>The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.</p>
	<p>In November 2018, a conflict of interest standing agenda item was implemented for all committees, the Board and Council. As this was the commencement of the new Council and Board term; all serving members were required to complete a declaration of interest form for each committee on which they sit. These are logged in each relevant Committee/ Board/ Council Register of Interests. At each subsequent meeting, members are required to declare any conflicts of interest, and declarations in minutes are entered into the relevant Register of Interests to maintain a cumulative record of each member during their term of office.</p> <p>Training</p>

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	<p><i>Hospital Accreditation Visits.</i></p> <p>Care is taken to ensure that participants in a hospital accreditation visit do not have a conflict of interest with respect to the hospital being assessed.</p> <p><i>Training and Accreditation Committee (TAC) oversight.</i></p> <p>Of necessity, the College TAC comprises representatives from each training region who may have conflicts of interest with respect to specific discussions. Policies mandate that conflicted persons do not participate in the relevant part of the TAC meeting.</p> <p>Examinations</p> <p>Managing the existence of the potential for a conflict of interest is also addressed in the RANZCOG Board of Examiner Policy and RANZCOG Examiners and Examination Coordinators Code of Conduct. Steps are taken to manage potential, perceived or actual conflicts of interest between examiners and examination candidates. All written examinations are assessed in a blinded fashion. In the case of oral examinations, examiners are provided with a list of candidates in advance of the examination and are requested to identify and declare any conflict. Where potential conflicts are identified the usual action is to ensure that a particular examiner will not assess an individual where a conflict has been declared or that an observer is present during the assessment.</p> <p>It is expected that written and oral examination coordinators will not be involved in the design or presentation of any revision course relating to the examinations they are coordinating during the term of their role as examination coordinator. Examiners and examination coordinators engaged in commercial activity in connection with examination processes e.g. running a commercial revision course, must declare a potential conflict of interest.</p> <p>Progress Review</p> <p>A Trainee who has failed to meet requirements may be considered for removal from the training program. Prior to a recommendation going to the RANZCOG Board, a further evaluation takes place at a Progress Review hearing. All members of the Progress Review panel have not participated in any prior decision on that Trainee and are from a different training region. A community representative is also on each Progress Review panel.</p>
1.2	Program Management
1.2.1	<p>The education provider has structures with the responsibility, authority and capacity to direct the following key functions:</p> <ul style="list-style-type: none"> • planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures • setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities • setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates

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	<ul style="list-style-type: none"> • certifying successful completion of the training and education programs.
	<p>RANZCOG has a number of Committees that have responsibility, authority and capacity to direct key functions, listed below:</p> <p>Education Strategy Committee (ESC)</p> <p>The ESC oversees the ongoing development and implementation of educational strategy across all RANZCOG training programs. The Committee is responsible for the College's training programs, including regular monitoring and evaluation, and is delegated by the Board to make decisions relating to its area of responsibility:</p> <ul style="list-style-type: none"> • 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 College training programs; • formulation of recommendations and development of discussion papers regarding strategic initiatives in line with the College's strategic objectives; • development, implementation, monitoring, and evaluation of the reliability and validity of all components of the FRANZCOG Training Program Selection Process; and review of contemporary practices and consultation with key stakeholders as appropriate; and, • oversight of the Pre-Vocational Pathway (PVP). <p>Training Accreditation Committee</p> <p>The Training Accreditation Committee (TAC) is responsible for the ongoing development, coordination and administration of the FRANZCOG Training Program in cooperation with the Regional and New Zealand Training Accreditation Committees and review the processes for accreditation and reaccreditation of the training program leading towards the attainment of Fellowship of the College.</p> <p>Such training/accreditation matters include, but are not limited to:</p> <ul style="list-style-type: none"> • approval of Integrated Training Programs (ITPs) and participating hospitals within those programs as suitable for RANZCOG training, and the approval of hospitals applying to join existing ITPs; • approval of applications for admission to Fellowship of the College, and the formal recommendation to the RANZCOG Board of approved applications; • reaccreditation of ITP training sites in Australia and New Zealand, including conducting re-accreditation site visits and follow-up visits as required, formally reporting on those reaccreditation assessments, and the ongoing review of the College's hospital reaccreditation guidelines; • development and continuous review of College regulations governing training, site accreditation, and certification for the FRANZCOG Training Program; • appointment of working groups to undertake specific developmental and planning tasks in relation to accreditation of FRANZCOG training; • collaborating with the ESC on the implementation of educational strategy decisions for the FRANZCOG Training Program; and

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- collaborating with the EAC on training, assessment and certification issues of mutual concern, where appropriate, including the formation of joint working groups as required.

Education and Assessment Committee (EAC)

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 the College.

Such assessment components include, but are not limited to:

- Certificate in Women's Health (CWH), Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG), FRANZCOG and Subspecialty Written Examinations;
- DRANZCOG Advanced, FRANZCOG and Subspecialty Oral Examinations;
- In-Hospital Clinical Assessments (IHCAs) and In-Hospital Clinical Examinations (IHCEs); and,
- Research component of the FRANZCOG Curriculum and subspecialty programs.

Specialist IMG (SIMG) Assessment Committee

The SIMG Assessment Committee is a formally constituted RANZCOG committee responsible for the assessment of Specialist International Medical Graduates (SIMG) and Area of Need (AoN) applicants in Australia and New Zealand.

The SIMG Assessment Committee's responsibilities include the following:

- development and implementation of policy regarding assessment mechanisms and processes as they pertain to SIMG and AoN applicants;
- overseeing the work of the assessment panels in Australia and New Zealand that assess the qualifications, training and experience of SIMG and AoN applicants. The members of the panel of assessors are appointed by the SIMG Assessment Committee;
- make recommendations to the RANZCOG Board regarding applicant eligibility for Fellowship of RANZCOG and/or suitability for filling an AoN position. Broad oversight and responsibility for Specialist IMGs and AoN practitioners, their training and supervision requirements, and support provided as they work towards achieving Fellowship of RANZCOG; and,
- liaising with the RANZCOG Board, the Education Strategy Committee (ESC), the Education and Assessment Committee (EAC), the Training Accreditation Committee (TAC), subspecialties committees, and external bodies on matters relating to SIMG and/or AoN policies and processes.

Subspecialties Committee

The Subspecialties Committee, through its five subcommittees, is responsible for overseeing the formulation and review of the training, assessment and accreditation policies leading towards the attainment of subspecialty certification of the College.

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	<p>Recommendations on assessment matters are referred to the RANZCOG Board in conjunction with the Education & Assessment Committee.</p> <p>Recommendations on training and accreditation matters are referred directly to the RANZCOG Board.</p> <p>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.</p> <p>Such subspecialty training, assessment and accreditation matters include, but are not limited to:</p> <ul style="list-style-type: none">• oversight of the process for ongoing development, coordination and maintenance of the College's subspecialty training programs, the assessment of the Trainees enrolled in those programs and approval of training supervisors;• recommend to the RANZCOG Board, in conjunction with the College EAC, matters relating to the College assessment process, including the Research Project, Written and Oral Examinations, In-Hospital Clinical Examinations and In-Hospital Clinical Assessments;• oversight of the process for selection of subspecialty Trainees.• recommend to the RANZCOG Board new training posts and the re-accreditation of existing training posts.• recommend to the CPD Committee matters pertaining to recertification;• oversight of the process for assessment of international subspecialists applying for subspecialty recognition in Australia and New Zealand; and• appoint working groups to undertake specific developmental and planning tasks relating to assessment, training and accreditation, and document/research of policy and related issues. <p>Continuing Professional Development Committee (CPDC)</p> <p>The CPDC advises the RANZCOG Board on matters concerning the CPD programs for College Fellows, Diplomates, Associate Members and Educational Affiliates.</p> <p>The responsibilities of the CPDC include the following:</p> <ul style="list-style-type: none">• development, maintenance and on-going evaluation of the College's CPD Program;• oversight of the RANZCOG annual scientific meetings;• development of practice review and clinical risk management activities for the RANZCOG Fellowship;• review of requests to survey the membership on O&G related issues;• communication of the CPD Program to Fellows and Diplomates; and,• such other matters relating to CPD as may be directed by the RANZCOG Board.
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1.3	Reconsideration, Review and Appeals Processes
1.3.1	<p>The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.</p>
	<p>There are options available to individuals who are dissatisfied with a College decision. Specifically: request for reasons; reconsideration; review; and formal appeal. Details of each process and policy are available on the College website: Appeals Procedure and Regulations.</p> <p>As mentioned above (Standard 1.2.1) RANZCOG has established a Training Support Unit that provides a new and additional avenue for Trainees to access support during training. Further information regarding the Training Support Unit is also provided in Standard 1.6.3. De-identified information relating to concerns or issues raised is analysed by the TAC three times per year to help inform the need for any changes to systems or processes.</p> <p>Statistics and cases summarised in relation to reconsiderations, reviews and appeals from 2013-19 are summarised in Appendix IV.</p>
1.3.2	<p>The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.</p>
	<p>The College has a process for evaluation of de-identified data from appeals and complaints which assists in determining and evolving systematic problems. Complaints and feedback are evaluated in a contemporaneous way with a consolidated annual review overseen by the Education Strategy Committee.</p> <p>The relevant offices and/or committees annually provide the Education Strategy Committee (ESC) coordinator with relevant de-identified data for the previous 13-month hospital employment year (New Zealand December – January; Australia February – January), and opportunities for change are considered at the July Council Week meeting.</p> <p>The Education Strategy Committee will evaluate the data for thematic analysis to ascertain that:</p> <ul style="list-style-type: none"> • processes are robust and clear • processes have been adhered to • sufficient College support has been provided • each case has been considered on its merits • individual specific claims of exceptional circumstance/s have been considered • submitted supporting documentation has been considered. <p>Input is obtained from the Director, Education & Training to advise solutions consistent with the current Training programs.</p>

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	The process is explained in further detail in Appendix V .
1.4	Educational Expertise and Exchange
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
	<p>The College has a number of initiatives to ensure education expertise is in place to support the development and management and continuous improvement of its training and education functions. These initiatives include:</p> <ul style="list-style-type: none"> • appointment of a Specialist Advisor: Assessment • appointment of a Dean: Education • appointment of Specialist Advisor: Accreditation • appointment of a Clinical Consultant to provide advice on Curriculum and Teaching Module development • engagement of the Australian Council of Education Research (ACER) to undertake some consultancy work in the areas of assessments and curriculum review.
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.
	<p>The College regularly meets and collaborates with other education institutions. These interactions occur through various channels including:</p> <ul style="list-style-type: none"> • The Network of Medical College Educators (NMCE), which involves the Directors of Education and Training or their equivalent • The Network of College International Medical Graduate Managers (NCIM), which involves college representatives who are responsible for the assessment of SIMGs in their respective colleges • The Continuing Professional Development Managers Network (CPDMN), which involves staff from colleges sharing ideas and activities in the CPD area. Particularly with respect to future directions and currently the MBA Professional Performance Framework • The Examinations and Assessment Managers' Network (EAMN), which involves the relevant senior staff sharing experiences with standard setting, best practice, online or electronic examinations, confidentiality and other relevant activities associated with this high-risk area • Council of Presidents of Medical Colleges (CPMC), which provides a collaborative support structure for specialist medical colleges in Australia. Member colleges, includes the Australasian College of Dermatologists (ACD), the Australasian College for Emergency Medicine (ACEM), the Australian College of Rural and Remote Medicine (ACRRM), the Australasian College of Sport and Exercise (ACSP), the Australian and New Zealand College of Anaesthetists (ANZCA), the College of Intensive Care

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	<p>Medicine (CICM), the Royal Australian College of General Practitioners (RACGP), the Royal Australasian College of Medical Administrators (RACMA), the Royal Australasian College of Physicians (RACP), the Royal Australasian College of Surgeons (RACS), Royal Australian and New Zealand College of Ophthalmologists (RANZCO), the Royal Australian and New Zealand College of Psychiatrists (RANZCP), the Royal Australian and New Zealand College of Radiologists (RANZCR), and the Royal College of Pathologists of Australasia (RCPA). In addition to the Council of Presidents the CPMC also provides a forum for CEOs of medical college which RANZCOG regularly attends</p> <ul style="list-style-type: none">• The Council of Medical Colleges New Zealand (MCNZ) provides a collective voice for the medical colleges in New Zealand and supports the provision of a well-trained and safe medical workforce to serve the best interests of the New Zealand community. There are 15 member medical colleges including RANZCOG and ACEM, ANZCA, the New Zealand College of Public Health Medicine (NZCPHM), RACMA, RACP, RACS and the Royal New Zealand College of General Practitioners (RNZCGP). RANZCOG is represented on the Board and Board executive, and meetings are regularly attended by a member of Te Kāhui Oranga ō Nuku, the CEO and New Zealand Manager. RANZCOG also attends regular policy forums• Community of Practice is a collaborative group consisting of representatives from the RACGP, RANZCP, ACEM, ANZCA, RACS, RACMA, and RANZCOG. The Community of practice focused on sharing best practices and creating new knowledge to advance a domain of professional practice. Interaction on an ongoing basis is an important part of this initiative. RANZCOG has commissioned the Australian Council for Educational Research (ACER) to assist with the curriculum review project. ACER provides both educational expertise to RANZCOG but also enables Colleges to learn from each other now that ACER can share practices from each College with which it consults. This results in great collaboration, efficiencies and innovative thinking• International collaboration occurs with recent visits to the American College of Obstetricians and Gynaecologists (ACOG) by the President in Nashville, Tennessee, and the Royal College of Obstetricians and Gynaecologists (RCOG) in London by the CEO and President. Executive Board Members of ACOG visited the College in 2018 and will attend the Annual Scientific Meeting (ASM) in 2019. The College has two representatives on the Executive Board of the International Federation of Obstetricians and Gynaecologists (FIGO), including the Treasurer. There are three RANZCOG representatives on the Council of the Asia and Oceania Federation of Obstetrics and Gynaecology (AOFOG) including a member of the Executive Board• The College signed a Memorandum of Understanding with the Indonesian College of Obstetrics and Gynaecology (InaCOG) and the Indonesia Society of Obstetrics and Gynaecology (POGI), to promote academic cooperation and exchange between RANZCOG and the Indonesians colleges• In addition to the above, the College continues to collaborate with a wide variety of educational institutions and organisation. Refer to Appendix II.
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1.5	Educational Resources
1.5.1	<p>The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.</p>
	<p>The eLearning team has improved functionality of the RANZOCG Learning Management System ‘eLearning@ranzcog’ called the Curriculum Led Internet Managed Accessible Training Environment (CLIMATE). This increased functionality includes removing individual resource access keys; access to resources is now based on the user cohort.</p> <p>Functional improvements continue to be made to the Trainee components of <i>My.RANZCOG</i>, the College’s online training portfolio. Examples of this include:</p> <ul style="list-style-type: none"> • Launch of the online prospective approval process for the subspecialty programs • Implementation of an eLogbook for subspecialty programs • Introduction of visual indicators (in the form of traffic-lights) marking the status of training requirements including flagging overdue assessments and approaching deadlines • Calculation and display of requirement due dates, taking into account extended and/or research leave, and other factors • Improved functionality for administrative access to update fields including due dates to accommodate approved extensions • Validations to prevent duplication of assessments between Trainees and supervisors • Progress dashboards customised to display relevant information only for each training cohort • Recording pages for completion of new training requirements, including pages for Cultural Competency training, and Ultrasound Assessment of Procedural Surgical Skills (APSS) • Inclusion of extended leave, research leave, and academic stream in the training time timeline • Implementation of approval function for Advanced Training Modules (ATMs) • Display and export functionality for tracking ATMs. <p>Additional improvements are planned for the coming year, including a login homepage focusing on important information, improved automated notifications, an ATM tracking dashboard linked to the online logbook, and subspecialty appraisal and assessments features.</p>
1.5.2	<p>The education provider’s training and education functions are supported by sufficient administrative and technical staff.</p>
	<p>RANZCOG continues to review workforce requirements on a regular basis to ensure the College has the capacity and capability to deliver its various service offerings to all stakeholders. The College currently has 80 full-time and 25 part-time staff across offices in Australia and New Zealand.</p>

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	<p>The College has teams of administrative and technical staff to undertake its education and training functions and continues to review needs on a regular basis.</p> <p>RANZCOG has increased the number of staff in Education and Training and areas supporting Education and Training operations.</p> <p>In 2018–19 the following new roles relating to education and training were established with an increase in the overall full-time equivalent staff:</p> <ul style="list-style-type: none"> • More specified management and coordination in the Directorate, Education and Training • Coordinator, Subspecialties Training Programs • Executive Officer, Australian Capital Territory • Officer, FRANZCOG Training Programs • Officer, Governance and Legal • Officer, Prevocational Pathway • Manager, Business Development • Manager, Business Improvement • Manager, Specialised Training Program and Funding • Senior Solution Architect. <p>Establishing these roles with Fellows appointed to the positions has created increased College staff expertise and additional staff expertise in those areas and more responsive and sustainable support to deal with Fellow, Trainee and SIMG requirements.</p>
1.6	Interaction with the Health Sector
1.6.1	<p>The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.</p>
	<p>The College maintains strong relationships with the health-related sectors and the broader community as indicated under Standard 1.4.2. Please refer to Appendix II for lists of the College’s interaction with various organisations and government bodies in Australia and New Zealand. RANZCOG has a strong culture of collaboration and involves itself in opportunities that support the healthcare system, women’s health, education, fundraising and ongoing professional development. The RANZCOG Strategic Plan 2019–2022 has three focus areas. One of these is to develop and maintain productive and mutually beneficial relationships.</p> <p>In March 2018, RANZCOG hosted the first National Women’s Health Summit (NWHS). The summit united Australia’s top 100 women’s health influencers – from healthcare, industry, NGOs, community groups and government – in a unique collaboration to discuss and address the most pressing health challenges Australian women face today.</p>

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	Representatives from 79 organisations attended. The NWHS Priorities Document is published on the RANZCOG website .
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
	<p>Training Supervisor Workshops (TSW)</p> <p>The six-hour TSW was evaluated in 2018 and reviewed in response to feedback from attendees.</p> <p>For the reporting period, three workshops were offered. Of the 58 supervisors who attended, 51 completed a workshop session evaluation (87%).</p> <p>Participants were asked to rate their agreement with a range of statements relating to satisfaction with the workshop. For all statements >85% of participants agreed or strongly agreed that the workshop met their needs. Text responses were themed and the three aspects of the program that worked well were 1) interaction with others/group work and activities 2) how to manage the underperforming Trainee and 3) time with other supervisors.</p> <p>The Training Support Unit has planned a further eight workshops for 2019. These will be offered across Australia and New Zealand to enable greater attendance.</p> <p>Respectful Workplaces Workshops</p> <p>The Training Support Unit (TSU) facilitated one workshop for the reporting period. Workshop facilitators collated feedback and provided evaluation reports to the TSU.</p> <p>There are two more workshops booked for 2019.</p> <p>Thrive Workshops</p> <p>The TSU launched the Thrive workshop in February 2019. The half-day workshop was developed primarily for Trainees and aims to provide participants with tools and strategies to manage professional and personal stressors associated with specialist training.</p> <p>In 2019, 30 of the 44 participants (75%) completed a session evaluation and the feedback is used to continually improve the workshop.</p> <p>There are seven workshops booked across Australia and New Zealand for 2019.</p>
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.
	Trainee Selection: Engagement with Training Sites

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	<p>RANZCOG recognises that hospital specialists, ITP Coordinators and Training Supervisors can make a valuable contribution to the selection process because of their knowledge of an applicant's performance in the workplace. As such, the Selection Committee developed a process to include Institutional References (IR) for introduction in Trainee selection. Hospitals can input into the process where applicants have undertaken six or more months experience in the previous two years. Hospitals are asked to rank applicants and nominate those they believe meet the criteria for the Fellowship of RANZCOG (FRANZCOG) Training Program.</p> <p>This IR process of Institutional Referencing has been received positively by hospitals and pre-vocational training sites who welcome the opportunity to provide input into the selection of Trainees.</p> <p>In 2018, 65 sites were contacted for feedback on the selection of applicants into the FRANZCOG Training Program.</p>
	<p>Training Support Unit (TSU)</p> <p>The TSU is responsive to the needs of sites and jurisdictions by providing on-site workshops, including Respectful Workplaces and Thrive.</p> <p>The TSU provides support to individuals (Trainees and supervisors) seeking assistance with matters of professional and pastoral nature. This includes referral to external providers as appropriate, and follow-up to check progress. De-identified data is kept and reported to the RANZCOG Training Accreditation Committee (TAC) three times per year. The TSU also attends regional TAC meetings to discuss matters of mutual interest such as training issues brought to the TSU.</p> <p>The TSU may also attend site meetings upon requested to provide support to Trainees and supervisors.</p> <p>The TSU attended orientation for new Trainees in 2019 at all regions of Australia and New Zealand. The TSU provided an overview of the unit and its functions.</p> <p>The College works with training sites and jurisdictions on matters of mutual interest. As Trainees provide service provision at their sites, whilst also undertaking training, the College is cognisant of the need to manage the requirements of Trainees to fulfil their training obligations and those of the sites.</p>
	<p>Hospital Accreditation Working Group</p> <p>An Accreditation Working Group has been developed (refer to Standard 8). The Working Group's purpose is to develop a model of re-accreditation that supports a Quality Improvement (QI) approach. The Working Group will also review the existing re-accreditation, quality assurance, and QI processes, with a means of creating efficiencies, increasing transparency and improving the effectiveness of the accreditation processes across the FRANZCOG training programs.</p>

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	<p>The objective of the Working Group will be to review the regulatory and quality improvement model of accreditation that will both actively support sites to meet accreditation standards and outcomes whilst improving and then maintaining training standards.</p> <p>The terms of the review will include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Purpose of re-accreditation • Discussions outlining a range of issues with the current provisions of RANZCOG Training • Improved communications between training sites and the College • Improved procedure numbers and training outcomes. <p>Introducing a regulatory and Quality Improvement (QI) model in the Accreditation process:</p> <ul style="list-style-type: none"> • Enhance recruitment and commitment in training of accreditors • Fast tracking reaccreditation • Cost controls • Determine if accreditation Integrated Training Program (ITP) or post based • Length of accreditation terms (possibility to increase up to five years) • Consideration of technology to assist with visits including templates • What sort of reporting do we want for ITPs. <p>Stakeholder consultation with jurisdictions will be undertaken as part of this review.</p>
1.6.4	<p>The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.</p>
	<p>RANZCOG continues to proactively partner with a number of groups within the Indigenous health sector including the Australian Indigenous Doctors' Association (AIDA), Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA) and the Leaders in Indigenous Medical Education (LIME) Network.</p> <p>RANZCOG works in partnership with organisations to support cultural safety in specialist training and education. There is a webpage dedicated to New Zealand Cultural Support. The website highlights a number of partnerships https://www.ranzcog.edu.au/Our-College/regional/nz/Cultural-Support</p> <p>In New Zealand He Hono Wāhine works with Te Kāhui Oranga ō Nuku to support a number of areas including:</p> <ul style="list-style-type: none"> • To support and develop educational programs, assessment processes and resources for health professionals in Māori women's health • To facilitate and support the provision of the mandated Māori cultural competence in the RANZCOG training program • To facilitate and encourage Fellows, members and Trainees to attend appropriate Māori medical events, such as the Te ORA conference

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- To promote and, where possible, provide Māori cultural competence training sessions for Fellows, members and Trainees
- To facilitate a network of RANZCOG Fellows, members and Trainees interested in contributing to Māori women's health initiatives
- To facilitate access to and support a mentoring program for Māori trainees and Fellows
- To promote, support and where possible, provide financial support for research and other scholarships for Māori Trainees
- To promote and facilitate closer relationships with organisations such as Te ORA, Nga Maia Māori Midwives Aotearoa and other colleges and institutions e.g. Medical Council New Zealand (MCNZ) and District Health Boards (DHBs)
- To support culturally acceptable and ethical research in Māori women's health
- To facilitate educational opportunities for RANZCOG Fellows, members and Trainees relating to their care of Māori women in New Zealand.

He Hono Wāhine membership consists of: Dr Leigh Duncan, Chair - a Māori Fellow

- Wendy Dallas-Katoa, Kaumātua
- Luke Crawford, Kaumātua
- Dr Phil Suisted, Māori Fellow
- Dr Angela Beard, Māori Fellow
- Dr Kasey Tawhara, Māori Trainee
- Dr Celia Devenish, Chair Te Kāhui Oranga ō Nuku
- Dr Bev Lawton, Māori academic representative
- Tamara Karu, representative from Nga Maia Māori Midwives Aotearoa
- Dr Karen Vaughn, Te Kāhui Oranga ō Nuku community representative.

In September 2018, RANZCOG launched the new 'RANZCOG Innovate Reconciliation Action Plan' (RAP). The RANZCOG RAP strengthens the College's aim of translating its good intentions into actions by setting measurable goals, timelines and responsibilities and by building a framework to enable the College to achieve its goals. The RAP contributes to achieving health and equality for Aboriginal and Torres Strait Islander peoples. It reflects the College's intention to create opportunities within the specialty and our organisation for Aboriginal and Torres Strait Islander peoples and to provide our Fellows and Trainees with a quality training program, delivered with cultural integrity. The RAP has been endorsed by the College Board, which continues to value and prioritise Aboriginal and Torres Strait Islander health matters.

The RAP has been developed with input from the RAP Working Group, including two Aboriginal Fellows, comprising:

- Dr Marilyn Clarke, Chair of the Aboriginal and Torres Strait Islander Women's Health Committee
- Dr Kiarna Brown, Member of the Aboriginal and Torres Strait Islander Women's Health Committee
- Dr Vijay Roach, President
- Dr Jared Watts, College Councillor
- Associate Professor Janet Vaughan, College Councillor

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	<ul style="list-style-type: none"> • Michele Quinlan, Director of Practice and Advocacy <p>Members of the College Aboriginal and Torres Strait Islander Women's Health Committee include three Aboriginal Trainees and three Aboriginal Fellows, College Councillors, Board members, the Executive Leadership team and College staff.</p> <p>A number of initiatives were achieved during the previous RAP period, the 'Reflect Reconciliation Action Plan'.</p> <p>A Council Forum discussing the Aboriginal and Torres Strait Islander workforce in Obstetrics and Gynaecology was held. RANZCOG Aboriginal Fellows, Dr Marilyn Clarke and Dr Kiarna Brown, and Royal Australasian College of Surgeons (RACS) Aboriginal Fellow, Associate Professor Kelvin Kong presented to College Board members, Councillors, Fellows and staff. Three Councillors expressed interest in joining the RAP Working Group following this forum.</p> <p>The Aboriginal and Torres Strait Islander Women's Health Committee oversaw the development of four Aboriginal and Torres Strait Islander Women's Health Cultural eLearning modules, developed for Trainees and Fellows. Continuing Professional Development points can be claimed for completion of the modules. The eLearning modules are:</p> <ul style="list-style-type: none"> • Obstetrics in urban setting • Obstetrics in rural setting • Gynaecology in urban setting • Gynaecology in rural setting <p>The National Women's Health Summit (NWHS) held in 2018 had a number of different specialist streams. One of these streams was dedicated to Aboriginal and Torres Strait Islander Women. Stream outline: Women and mothers play a special role in Aboriginal and Torres Strait Islander communities. They often manage the health of their children, partners and extended family members. Aboriginal and Torres Strait Islander women however continue to have poorer health outcomes than non-Aboriginal women. Compared to Aboriginal men, Aboriginal women are more likely to have one or more chronic health conditions and are at higher risk of early-onset disease, with lower survival rates. Furthermore, Aboriginal and Torres Strait Islander women are expected to live 11 years less than non-Indigenous women. Closing the Gap in Indigenous health, inclusive of women's health, remains an urgent challenge for the health sector.</p>
1.7	Continuous Renewal
1.7.1	The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.
	As part of its ongoing commitment to organisational improvement, RANZCOG continues to review its structures and functions, resource allocation to training and education, and all

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	<p>relevant functions to meet changing needs and evolving best practice. This is demonstrated in the reporting period the past year through several independent evaluations into existing processes, ensuring that RANZCOG continues to meet the AMC and MCNZ standards and is delivering best-practice education and training systems and processes.</p> <p>A strategic planning session is held at the commencement of each term of the new Board and Council to develop the College's Strategic Plan for the upcoming term of office. The RANZCOG Strategic Plan 2019–2022 (Appendix III) was launched in March 2019 and is available on the RANZCOG website.</p> <p>Structural changes have been made in the Directorate of Education and Training to improve alignment of core related activities.</p> <p>The Training Support Unit has moved into the Membership Services Unit. This will facilitate improved opportunities for support and wellbeing services to all Trainees, SIMGs and Fellows.</p> <p>The Education Development Unit is working closely with the Assessments Unit. This facilitates alignment of examination question development and curriculum evolution coordinated by the Education Development Unit with examination delivery coordinated by the Assessments Unit.</p>
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Summary of Significant Developments

Delegation of committee decision-making was revised and approved in February 2019 to clarify responsibilities and streamline processes with routine and administrative tasks to be delegated to staff and other decision-making delegated to committees. The Board retains direct responsibility for key committees with specific legal, financial, risk or strategic responsibilities, and approval of Regulation revisions.

These changes clarify responsibilities and streamline processes for routine and administrative tasks that have now been delegated to staff. The changes will be monitored over the next 12 months.

Two new Board positions were approved in 2019, currently pending Constitutional consultation and approval but confirmed to include a Diplomat and an external governance subject matter expert.

Committees' Terms of Reference continue to be reviewed and updated for the Eleventh RANZCOG Council.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Statistics and Annual Updates

Data from 1 August 2018 to 31 March 2019.

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Table 1.1 Requests for reconsideration

Reason for Reconsideration	Number of Reconsiderations	Outcome Upheld	Dismissed
SIMG assessment	1	1	0
Examinations	4	4	0
Research project	1	1	0
Training requirements	0	0	0
Selection	3	3	0

Table 1.2 Requests for review

Reason for Review	Number of Reviews	Outcome Upheld	Dismissed
Removal from the FRANZCOG Training Program	2	–	2
Failure to satisfactorily complete the SIMG requirements for FRANZCOG	2	2	–

Progression Review Committee

The Progression Review Committee (PRC) was established in mid-2011 to support the RANZCOG Board by considering matters relating to Trainees and other individuals who have been referred by the appropriate responsible body for possible removal from their pathway to Fellowship or subspecialty certification subject to relevant RANZCOG regulations.

Where the responsible College body has considered the matter and determined that grounds for exceptional circumstances do not exist, the matter is referred to the PRC for further consideration and a final recommendation made to the Board.

Procedures relating to referrals and meetings of the PRC are outlined in regulation A4 of the RANZCOG Regulations which are available on the [RANZCOG website](#).

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Table 1.3 Requests for appeal

Reason for Appeal	Number of Reviews	Outcome Upheld	Dismissed
Fourth unsuccessful attempt at Oral Examination plus failure to meet Core Training requirements by stipulated deadline	1	0	1
Not Satisfactory 6-monthly summative assessments	1	1	0

Table 1.4 Changes to documentation

Policy or Procedure	Description of Changes
College Governance Chart	College Governance Chart revised to reflect the reduction in the number of committees, reporting flow between committees and from committees to the Board, and changes to committee names.
Conflict of Interest	<p>Conflict of Interest policy updated and distributed to Board, Council and committee members at the commencement of the Eleventh Council.</p> <p>Register of Interests template implemented and distributed to Board, Council and committee members at the commencement of the Eleventh Council for on-going recording of members' declarations of interest throughout their three-year terms of office.</p>
Community Representatives Policy	Community Representatives policy updated with new appointment process. Community Representative position description templates developed with input from relevant committee chair and coordinator.
Board Charter	A Board Charter has been developed that sets out the roles, functions and responsibilities of the Board of Directors and management.

Standard 2: The Outcomes of Specialist Training and Education

Previously Met	
2.1	Educational Purpose
2.1.1	<p>The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.</p>
	<p>The RANZCOG Strategic Plan 2019–2022 was released in March 2019 (Appendix III). The RANZCOG Vision and Mission have been revised.</p> <p>Previous Vision: Excellence in Women’s Health – To be the leading authority in women’s health in Australia and New Zealand.</p> <p>Revised Vision: Delivery of excellence and equity in women’s health.</p> <p>Previous Mission: Through education and training, advocacy, and policy development we influence the standard of care delivered to our community.</p> <p>Revised Mission: To be the leader in education, training and advocacy in obstetrics and gynaecology.</p> <p>The RANZCOG Constitution outlines the objects for which the College was established including education purpose. Refer to Standard 1.1.4.</p>
2.1.2	<p>The education provider’s purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.</p>
	<p>RANZCOG is strongly committed to improving the health and welfare of Indigenous people in Australia and New Zealand.</p> <p>The RANZCOG 2019–2022 Strategic Plan incorporates a focus to promote and demonstrate cultural diversity and cultural safety for Aboriginal, Torres Strait Islanders and Māori.</p> <p>Indigenous health initiatives</p>

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	<p>Selection into the training programme</p> <p>Selection into the Training Program: RANZCOG actively supports selection of Māori Aboriginal and Torres Strait Islander applicants into the training program by allocating additional points on the basis of Māori, Aboriginal and Torres Strait Islander status. An applicant who is of Māori, Aboriginal and Torres Strait Islander descent, or who identifies as a person of such heritage and is accepted as such by the relevant community receives 10 points on their CV application. The CV application has a total of 48 points.</p> <p>Indigenous health in the training program</p> <p>The College endeavours to support and encourage Trainees to undertake training in rural and remote settings, resource poor environments, and expanded settings such as community outreach and cultural support services.</p> <p>The FRANZCOG Training Program is structured in a way that provides flexibility for Advanced Trainees to train in a variety of environments.</p> <p>The College is undertaking a review of the FRANZCOG (Fellowship) and DRANZCOG (Diploma) curricula which includes a focus on relevant sections of training relating to cultural competency and culturally-safe health care for Māori, Aboriginal and Torres Strait Islander women.</p> <ul style="list-style-type: none"> • The FRANZCOG Curriculum currently has a section dedicated to women’s health and cultural issues encouraging a multi-dimensional practice approach to patient management, by being able to: <ul style="list-style-type: none"> – Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background – Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination in respect of age, gender, race, culture, disability, spirituality, religion and sexuality. • Careful consideration is given to the social and cultural context of women’s healthcare by: <ul style="list-style-type: none"> – Using a vocabulary that dignifies women in a courteous, sensitive and helpful manner – Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background – Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and well-being of women. • Commitment to the best interests of the patient and the profession and act as health advocate for the patient, shown by: <ul style="list-style-type: none"> – Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs – Recognising and respecting cultural diversity and promoting cross cultural understanding
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- Identifying the important determinants of health and well-being of women and the fetus.

Cultural competency/safety in the training programme

All FRANZCOG Trainees are required to complete a cultural competency module by the end of their second year in training.

In 2016, the Aboriginal and Torres Strait Islander Women's Health Committee developed and released a new Cultural Competency Online Learning Module. The module is an interactive resource aimed at health professionals from a variety of backgrounds, to enhance their cultural competency and knowledge of key issues related to Aboriginal and Torres Strait Islander women's health care. The module comprises four professionally produced video scenarios which cover Obstetrics and Gynaecology issues in remote, rural and urban settings. The module is available on the College's eLearning platform CLIMATE.

In New Zealand all FRANZCOG Trainees are required to complete the cultural competence module 'Application of the Hui Process/Meihana Model to Clinical Practice' This is a comprehensive online and kanohi ki te kanohi workshop course, which has been developed for RANZCOG and is facilitated by the Māori Indigenous Health Institute (MIHI), Otago University, Christchurch. RANZCOG also encourages all Fellows and SIMGs to complete the course, particularly training supervisors.

Scholarships

With the support of Commonwealth funding, through the Specialist Training Program (STP) project, the College has established an Aboriginal and Torres Strait Islander Scholarship to support a commencing Indigenous Trainee, who is identified as a potential high achiever, and who has experienced financial hardship, and/or education disadvantage that has impacted on their ability to complete their training, with priority given to students commencing second year of training and whom have not completed their written or clinical examinations.

Focusing on Aboriginal and Torres Strait Islander women's health

Aboriginal and Torres Strait Islander Women's Health Meeting: From 2018 this meeting was integrated as a permanent stream at College ASMs. Taking an integrated approach to Indigenous Women's Health, by including an Indigenous Women's Health stream or pre-conference workshops, at a forum like the RANZCOG ASM, aimed to increase the visibility of Indigenous health issues amongst RANZCOG members.

Acknowledging Aboriginal and Torres Strait Islander Trainees at RANZCOG graduation ceremony: One of the actions in the College's Reconciliation Action Plan is to acknowledge Aboriginal and Torres Strait Islander Trainees at the RANZCOG graduation ceremony. The College commissioned an Aboriginal artist to create artwork which was incorporated into a stole to be worn by Aboriginal and Torres Strait Islander Fellows at their elevation ceremony. The stole was worn for the first time at the opening ceremony of the RANZCOG ASM in October 2017.

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	<p>Reconciliation Action Plan (RAP): RANZCOG developed its first RAP in 2013, with the aims of translating the College's good intentions into actions, by setting measurable and, most importantly, achievable goals and responsibilities. The second RANZCOG Innovate RAP was launched in September 2018 at the RANZCOG ASM. This document can be found at: https://www.ranzcog.edu.au/Womens-Health/Aboriginal-and-Torres-Strait-Islander-Women-s-Health/Reconciliation-Action-Plan</p> <p>The Aboriginal and Torres Strait Islander Women's Health Committee (WHC) was established in July 2009, as a Committee which submits recommendations and reports directly to the RANZCOG Council and Board.</p> <p>The Aboriginal and Torres Strait Islander WHC:</p> <ul style="list-style-type: none">• Acts as an advocate for, and provides advice to, the RANZCOG Council with regard to matters relating to the health and welfare of Aboriginal and Torres Strait Islander women• Promotes and facilitates culturally acceptable and ethical research in Aboriginal and Torres Strait Islander women's health• Supports and develops educational programs and resources for health professionals in Aboriginal and Torres Strait Islander women's health• Provides information for RANZCOG constituents on matters relating to Aboriginal and Torres Strait Islander women's health• Facilitates educational opportunities for RANZCOG Fellows and members as it relates to their care of Aboriginal and Torres Strait Islander women in both remote and urban areas in Australia• Liaises with other medical colleges, societies and professional bodies in matters of common interest in Aboriginal and Torres Strait Islander women's health• Is exploring the feasibility of developing a Postgraduate Aboriginal and Torres Strait Islander Women's Health Certificate for RANZCOG Trainees• Through RANZCOG, has partnered with an Employee Assistance Program (EAP) provider to make an EAP service available to all RANZCOG Trainees. Trainees who contact the EAP and identify as Aboriginal and Torres Strait Islander will be transferred to a dedicated Aboriginal and Torres Strait Islander Peoples Helpline. <p>Focusing on Māori women's health</p> <p>Te Kāhui Oranga ō Nuku has a significant focus on equity of health outcomes and the subcommittee, He Hono Wāhine, focusses specifically on providing advice and advocating for the health and welfare of Māori women.</p> <p>Functions and responsibilities of He Hono Wāhine include:</p> <ul style="list-style-type: none">• Providing advice to the Te Kāhui Oranga ō Nuku, New Zealand Training and Accreditation Committee, the Women's Health Committee, the Aboriginal and Torres Strait Islanders' Women's Health Committee, the Board and Council with regard to matters relating to the health and welfare of Māori women• Advocating within New Zealand for the health needs of Māori women• Supporting and developing educational programs, assessment processes and resources for health professionals in Māori women's health
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- Facilitating and supporting the provision of the mandated Māori cultural competence in the RANZCOG training program
- Facilitating and encouraging Fellows, members and Trainees to attend appropriate Māori medical events, such as the Te ORA conference
- Promoting and, where possible, providing Māori cultural competence training sessions for Fellows, members and Trainees
- Facilitating a network of RANZCOG Fellows, members and Trainees interested in contributing to Māori women's health initiatives
- Facilitating access to and support a mentoring program for Māori trainees and Fellows
- Promoting, supporting and where possible, providing financial support for research and other scholarships for Māori Trainees
- Promoting and facilitating closer relationships with organisations such as Te ORA, Nga Maia Māori Midwives Aotearoa and other colleges and institutions e.g. Medical Council New Zealand (MCNZ) and District Health Boards (DHBs)
- Supporting culturally acceptable and ethical research in Māori women's health
- Facilitating educational opportunities for RANZCOG Fellows, members and Trainees relating to their care of Māori women in New Zealand.

Continuous Professional Development (CPD)

RANZCOG is investigating Continuing Professional Development (CPD) activities/modules for Fellows, Trainees and Diplomates in relation to cultural competency, Aboriginal and Torres Strait Islander health, Māori health and cultural safety.

In New Zealand, all Fellows are encouraged to complete the cultural competence course 'Application of the Hui Process/Meihana Model to Clinical Practice' facilitated by MIHI. All Fellows and Trainees are invited to attend the annual Marae Hui organised by He Hono Wāhine. ASM delegations are encouraged to attend the annual Marae visit and cultural education organised as part of the event.

Membership engagement

- RANZCOG is investigating ways to promote cultural competence training to College Members, including awareness of the College's 'Cultural Competency' Statement and offering workshops as part of the ASM
- The College Women's Health Committee (WHC) and Aboriginal and Torres Strait Islander WHC have taken into consideration developing joint Statement on 'Cultural Awareness/Safety training' and engaging external Aboriginal and Torres Strait Islander experts and organisations
- RANZCOG has a Cultural Safety workshop held at its Australian ASMs and a Marae visit including cultural education, is offered as part of the New Zealand ASM
- RANZCOG has a Cultural Competency (WPI 20) statement
- RANZCOG has implemented a triennial Aboriginal and Torres Strait Islander Women's Health Meeting for Aboriginal and Torres Strait Islander health workers, nurses, midwives, obstetricians & gynaecologists, and general practitioners, working within Aboriginal and Torres Strait Islander communities, to share the latest knowledge and best practice in obstetric and gynaecological issues specific to Aboriginal and Torres

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	<p>Strait Islander women. This has been under review and has been agreed to be incorporated more frequently into each ASM, to be delivered in conjunction with AIDA</p> <ul style="list-style-type: none"> • National Reconciliation Week (NRW) resources are promoted through the College's communication channels including the COG (intranet), Collegiate (external e-publication), RANZCOG website and social media platforms, and <i>O&G Magazine</i> • Aboriginal and Torres Strait Islander Trainees are invited to share their reconciliation experiences or stories and publish the story on the RANZCOG website Aboriginal Health page and/or <i>O&G Magazine</i> • The College recognises and communicates dates of significance for Aboriginal and Torres Strait Islanders, including: <ul style="list-style-type: none"> – Close the Gap day – National Sorry Day – National Reconciliation Week – National Aborigines and Islanders Day Observance Committee (NAIDOC) Week • In New Zealand ,RANZCOG aims to incorporate te reo and te ao Māori into its normal practices. For example: <ul style="list-style-type: none"> – Use of te reo Māori salutations – Mihi and karakia at meetings – Te reo Māori names for committees for example renaming the New Zealand Committee to Te Kāhui Oranga o Nuku. – Use of commonly understood te reo Māori words in communications and documents <p>Internal initiatives</p> <ul style="list-style-type: none"> • RANZCOG offers staff Aboriginal and Torres Strait Islander cultural awareness training. The program has previously defined cultural learning needs of RANZCOG employees and considered various ways of delivering cultural learning • Investigation is being undertaken into providing opportunities to work with local Aboriginal and Torres Strait Islander consultants and/or Traditional Owners to develop the cultural awareness-training program • RANZCOG People and Culture policies and procedures are under review to ensure there are no barriers to staff participating in NAIDOC Week • RANZCOG organises an annual internal event to acknowledge and celebrate National Reconciliation Week (NRW). This event is registered through the Australian NRW website • Opportunities will be provided for staff to participate in cultural awareness/safety training • Reconciliation Australia's 'Share Our Pride' online tool and resources are to be promoted to all staff (www.shareourpride.org.au)
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	<ul style="list-style-type: none"> Every year a local Aboriginal Elder and/or Community Leader is invited to present at RANZCOG College House on Aboriginal and Torres Strait Islander culture and history. <p>New Zealand staff are encouraged to participate in cultural education, learning te reo Māori, and are also encouraged to attend the Marae visits, Marae Hui and cultural competence training available to members.</p>
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.
	<p>The College is proactive in communicating with key internal and external stakeholders, including representatives from states and regions, the College membership, government bodies, consulting with expert groups and the community.</p> <p>Refer to Appendix II for lists of representatives(s) and interaction with external organisations for the reporting period 2018–2019.</p> <p>RANZCOG also has Trainee representatives and community representative on a number of committees; refer to Standard 1.</p> <p>RANZCOG publishes an Activities Report annually, which is available to the community on the RANZCOG website.</p>
2.2	Educational Purpose
2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
	<p>Each training program has documented outcomes.</p> <p>Each of the RANZCOG training programs has a detailed curriculum. All curricula are available on the RANZCOG website:</p> <ul style="list-style-type: none"> FRANZCOG CWH, DRANZCOG, and DRANZCOG Advanced Subspecialties <p>The College is currently undergoing a full review of all training program curricula. Refer to Standard 3 for details.</p>
	<p>The FRANZCOG Training handbook and the FRANZCOG Attribute of a Trainee on Completion of Core Training (C-Gen-20) documents outline the Competency Levels required across the three domains (Clinical Expertise, Academic Abilities and Professional</p>

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	<p>Qualities) that are required for satisfactory completion of Basic (Core) and Advanced Training.</p> <p>Attributes of a Trainee at the satisfactory completion of Basic (Core) and Advanced FRANZCOG Training The attributes are progressively acquired during the FRANZCOG Training Program as the Trainee becomes more confident and competent and progresses from “novice” to “proficient” across and within the three domains considered essential for effective practice. During Advanced Training, Trainees have the opportunity to build on core competencies already achieved and develop the higher-level skills in their areas of special interest that will enable the transition to Consultant.</p>
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Table 2.1 Attributes of a Trainee at the satisfactory completion of Basic (Core) and Advanced FRANZCOG training

Competency	Satisfactory Completion of Basic (Core) Training	Satisfactory Completion of FRANZCOG Training
Clinical Expertise		
Management of medical and clinical conditions	Manages with supervision across all common, generalist and a range of special interest scopes of practice.	Manages independently across common and selected scope of practice.
Proficiently perform surgical and procedural skills	Independently performs specified core skills and more complex procedures with supervision; anticipates when they may need assistance.	Independently performs common specified advanced skills and those within selected scope of practice and expertise. Recognises limits of practice and seeks assistance from specialist colleagues when the situation is complex.
Effective clinical communication	Establishes effective communication with women and their support group and establishes effective professional relationships with medical and allied health professional colleagues.	Recognises and repairs communication errors quickly and adapts style appropriately and sensitively to ensure effective communication with patients, support groups, colleagues.

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Academic Abilities		
An understanding of the reproductive anatomy, physiology and pathology relevant to women's health	Has a detailed knowledge of common conditions and core procedures and is able to provide a clinical assessment and management options for patients with common or unusual presentations.	Has extensive breadth and depth of knowledge of the majority of conditions encountered in their chosen scope of practice and can instigate a safe and effective approach to manage problems not previously encountered.
Development of cognitive skills particularly in the area of clinical problem solving	Applies effective clinical reasoning to identify, prioritise and provide appropriate routine and cost-effective treatment; recognises clinical scenarios that are complex and unusual and seeks advice.	Applies advanced level clinical reasoning and judgment; can manage complexity and uncertainty and devise options and adapt management plans.
Self-learning in obstetrics and gynaecology and other relevant areas of medical practice	Actively seeks information to enhance knowledge outlined in the curriculum; identifies what they need to learn and seeks information relevant to their gaps.	Actively seeks information to enhance the breadth and depth of their knowledge; identifies own learning needs and resources; recognises and seeks learning opportunities.
Research abilities, especially in a clinical context	Undertakes a research study or presentation; develops a hypothesis, conducts a literature search, chooses an appropriate methodology and collects, collates and interprets data.	Critically appraises a paper, tests ideas gained from the literature with senior colleagues, undertakes a clinical review and initiates one's own research.
Teaching others	Teaches at undergraduate level and provides guidance, advice and feedback to junior staff.	Teaches at undergraduate & postgraduate levels; provides guidance, advice and feedback; and conducts assessments of procedural and surgical skills of junior registrars.
Principles and practice of evidence-based medicine	Demonstrates an understanding of the principles of evidence-based medicine and ability to critically appraise sources.	Demonstrates understanding and application of evidence-based medicine including the development

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		towards new knowledge and practices.
Competency	Satisfactory Completion of Basic (Core) Training	Satisfactory Completion of FRANZCOG Training
Professional		
Clinical leadership and management responsibilities	Demonstrates leadership and management responsibilities under consultant oversight. Practices efficient administrative and time management skills. Assists others to observe guidelines and protocols.	Effectively manages resources, clinical teams, resolves conflicts, prepares rosters, sets priorities and appraises work practices within the unit. Develops guidelines, protocols and checklists where appropriate.
Commitment to practice review and clinical audit	Audits own performance and participates in clinical governance, root cause(s) analysis and other methods to review incidents, errors and adverse events.	Leads root cause(s) analysis and other methods to review incidents, errors and adverse events. Participates in clinical governance and takes responsibility to implement change to reduce risk.
An ability to work collaboratively with effective intra and inter-professional communication team skills	Develops positive relationships with all team members; seeks opinions of colleagues, nursing and ancillary staff.	Establishes professional relationships with all healthcare team members, contributes to interdisciplinary team activities and provides appropriate feedback to others.
Ethical attitudes and conduct	Personally exhibits honesty, integrity, respect and compassion, patient confidentiality and maintenance of professional boundaries.	Acts as a role model for others in demonstrating ethical attitudes and conduct and encouraging peers to practice medicine consistent with the obligations involved in a self-regulating profession.
Health advocacy	Practices health advocacy at the patient and institutional level; uses time and available resources to advise, adapt and balance patient care.	Acts as a health advocate to improve health outcomes within the broader community, cognisant of the relevant health, social, cultural and economic needs.

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Engagement with professional bodies relevant to the clinical practice of O&G	Engages with RANZCOG activities & other relevant professional bodies.	Engages with RANZCOG committees, events, meetings and activities and other key professional bodies relevant to scope of practice.
Legal and regulatory obligations	Practices professionally within legal and regulatory frameworks.	Practices independently within professional, legal and regulatory frameworks.
Health and Fitness to Practice	Manages own health and fitness to practice responsibly.	Considers the health and safety needs of colleagues and responds when appropriate to ensure optimal level of performance.

Standard 2 continued

2.2 Educational Purpose continued

2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

The training program outcomes are being monitored through RANZCOG education committees (Education Strategy Committee, Education and Assessment Committee, and Training Accreditation Committee). Ongoing review and updates to the training requirements by these committees ensures that outcomes reflect the role of the specialist in the delivery of health care.

Additionally, an expert advisory panel has been convened to evaluate the RANZCOG Curricula. This panel includes participants that represent the entire College and medical specialty. The group is responsible for reviewing the curricula using evidence-based education methodology and will report their findings to the RANZCOG Board in Mid-2019.

The expert advisory panel established for phase one of the project to consider high level design principals has involved RANZCOG Fellows (Provincial, New Zealand, New Fellow, Subspecialty representation) as well as RANZCOG Diplomate and Trainee representatives. During the next phase of the curriculum review broad consultation will be undertaken with various stakeholders including women, hospitals and key bodies e.g. midwives, other Specialist Medical Colleges, Fellows, Trainees. In phase two the expert advisory group will work towards developing a curriculum that continues to meet community needs into the future.

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2.3	Graduate Outcomes
2.3.1	<p>The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.</p>
	<p>The College specialist training programs continue to have documented and defined curricula, which articulate training objectives and graduate outcomes expected at the completion of training. Training surveys include questions relating to the graduate outcomes.</p> <p>The individual training programs are based on the nature of the discipline and the specialist's role in the delivery of women's health care. All defined outcomes are published on the College website and are accessible by Trainees, supervisors and the public.</p> <p>Additionally, an expert advisory panel has been convened to evaluate the RANZCOG curricula including the graduate outcomes. This panel includes participants that represent the entire College and medical specialty. The group is responsible for reviewing the curricula using evidence-based education methodology and will report their findings to the RANZCOG Board in Mid-2019.</p> <p>The Attributes of a Fellow (C-Gen19) statement (also available on the RANZCOG website) describes the attributes that define a Fellow at the end of specialty training. This document is under review as part of the curriculum review project.</p> <p>Considerations in defining the attributes of a Fellow</p> <p>The attributes of a Fellow are driven by the following societal (including workforce) considerations:</p> <ul style="list-style-type: none"> • A Fellow of the College is a medical practitioner specialising in O&G with a set of professional attributes appropriate to managing the specialist women's health needs of women in Australia and New Zealand, including Aboriginal and Torres' Strait Islander women, Māori women, and those from other cultural and linguistically diverse (CALD) groups residing in different communities • A Fellow of the College is recognised by the health system to be able to function as the tertiary end point for the management of both common and complex women's health problems in O&G • A Fellow of the College has well developed attributes in those areas of practice that are common or critical in importance. This objective has long been aided by the fact that those areas of high demand for specialist O&G services are those most readily available for experiential learning • Clinical practice for a Fellow of the College involves informed and effective partnerships with their patient, support group, specialist colleagues and other health care professionals.

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There are other workforce needs in specialist O&G practice that require additional knowledge, skills and attitudes in some, but not all, Fellows. The College has a role in defining these areas of practice and ensuring that the workforce needs of Australia and New Zealand are met, recognising that for some areas of practice, further training post-Fellowship may be necessary.

Attributes of a Fellow

The attributes are progressively acquired during FRANZCOG training as the Trainee becomes more confident and competent and progresses from 'novice' to 'proficient'. To practice effectively, competency is required in the three overlapping but equally important domains that underpin the practice of a specialist obstetrician and gynaecologist.

Clinical expertise involving:

- Independent management of the medical and clinical conditions within both the common and selected scope of practice
- Competency in surgical and procedural skills
- Effective clinical communication with women, their partners and families and in professional relationships with medical, midwifery, nursing and other healthcare colleagues.

Academic abilities comprising:

- An understanding of reproductive physiology and pathology and available assessment and management options in order to provide safe and effective care
- Cognitive skills particularly in the area of clinical problem solving
- Self-learning in O&G and other relevant areas of medical practice
- Research abilities, especially in a clinical context
- The capacity to teach at both undergraduate and postgraduate level
- An understanding of the principles and practice of evidence-based medicine.

Professional qualities encapsulating:

- Clinical leadership and management responsibilities
- Commitment to practice review and audit development and maintenance of RANZCOG CPD program
- An ability to work collaboratively with other health care providers with effective intra and inter-professional communication team skills
- Ethical attitudes and conduct including honesty, integrity, respect and compassion, patient confidentiality and maintenance of professional boundaries
- Health advocacy at both patient and institutional level
- Engagement with colleges and other professional bodies relevant to the clinical practice of O&G
- Recognition of obligations to courts, other legislative and regulatory bodies, and notification, when required
- Responsibility for one's health and fitness to practise.

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	The progress of Trainees from novice to expert in the FRANZCOG training program is outlined in the Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training document (C-Gen 20) document.
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Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Standard 3: The Specialist Medical Training and Education Framework

Previously Met	
3.1	Curriculum Framework
3.1.1	<p>For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.</p>
	<p>RANZCOG has a curriculum and handbook for each of its training programs. All curricula are available on the RANZCOG website:</p> <ul style="list-style-type: none">• FRANZCOG• CWH, DRANZCOG, and DRANZCOG Advanced• Subspecialties <p>The FRANZCOG curriculum is arranged around three key domains of specialist practice. These are:</p> <ul style="list-style-type: none">• Clinical Expertise (CE): combining medical expertise and effective communication• Academic Abilities (AA): comprising self-learning and research abilities and the capacity to teach• Professional Qualities (PQ): encapsulating management responsibilities, practice review and development team work, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy <p>The curriculum then breaks down each domain into a series of competencies and related learning outcomes and curriculum topics that relate back to the domains.</p> <p>RANZCOG is currently undertaking a review of all Training Program curricula which will ensure that they remain fit for purpose and have graduate outcomes that will provide skills, knowledge and attributes appropriate for O&G specialists into the future. Consultation with both internal and external stakeholders will form part of this review process.</p>

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3.2	The Content of the Curriculum
3.2.1	<p>The curriculum content aligns with all of the specialist medical program and graduate outcomes.</p>
	<p>All curricula have graduate outcomes specific to the relevant training program. Each curriculum is presented as a framework of characteristics and competencies expected of a graduate, designed to guide and support the training of specialists in obstetrics and gynaecology in Australia and New Zealand. Each element of the framework is clearly aligned and linked to outcomes.</p> <p>The Attributes of a RANZCOG Fellow (C-Gen 19) defines the attributes of a RANZCOG Fellow at completion of training. The attributes are built on the foundation of the RANZCOG domains of clinical expertise, academic abilities and professional qualities. The curriculum structure is also built on these three domains, to deliver a performance profile of a medical practitioner providing women's health care.</p> <p>The Curriculum review will focus on ensuring the training program curricula and structure will meet the future requirements of the profession.</p> <p>The RANZCOG Curriculum Review project will explore increasing vertical alignment of the RANZCOG domains across the FRANZCOG and the subspecialty curricula.</p>
3.2.2	<p>The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.</p>
	<p>The curriculum enables Trainees to function within their profession as learners and researchers, seeking further understanding in their discipline and its practice through the systematic collection, interpretation and reporting of data. The curriculum is designed to promote ongoing and develop an appreciation of the importance of scientific research and participation in clinical research.</p> <p>Section A of the FRANZCOG curriculum outlines core scientific and medical knowledge:</p> <ul style="list-style-type: none"> A.1 Epidemiology and Research Methods A.2 Anatomy A.3 Placental Fetal and Early Neonatal Physiology A.4 Reproductive Physiology and Endocrinology A.5 Genetics A.6 Pharmacology and Therapeutics A.7 Clinical Imaging A.8 Pathology and Haematology A.9 Microbiology

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A.10 Immunology

A.11 Medical and Surgical Conditions in Pregnancy.

Each high-level topic in section A contains a number of sub-topics that detail the specific knowledge content for that curriculum area.

Section A.1 include the learning outcome *Understand the principles and practice of evidence-based medicine and research in a clinical setting (AA 3.2.1.5), including:*

- *application of appropriate qualitative and quantitative research tools and methods; and*
- *contributions to the development of new knowledge, understanding and practices.*

Section B (Clinical Knowledge and Management Skills) of the FRANZCOG curriculum identifies a number of areas where evidence-based medicine is a foundation requirement in the practice of obstetrics and gynaecology.

FRANZCOG Trainees are required to undertake research. All Trainees entering the FRANZCOG training program from 1 December 2017 are required to meet their research requirements based on the new Points-based Research Study model and must accrue four research points by the end of 52 weeks FTE of time in training in the Advanced Training component of the FRANZCOG Training Program.

Trainees commencing before 1 December 2017 may opt in to the Points-based model.

The Points-based Research Study information is available on the [RANZCOG website](#).

RANZCOG offers a research skills workshop to support Trainees undertaking research and also has online modules available to all Trainees. All subspecialty Trainees are required to complete a research project.

<p>3.2.3</p>	<p>The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.</p>
	<p>The current RANZCOG curricula present a professional profile to guide the practice of obstetricians and gynaecologists throughout their careers. The curriculum design and timeline of activities and competencies is based on establishing, demonstrating and mastering communication, clinical, diagnostic, management and procedural skills to enable safe patient care. The profile is comprised of three overlapping domains.</p> <div data-bbox="657 703 1027 1048"> </div> <p>Figure 2.1 Professional profile of medical practitioner providing women's healthcare</p> <p>There are opportunities with this model as many smaller components make up each of the three domains. While mapping of the curriculum domains, competencies and topics to assessments exists this will be further enhanced in the revised curriculum.</p> <p>Assessment of competencies is structured to reflect the pathway of learning required throughout training. Competency is achieved through an incremental process of learning and development, so the Curriculum indicates ways in which learning might be promoted in the key areas of Clinical Expertise, Academic Abilities and Professional Qualities. Consultants who supervise the training of future medical specialists are crucial to this process, in guiding day- to-day learning and ensuring robust growth of the profession. The 3-monthly formative appraisal and 6-monthly summative assessments are structured on the three domains.</p> <p>The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program (also available on the RANZCOG website) lists a number of standards that require training hospitals to provide Trainees access to procedures to promote skill development. These include:</p> <ul style="list-style-type: none"> 4.1.6 FRANZCOG Trainees and Non-FRANZCOG Trainees FRANZCOG Trainees have priority access to O&G theatre lists over other junior medical staff who are not FRANZCOG Trainees. This priority is reflected in the roster and position descriptions of FRANZCOG Trainees.

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	<ul style="list-style-type: none"> 4.1.7 Primary Operator Experience FRANZCOG Trainees are given maximum opportunities and experience by consultants as the primary operator having regard to year level and abilities. FRANZCOG Trainees are given opportunities to utilise training in expanded settings (e.g. private).
3.2.4	<p>The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations and demonstrates recognition of the shared role of the patient/carers in clinical decision-making.</p>
	<p>A key learning outcome in Section C (Contextual Knowledge) of the curriculum is for Trainees to practise a multi-dimensional approach to patient management. This requires Trainees to customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.</p> <p>The curriculum identifies the knowledge, skills and attributes considered essential for practising as a specialist obstetrician and gynaecologist. The curriculum encompasses topics including developing effective partnerships with a patient and her support group and that effective communication with a patient and her support group can enhance the therapeutic relationship as well as influence the manifestations and outcome of her healthcare situation.</p> <p>The FRANZCOG curriculum include the following patient-centred and goal-oriented care areas:</p> <p>Academic Abilities: effective teaching is central to ensuring the strength of the future profession and equipping patients, specialist colleagues and other healthcare professionals with knowledge and skills.</p> <p>Clinical Expertise: effective partnerships with a patient and her support group, specialist colleagues and other healthcare professionals recognise that effective communication with a patient and her support group can enhance the therapeutic relationship as well as influence the manifestations and outcome of her healthcare situation.</p> <p>Professional Qualities: a commitment to what is best for the patient, and health advocacy.</p>
3.2.5	<p>The curriculum prepares specialists for their ongoing roles as professionals and leaders.</p>
	<p>The Professional Qualities domain encapsulates management responsibilities, practice review and development teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.</p>

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	<p>This domain identifies the following competency areas (FRANZCOG curriculum pages 12-13):</p> <p>3.3.1 Provide effective team management and leadership in the workplace 3.3.2 Conduct effective reviews of professional practice 3.3.3 Solicit and accept constructive feedback on practice 3.3.4 Exhibit ethical attitudes and conduct 3.3.5 Show commitment to the best interests of the patient and the profession.</p> <p>Each of these is further broken down into elements of competency.</p> <p>Hospital Accreditation</p> <p>Training sites are required to provide opportunities for Trainees to participate in Hospital Governance. Standard 5.1.4 of RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program outlines governance participation (also available on the RANZCOG website):</p> <p>5.1.4 Governance Participation</p> <p>Trainees are given opportunities to participate in hospital committees such as OH&S, Clinical Audit, Mortality and Morbidity, Quality Assurance and Clinical Governance.</p>
3.2.6	<p>The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.</p>
	<p>The curriculum outlines the learning outcomes in the Women's Health and Cultural Issues section (page 66) for a Trainee to practise a multi-dimensional approach to patient management, by being able to contribute to the effectiveness and efficiency of the health care system across a range of health settings within the Australian and/or New Zealand health systems.</p> <p>In section C.4 Management and Professional Skills (page 71) the FRANZCOG curriculum includes the following learning outcomes:</p> <p>Review of professional practice (PQ 3.3.2)</p> <ul style="list-style-type: none"> • Understand the principles, and participate in the practice of, clinical governance • Actively engage in practise of risk management/ minimisation by addressing and advocating safety and quality in healthcare practices. <p>Demonstrate commitment to the best interests of the patient and the profession by (PQ 3.3.5.1)</p>

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	<ul style="list-style-type: none"> • Acting as health advocate for the patient • Allocating finite health resources prudently • Using time and resources to balance patient care, learning needs and lifestyle. <p>Contributing to the health of women and the fetus and development of the profession of Obstetrics and Gynaecology by (PQ 3.3.5.2)</p> <ul style="list-style-type: none"> • Being an effective College member and contributor and recognise the need to ‘give back’ to the profession • Advocating for appropriate resourcing of healthcare for women • Influencing development of public policy that affects women’s health. <p>The three-monthly formative appraisal includes a section for feedback on how the Trainee is progressing in development of skills in the following areas, which are related to this standard:</p> <ul style="list-style-type: none"> • Access, interpret and apply knowledge to make accurate diagnoses • Apply effective clinical reasoning • Provide effective and ethical diagnostic, therapeutic and surgical management • Consider cost-effectiveness in clinical decision-making • Use agreed clinical protocols and procedures. <p>The six-monthly summative assessment also includes the following competencies:</p> <ul style="list-style-type: none"> • Access, interpret and apply knowledge to make accurate diagnoses • Apply effective clinical reasoning • Provide effective and ethical diagnostic, therapeutic and surgical management • Consider cost-effectiveness in clinical decision-making • Use agreed clinical protocols and procedures. <p>Trainees are assessed as being below, at or above expectation for the current year level.</p>
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, Trainees, and other health professionals.
	<p>Curriculum</p> <p>The FRANZCOG curriculum is designed as an enhanced apprenticeship model that supports Trainees and training supervisors. The competency ‘Teach and Communicate’ prepares Trainees for the role of teacher in delivering the apprenticeship model. The curriculum includes the following competencies in the Academic Abilities domain:</p> <p>3.2.1 Learning independently</p> <p>3.2.2 Teach and communicate effectively.</p> <p>Advanced Trainees can supervise and complete assessments for Basic (Core) Trainees undertaking procedures that need to be completed by the end of Year 1 and 2, i.e.</p>

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Assessments of Procedural and Surgical Skills (APSS). Advanced Trainees are supported to develop and consolidate their teaching and supervision skills through completion of the Clinical Educator Training (CET) online modules. The CET modules cover a range of topics relevant to teaching, supervising and mentoring, including the principles of workplace-based training and assessment, effective communication, different teaching and learning styles, effective teaching practice, performance appraisal and how to conduct meaningful assessments to provide useful feedback. Advanced Trainees can also attend Training Supervisor Workshops.

Hospital Accreditation

The Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document (also available on the [FRANZCOG website](#)) stipulates:

5.2.1 Protected Training/Teaching Time

Trainee timetables include protected teaching time to attend and/or conduct educational sessions. Arrangements are in place to ensure that Basic (Core) Trainees can attend educational sessions. This may include designation of consultants, advanced Trainees or non-27 Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program FRANZCOG Trainees to hold the Basic (Core) Trainees' pagers and cover the birthing suite or the clinics at these times. Trainees should be receiving at least four hours of paid training/teaching time per week.

5.7.1 Teaching Residents and Medical Students

Advanced Trainees are rostered onto the tutorial program for Basic (Core) Trainees, prevocational Trainees and/or medical students and regularly give tutorials. Trainees are involved in one-on-one teaching with residents on the ward and in theatre where such an arrangement is feasible and appropriate.

Assessment

The three-monthly formative appraisal includes a section for feedback on how the Trainee is progressing in development of skills in the following areas which are related to this standard.

The Trainee must demonstrate teaching at both undergraduate and postgraduate level, with the ability to:

- apply apprenticeship learning principles provide guidance, advice and feedback to junior staff
- seek opportunities to teach in clinical situations tailor learning experiences to address own and other's knowledge deficiencies and learning needs.

The six-monthly summative assessment includes the following competencies, with Trainees assessed as being below, at or above expectation for the current year level.

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	<p>The Trainee must demonstrate teaching at both undergraduate and postgraduate level, with the ability to:</p> <ul style="list-style-type: none">• apply apprenticeship learning principles provide guidance, advice and feedback to junior staff• seek opportunities to teach in clinical situations tailor learning experiences to address own and other's knowledge deficiencies and learning needs. <p>Training Requirements</p> <p>Advanced Trainees are required to complete the RANZCOG Clinical Educator Training online modules. This module contains eight units. The unit topics are:</p> <ul style="list-style-type: none">• Adult learning theory• Teaching and learning styles• Teaching methods and strategies• The learning environment• Communication• Evaluation, appraisal and assessment• Documentation• Barriers to learning. <p>Training Supervisor Workshop</p> <p>The Training Supervisor Workshop is also open to advanced Trainees (as well as supervisors) to assist in preparing them for their future role as supervisors. The workshop is evidenced-based and facilitated by experienced supervisors of health professionals who are qualified in medical education. The workshop includes:</p> <ul style="list-style-type: none">• A discussion about the supervisory relationship.• The RANZCOG training program- requirements and assessments.• Curriculum updates• The underperforming Trainee• Trainee wellbeing• Giving feedback. <p>Scenarios are used in the workshop to provide participants with the opportunity to develop management plans and strategies on how to manage different types of Trainees.</p> <p>Training sites are required to provide opportunities for Trainees to participate in Hospital Governance; see RANZCOG Accreditation Standards and Guidelines for Hospitals in the RANZCOG Training Program (also available on the RANZCOG website).</p> <p>Mentoring Module</p> <p>RANZCOG is developing a mentoring program that will include online learning modules. The mentoring framework is also in development.</p>
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3.2.8	<p>The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all Trainees are research literate. The program encourages Trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.</p>
	<p>The curriculum, while based on an apprenticeship model, is enhanced with other structural educational opportunities including accessing scientific knowledge, scientific databases, journals and research for application in complex professional settings. All Trainees are required to choose an appropriate research methodology and design a research study or demonstrate they have completed relevant research in the past. Trainees may also choose to take extended leave to enter a research training program and there is an Academic Pathway to Fellowship for Trainees wanting to focus their obstetrics and gynaecology career in research.</p> <p>All Trainees entering the FRANZCOG training program from 1 December 2017 are required to meet their research requirements based on the new Points-based Research Study model and must accrue four research points by the end of 52 weeks FTE of time in training in the Advanced Training component of the FRANZCOG Training Program.</p> <p>The following table contains the Research Assessment Subcommittee's list of approved research activities and their relevant points.</p>

Table 3.1 List of approved research activities and points

Research Activity	Points
Attendance and contribution at a RANZCOG Research Skills Workshop or equivalent	1 point
Poster presentation of an Obstetrics/Gynaecology Research Study at a RANZCOG RSM, or at a national/international medical conference ³ (must be first author)	2 points
Oral presentation of an Obstetrics/Gynaecology Research Study at a RANZCOG RSM, or at a national/international medical conference ³ (must be first author)	2 points
Higher degree: Masters (any discipline), must be by research Can be obtained prior to entering the RANZCOG training program	2 points
Higher degree: PhD (any discipline) Can be obtained prior to entering the RANZCOG training program	3 points

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Publication, during training, of an Obstetrics/Gynaecology research paper in a peer reviewed medical journal (PubMed) – (eg. journal article, Cochrane systematic review, systematic literature review) (must be first author)	3 points
Higher degree: PhD (must be in the Obstetrics/Gynaecology field)	4 points

3.2 The Content of the Curriculum	
3.2.9	<p>The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).</p> <p>As of 1 December 2018, all Trainee commencing in the FRANZCOG Training Program are required to undertake training in cultural competency.</p> <p>The NZ Training and Accreditation Committee of RANZCOG (NZTAC) has worked with the Māori/Indigenous Health Institute (MIHI) at the University of Otago to develop a comprehensive post-graduate course, ‘Application of the Hui Process/Meihana Model to Clinical Practice’. All New Zealand Trainees must complete this course. Australian Trainees must complete the relevant CLIMATE modules: Aboriginal and Torres Strait Islander Women’s Health and Cultural Competency, and Intercultural Competency.</p> <p>The FRANZCOG curriculum also addresses Women’s health and cultural issues in section C.1.</p> <p>Learning Outcomes</p> <p>Practise a multi-dimensional approach to patient management, by being able to (PQ 3.3.5.1):</p> <ul style="list-style-type: none"> • Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background • Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination in respect of age, gender, race, culture, disability, spirituality, religion and sexuality. <p>Carefully consider the social and cultural context of women’s healthcare by (CE 3.1.4.3):</p> <ul style="list-style-type: none"> • Using a vocabulary that dignifies women in a courteous, sensitive and helpful manner

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	<ul style="list-style-type: none"> • Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background • Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and well-being of women. <p>Show commitment to the best interests of the patient and the profession and act as health advocate for the patient, by (PQ 3.3.5.1):</p> <ul style="list-style-type: none"> • Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs • Recognising and respecting cultural diversity and promoting cross cultural understanding • Identifying the important determinants of health and well-being of women and the fetus. <p>The Knowledge content includes being able to:</p> <ul style="list-style-type: none"> • Identify major social and psychological issues that impact on the health of individual women and on women's health in general; for example, poverty, drug use, unplanned pregnancy, adolescent pregnancy, sexual abuse and violence against women. Consider current strategies for addressing these issues and consider potential new initiatives • Understand the major objections and complaints that women make about the delivery of obstetric and gynaecological services. Consider and develop means of addressing these objections and complaints, for example, the importance of an apology when a patient has been inconvenienced or where her treatment has proved to be suboptimal. Understand the variety of perspectives that health professionals, women and women's advocate groups have on health and disease, particularly with regard to pregnancy and how these affect their choice of healthcare and their decision making. Endeavour to sympathetically accommodate those views where possible when planning individual care or health services • Develop a perspective on the cost implications of obstetric and gynaecological services, considering different models of practice (public/private), indemnity issues, disease prevention and screening strategies. Acknowledge the importance of efficiency and cost effectiveness when planning and delivering health care to women • Understand special implications for women's health services with respect to women of various ethnic backgrounds including Aboriginal, Torres Strait Islander, Māori and Pacific Islander • Understand and respect the ways in which culture and religion impact on women's reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments • Consider the particular needs of very recent migrants including refugees.
3.2.10	<p>The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.</p>

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	<p>The curriculum dedicates a section to Contextual Knowledge which encompasses Women's Health and Cultural Issues. It includes the requirements to interact with people in a manner appropriate to that person's culture.</p> <p>To support Trainees to learn about cultural competency, RANZCOG made the completion of Cultural Competency modules mandatory for all Trainees commencing on or after 1 December 2018. This was also addressed in Standard 3.2.9 above. This training requirement is specified in the RANZCOG Regulations B1.3.1.7: for Trainees who commence the FRANZCOG Training Program on or after 1 December 2018, approved Cultural Competency training which must be completed by 104 weeks Basic (Core) Time in Training (CTIT).</p>
3.3	Continuum of Training, Education and Practice
3.3.1	<p>There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.</p>
	<p>The curriculum design incorporates a training program and learning model that provides an integrated approach. The delivery of the curriculum enables Trainees to undertake their training in a range of formats with compulsory requirements often spread across training years with extended leave also available. The design also allows for ongoing opportunities to undertake professional development through a range of workshops, online resources, journals and scientific meetings available to Trainees</p> <p>The FRANZCOG Curriculum provides the guiding principles to inform the design and structure of the Training Program. Each stage of the Training program's delivery and assessment builds on knowledge and skills that are articulated in the Curriculum and supported by an integrated learning model. This supports Trainees to attain proficiency across the range of domains now associated with competence in the specialty. To ensure a comprehensive delivery of the curriculum the Hospital-based training needs to be enhanced by the inclusion of well-designed supportive programs, as well experience in alternative training settings. Trainees undertake a number of hospital and non-hospital-based workshops and complete online modules are part of their training requirements.</p>
3.3.2	<p>The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.</p>
	<p>The College continues to have a process for Recognition of Prior Learning (RPL). Applications are considered by members of the Education Strategy Committee.</p> <p>In the past 12 months there have been three applications for RPL for FRANZCOG training.</p>

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	<p>Information about the RPL Policy and Procedure is available on the RANZCOG website.</p> <p>RANZCOG has mandatory workshop requirements for FRANZCOG Trainees. Regulation B1.3.17 (new cohort Trainees – commenced from 1 December 2013) and C1.3.1.7 (old cohort Trainees – commenced prior to 1 December 2013) acknowledges prior attendance of workshops and allows approval of the requirement for satisfactory completion up to 24 months prior to commencement of the training program. FRANZCOG Trainees who undertake workshops as part of the Pre-vocational Pathway may be able to gain recognition of prior learning.</p> <p>As per the RANZCOG regulations, FRANZCOG Trainees must complete a number of requirements in Basic (Core) training.</p> <p>B1.3.1.7 the following workshops and programs:</p> <ul style="list-style-type: none"> • Foundations of Surgery Workshop or exemption from this requirement via an approved equivalent workshop or course; • Communication Skills Workshop; • Fetal Surveillance Program or exemption from this requirement via an approved equivalent workshop or course; • In-hospital training in Neonatal Resuscitation or exemption from this requirement via an approved equivalent workshop or course; • For Trainees who commence the FRANZCOG Training Program on or after 1 December 2016, a RANZCOG-approved ultrasound course or workshop or exemption from this requirement if the Trainee's base hospital has been approved by the College for such exemption or an approved equivalent workshop or course; • For Trainees who commence the FRANZCOG Training Program on or after 1 December 2016, the Basic Obstetric Skills Workshop or exemption from this requirement via an approved equivalent workshop or course; • For Trainees who commence the FRANZCOG Training Program on or after 1 December 2018, approved Cultural Competency Training. <p>All the above-mentioned workshops may be approved as completed where evidence can be provided of satisfactory completion within 24 months of commencement of the training program.</p>
3.4	Structure of the Curriculum
3.4.1	The curriculum articulates what is expected of Trainees at each stage of the specialist medical program.
	<p>The curriculum and training handbook articulate the requirements for each stage of the training program. These are reviewed annually and updated as required.</p> <p>When new training requirements are added to the program a new Trainee cohort is created. Each Trainee cohort has an online training dashboard that includes the training requirements</p>

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	<p>they are required to undertake. Trainees can track their progress in their personal training dashboard. Other documents that provide information about expected outcomes at stages of training include the Attributes of a Trainee on satisfactory Completion of Core and Advanced Training (C-Gen 20) document (also available on the RANZCOG website).</p> <p>It is recognised that improvements could be made to the collation of documentation and information relevant to training. Information currently sits across a variety of documents and improving the structure and collation of these could better support Trainees in their learning journey and their training supervisors. The curriculum review project will look to simplify and streamline the compilation of relevant information to deliver an improved Trainee experience in relation to understanding the requirements of the training program and clearly documenting this information.</p>
3.4.2	<p>The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the Trainee's ability to achieve those outcomes.</p>
	<p>Whilst there is a minimum optimal time for completion of the FRANZCOG Training Program, it is acknowledged that circumstances can impact the duration of the training program, and/or the manner of which training is undertaken. As such, the College provides for fractional/part-time training, extended leave from the training program, and extended deadlines to complete requirements. This can be evidenced through regulations B1.4 (timeframe for completion of the FRANZCOG Training Program), B1.10 (Fractional/Part-time training), and B1.11 (Leave from the training program).</p> <p>Sections B1.3 and B1.4 of the RANZCOG Regulations (also available on the RANZCOG website) relate to time requirements.</p> <p>Core Training</p> <p>B1.3.1.1 pursuant to all relevant regulation(s), four (4) years (184 weeks) of prospectively approved core clinical training in general obstetrics and gynaecology that is assessed as satisfactory through a minimum of eight (8) Six-monthly Summative Assessment Reports (Core Training), including:</p> <ul style="list-style-type: none"> • a minimum period of 23 weeks FTE in a rural position/rotation, assessed through a minimum of one six-monthly summative assessment report; • a minimum period of 46 weeks FTE in a tertiary hospital, assessed through a minimum of two six-monthly summative assessment reports; • a minimum period of 46 weeks FTE in a hospital other than that designated as the Trainee's 'home' or 'base' hospital, assessed through a minimum of two six-monthly summative assessment reports; and - 49 - RANZCOG Regulations Section B: Membership/Fellowship Training (Trainees commencing from 1 December 2013) (d) any other training sites as designated by the relevant Regional Training Accreditation Committee.

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	<p>Advanced Training</p> <p>B1.3.2.1 pursuant to all relevant regulation(s), two (2) years (92 weeks) of prospectively approved advanced clinical training in obstetrics and gynaecology, and/or a prospectively approved combination of at least 50% active clinical component and up to 50% non-clinical (teaching, research, administration) component in the relevant training year(s), that is assessed as satisfactory through a minimum of four (4) Six-monthly Summative Assessment Reports (Advanced Training), or 92 weeks of prospectively approved training in a RANZCOG subspecialty training program.</p> <p>Timeframe for completion</p> <p>B1.4.1 Core Training and all associated requirements under Regulation B1.3.1 must be completed within a maximum period of six (6) years of time in training from the date of commencement of Core Training. For the purposes of this regulation, time in training will be considered as the aggregate of all time in the FRANZCOG Training Program other than time taken as approved extended leave of absence OR approved research leave as part of the Academic Stream. Approved fractional training (i.e. FTE training undertaken on a part-time basis) will be considered pro rata. B1.4.2 Advanced Training and all associated requirements under Regulation</p> <p>B1.3.2 must be completed within a maximum period of three (3) years of time in training from the date of commencement of Advanced Training. For the purposes of this regulation, time in training will be considered as all time on the FRANZCOG Training Program in Advanced Training, other than time taken as approved extended leave of absence OR approved research leave as part of the Academic Stream. Approved fractional training (i.e. FTE training undertaken on a part-time basis) will be considered pro rata.</p> <p>B1.4.3 Pursuant to Regulation B1.12, Trainees may interrupt their FRANZCOG training to take extended leave of absence from the FRANZCOG Training Program for a maximum cumulative period of 104 weeks.</p> <p>B1.4.4 Pursuant to RANZCOG Regulation B1.17.4.1 Trainees undertaking the Academic Stream of the FRANZCOG Training Program may apply for a period of 'Research Leave' additional to any other leave allowable under these regulations in order to complete the PhD required under that training pathway.</p> <p>B1.4.5 The determination of time in training and applicable FTE of a Trainee shall be a matter for the Regional Training Accreditation Committee, having regard to the prospectively approved clinical training and the actual time spent in training by the Trainee. The decision of the Committee shall be final and binding.</p> <p>In addition to the above, the Curriculum Review that is currently being undertaken will include reviewing the structure the FRANZCOG Training Program including time in training.</p>
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3.4.3	<p>The specialist medical program allows for part-time, interrupted and other flexible forms of training.</p>
	<p>As indicated above in 3.4.2, RANZCOG allows FRANZCOG Trainees a flexible approach to training via part-time training, extended leave, and allowances for annual and sick leave arrangements. Trainees on parental leave can apply for discounted training fees.</p> <p>RANZCOG has guidelines for Fractional/Part-time training in the Fellowship training program available. Fractional (i.e. part-time) training in the FRANZCOG Training Program, whether at Core or Advanced level, should meet the following criteria:</p> <p>Definition: For the purposes of credited time, the College defines fractional/part-time training as any training undertaken between 0.5 and full-time training (1.0) at the relevant site for the relevant period of training.</p> <p>Minimum credited time: Credit will only be given for fractional/part-time training per six-month block of not less than ten (10) weeks FTE, irrespective of the number of training sites at which the relevant training block was located. Maximum limits for training time: Trainees undertaking fractional training must remain within the maximum limits for time in training allowed under RANZCOG regulations for completion of all Core and Advanced training and assessment requirements. Trainees who commenced training as from December 2013 must complete Core training within six (6) years of time in training from the commencement of Core training; they must complete Advanced training within three (3) years of time in training from the commencement of Advanced training. Trainees who commenced training prior to December 2013 must complete Core Training requirements within eight (8) years of commencing the FRANZCOG program and complete both Core and Advanced training within eleven (11) years of commencing the FRANZCOG program. (Note: Time in training is the aggregate of all time in the relevant component of the FRANZCOG Training Program. This includes standard leave but not time taken as approved extended leave or approved research leave as part of the 'Academic Stream'.</p>
3.4.4	<p>The specialist medical program provides flexibility for Trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.</p>
	<p>FRANZCOG Training - Advanced Training</p> <p>Advanced Training is post-Core training (i.e. undertaken in years five and six of the training program). Trainees are expected to continue their progression in each of the domains of the curriculum: Clinical Expert, Academic Abilities and Professional Qualities.</p> <p>Advanced Training can be tailored to meet the needs and interests of the Trainee. Their aims will vary from Trainee to Trainee. Advanced Training may focus on:</p> <ul style="list-style-type: none"> • extending expertise in general obstetrics and gynaecology;

- extending expertise in gynaecological surgery;
- developing expertise in provincial practice;
- developing research expertise;
- developing expertise in areas of special interest;
- developing expertise in practice in developing countries;
- commencing subspecialty training.

Advanced Training Modules

In 2014, the College resolved to increase the structure in Advanced Training, recognising the need to allow for the development of Special Interest areas within the sphere of Obstetrics and Gynaecology. Fellows in the five recognised subspecialties (Gynaecological Oncology, Urogynaecology, Reproductive Endocrinology & Infertility, Maternal Fetal Medicine and O&G Ultrasound) mostly practice almost exclusively in their area of subspecialty. There was a need to allow for Generalist Obstetricians and Gynaecologists to develop a focus during their advanced training in these and other areas of Women's Health. Consequently, a number of special interest Advanced Training Modules (ATMs) have been developed.

Pelvic Floor Disorders (PFD-ATM)

This ATM provides a framework to enable a Trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and nonsurgical treatment of vaginal prolapse and incontinence to the level of a generalist Fellow who wishes to practice with a special interest in the management of pelvic organ prolapse and urinary incontinence.

Hysteroscopic and Laparoscopic Surgery (HL-ATM)

This ATM provides a framework to enable a Trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective laparoscopic and hysteroscopic surgery to the level of a Fellow who wishes to practice actively in this area. The aim is that at the end of the ATM a Trainee should be able to operate at an RANZCOG/AGES level 4 skills level.

Contraception, Abortion and Sexual Health (SRH-ATM)

This ATM provides a framework to enable a Trainee to consolidate and enhance the knowledge and clinical and professional skills relevant to comprehensive contraceptive consultation and service delivery to evidence-based standards, in the context of broader sexual and reproductive healthcare.

Colposcopy (C-ATM)

This ATM provides a framework to enable a Trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and non-surgical treatment of cervical and other vagina and vulva genital tract abnormalities to the level of a Fellow who wishes to practice with a special interest in colposcopy.

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	Additional special interest ATMs will be developed over time.
	<p>Academic Stream</p> <p>The Academic Stream was created following extensive engagement with internal and external stakeholders. The stream provides greater recognition of and support for a career pathway for Trainees wishing to pursue a career in academic O&G.</p> <p>Trainees can apply for extended leave during the training program to pursue studies of choice, as per section B1.4.4 of the RANZCOG Regulations which are available on the RANZCOG website:</p> <p>Pursuant to RANZCOG Regulation B1.17.4.1 Trainees undertaking the Academic Stream of the FRANZCOG Training Program may apply for a period of 'Research Leave' additional to any other leave allowable under these regulations in order to complete the PhD required under that training pathway.</p> <p>The Academic Stream allows Trainees to apply for up to 156 weeks (3 years) of Research Leave in order to complete a PhD in a discipline relevant to women's health. Following successful completion of their PhD, Trainees in the Academic Stream can be exempted from 46 weeks (1 year) of Advanced Training.</p> <p>Trainees who commenced in the program after 1 December 2013 may apply to enter the Academic Stream at any time. Applications for the Academic Stream should be made to your Regional Training and Accreditation Committee (TAC) and include details of your PhD, including its relevance to women's health.</p>

Summary of Significant Developments

Curriculum Review

In 2019 the College has initiated a comprehensive curriculum review that will encompass the current RANZCOG training programs, curricula, assessments and regulations. The initial phase of the review (mid-2018 to mid-2019) focused on gathering information about current challenges and researching and reviewing 'best practice' models. This information will inform future revisions to RANZCOG programs. Overall, the curriculum project is estimated to take between 4-5 years to complete and implement.

A Curriculum Review Expert Advisory Panel has been convened and will meet formally every three months. The aim of Phase 1 is to:

- Investigate current state across the RANZCOG Training Programs in curriculum, assessment and training
- Research evidence-based practice and
- Recommend future state options

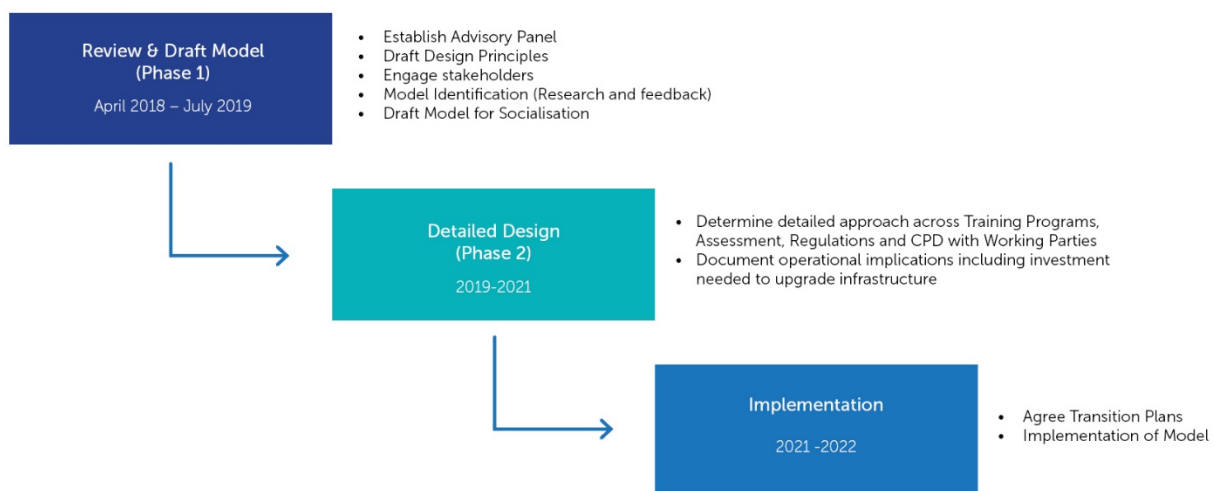
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The Panel identified four key focus areas for the RANZCOG Training Programs:

- Entry/Exit points (Selection/completion – exit options)
- Training (Structure/Requirements)
- Curriculum (including Domains /Structure/Format/Content)
- Assessment (Examinations, Workplace-Based Assessments)

Working groups have been formed to focus on each of the four identified areas.

Figure 3.1 The three phases of curriculum review process, 2018–2022



Stakeholder feedback is a major part project phases 1 and 2. In addition to feedback already provided via the regular training surveys and accreditation processes, RANZCOG will invite stakeholders to submit feedback through a wide consultation process as the project progresses.

Ultrasound Training

The Ultrasound Training Working Group has implemented a number of recommendations including:

- Revision of the ultrasound components of the FRANZCOG Curriculum (A7 and B1.2) and clarification of the competencies expected by the end of Year 2
- Revision of the CLIMATE Ultrasound Module – Presentations and MCQs
- Revision of the minimum hours guideline to 80 hours in the first 92 weeks of training
- Revision of the procedural requirements for Basic (Core) Trainees to 150 scans during Basic (Core) training
- Introduction of an Ultrasound Coordinator to oversee ultrasound training within an ITP
- Introduction of an Ultrasound Educator to support training of Basic (Core) Trainees within each ITP

For post-1 December 2016 Trainees, the following training requirements have been introduced:

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- Assessment of Procedural and Surgical Skill (APSS Ultrasound – 1st and 3rd trimester) by the end of 92 weeks.
- Ultrasound Workshop/Course – Trainees must undertake an approved workshop/course by the end of 92 weeks.
- Completion of the CLIMATE Ultrasound Module by the end of 46 weeks.

These changes were implemented on 1 Dec 2016 and feedback from Trainees through the Trainees Committee has been positive.

Pre-Vocational Pathway (PVP)

In September 2018 RANZCOG launched the Prevocational Pathway (PVP) which provides structured learning opportunities to prevocational doctors interested in a career in obstetrics and gynaecology. The pathway focuses on establishing foundation level knowledge and skills relevant to the practice of obstetrics and gynaecology with a focus on preparation for the entry to FRANZCOG training.

The purpose of the PVP is to develop knowledge and skills for Trainees before they commence specialist training in O&G.

- Ongoing professional development for candidates who are in a transition period while seeking entry to the FRANZCOG Training program.
- A defined educational framework that prepares prevocational doctors for specialist O&G training.
- Specific training in practical skills workshops relevant for the FRANZCOG Training program

The pathway consists of successful completion of:

- RANZCOG Certificate of Women's Health (CWH), or
- NZ University of Auckland Postgraduate Certificate in Health Sciences in Women's Health, or
- NZ University of Otago Postgraduate Certificate of Women's Health, or
- NZ Postgraduate Diploma in Obstetrics and Medical Gynaecology from the University of Auckland, or University of Otago
- CLIMATE online modules each with a short online assessment.

The CLIMATE modules are required to be completed with an 80% level of achievement. Repeat attempts of each assessment component is possible. Topics covered are:

- Anatomy
- Maternal physiology in pregnancy
- Placental physiology
- Neonatal physiology
- Physiological responses to surgery
- Long-acting reversible contraception
- Intercultural learning, and
- Abortion

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Four workshops are also required covering the topics of:

- Basic Life Support
- Fetal Surveillance
- Basic Obstetrics Skills (BOS) Workshop or Advanced Life Support in Obstetrics (ALSO) course
- Neonatal Resuscitation.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

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Standard 4: Teaching and Learning

Previously Met	
4.1	Teaching and Learning Approach
4.1.1	<p>The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.</p>
	<p>2018 Recommendation GG:</p> <p><i>Consider a more formal approach to negotiating Trainee access to procedures performed in the private sector, and to assessing the scope and quality of training undertaken in the private sector. (Standard 4.1.1).</i></p> <p>The College continues to provide support for training in expanded settings through the Commonwealth funded STP project. The STP promotes training in settings such as private and rural environments. The College currently supports 32 STP posts in Australia of which 16.4 FTE positions are in a rural setting, and 11.65 FTE in a private setting. Both FRANZCOG Advanced Training and Subspecialty Training positions occur in the private sector and perform well as evidenced by procedural experience and Trainee feedback. The majority of Basic (Core) training is undertaken in the public sector where this is more ready access to the necessary basic surgical procedures. There are elements of Basic (core) training being undertaken in private setting including outpatient family planning services.</p> <p>Evaluation methodology and outcomes</p> <p>Private Trainee feedback was reviewed over a 3-year period (1.7.16-30.6.19) with a survey of 40 questions that included such issues as surgical experience, training supervisor performance, hospital suitability for training and consultant supervision. For the purposes of analysis, the qualitative responses to the questions (Strongly Disagree, Disagree, Agree, Strongly Agree) were graded numerically (1-4). The survey was voluntary with 2,353 responses available for analysis, giving completion rates of approximately 60%.</p> <p>Private setting included the following: Cairns Private Hospital, Chris O'Brien Lifehouse, Epworth Freemasons, Mater Pelvic Health, North Shore Private Hospital, National Capital Private Hospital And Compass Fertility, Repromed SA, St John of God Warrnambool, Sydney Adventist Hospital, Sydney Women's Endosurgery Centre & St George and AGORA centre for women's health.</p>

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	<p>Qualitative feedback was obtained in seven feedback reports. These are listed below in table 4.1. All were very positive but with one noting reduced primary operator experience.</p> <p>Overall the semi-quantitative feedback from private settings was more positive than that from the public sector (table 4.2) with an overall average score of 3.52, compared to 3.11 with public sector training. Particularly noteworthy was the greater amount of major gynaecological surgery experience.</p> <p>Summary</p> <p>Feedback from Trainees regarding private settings is very positive. This is encouraging with regards to possible future expansion of private sector training.</p>
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Table 4.1 Trainee Comments from Private Setting Training

Comments
<ul style="list-style-type: none"> • Epworth Freemasons was a fantastic opportunity to gain gynaecological surgical skills and network with consultants outside of my standard network. I felt very supported, as well as independent. • Fantastic general gynaecology and pelvic floor training unit. • Enjoyable and worthwhile rotation, thank you • This training year has been my best ever. I have been actively trained, valued and treated with respect in a way I have not experienced since my rural term. This year has rekindled my passion for gynaecology and I am now excited again about my career. • My current training is oriented around fertility practice, with assistance at high-level laparoscopic and gynaecological oncology surgery. It has provided me with more structured training, opportunities for independent clinical decision making and professional growth than any other rotation in the past three years. I have felt supported and respected throughout in a way that has come as a real surprise. I genuinely had not realised just how bad the culture in my previous location had been, and how much better things could be. • While not a site for someone desperate to be a primary operator all the time, 6 months spent assisting elite surgeons perform operations of great complexity must be considered valuable training. I know so much more about how to operate well now because of assisting others. • Fairly unstructured compared to public registrar positions but more flexibility in focusing training to areas of interest.

Table 4.2 Semi-quantitative Feedback from Private Settings

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	No. of responses	AVERAGE MAJOR GYN per week	HOSPITAL AVERAGE SCORE	TRAINING SUPERVISOR AVERAGE SCORE	CONSULTANT AVERAGE SCORE	OVERALL AVERAGE FEEDBACK SCORE
Overseas	29	4.07	3.66	3.82	3.85	3.78
Private	16	3.00	3.44	3.58	3.54	3.52
Australia-NZ Public	2,225	1.48	3.07	3.15	3.12	3.11

Standard 4 continued

4.1 Teaching and Learning Approach continued

4.1.1	<p>Teaching and learning approaches</p> <p>The program continues to use a range of learning and teaching approaches including online materials and resources, workshops, hospital-based education sessions, hospital based clinical experience and simulation-based learning. Teaching and learning approaches are designed to be appropriate for the articulated objectives/outcomes according to the key areas of Clinical Expertise, Academic abilities and Professional Qualities. The training program incorporates both practical and theoretical learning approaches to deliver the curriculum. The 2018–2022 curriculum review will evaluate the approaches and methods used in the current curricula to ensure best practice in meeting training outcomes into the future.</p> <p>The FRANZCOG Curriculum documents learning and teaching strategies across 18 main topic areas.</p>
	<p>Basic (Core) Training</p> <p>The Integrated Training Program (ITP) is a multi-disciplinary approach rotating through a minimum of three training hospitals; a home/base hospital, a peripheral hospital, and a rural hospital.</p> <p>The ITP includes:</p> <ul style="list-style-type: none"> logged clinical work in obstetrics and gynaecology

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	<ul style="list-style-type: none"> • attainment of prescribed performance levels in specified procedures • completion of online modules through RANZCOG eLearning (CLIMATE) • formative and summative assessments, including three-monthly appraisals and six-monthly summative assessments <p>Trainees also complete the following workshops during Basic (Core) training</p> <ul style="list-style-type: none"> • Basic Obstetric Skills (includes simulation) • Communication skills (includes simulation) • Fetal Surveillance • Foundations of Surgery (includes simulation) • Neonatal Resuscitation (includes simulation) • Ultrasound (includes simulation and scanning on patient models)
	<p>Advanced Training</p> <p>Advanced Training positions enhance progress from Senior Registrar to FRANZCOG graduate across the appropriate scope of practice as defined by one of the 3 pathways towards FRANZCOG:</p> <ul style="list-style-type: none"> • Generalist O&G • Academic O&G • Subspecialist O&G <p>Advanced Training positions the Advanced Trainee to further increase their scope of practice following completion of the ATMs through exposure to more complex conditions and undertaking procedures beyond Basic (Core) training.</p> <p>Advanced Training provides the FRANZCOG graduate with the foundation for a continuum of learning and ongoing CPD based on the FRANZCOG curriculum, allowing ongoing skills development by the FRANZCOG graduate, as required for future scope of practice.</p> <p>For each Pathway, there is a defined curriculum suitable to a Trainee at advanced levels of training. For the Generalist Pathway, the curriculum is defined in the Gynaecological and Obstetric Advanced Training Modules. For the Subspecialty Pathways, there are curricula for the completion of the certificate in the relevant subspecialty. All ATMs and Subspecialty certificates necessitate and incorporate a diversity of training and learning approaches.</p>
4.2	Teaching and Learning Methods
4.2.1	<p>The training is practice-based, involving the Trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.</p>

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	<p>RANZCOG's curricula are based on a learning model that acknowledges that medical specialist education can no longer be managed solely within the day-to-day experiences of hospital activity. Traditional hospital-based training needs to be enhanced by the inclusion of well-designed supportive programs, as well experience in alternative training settings; such as through simulation.</p> <p>The enhanced apprenticeship model continues to be viewed by the College as an appropriate description of a model that integrates the learning available in a teaching hospital with other structured educational opportunities including workshops, short courses and online resources. The College is currently undertaking a review of curriculum that will encompass the training programs, curricula, assessments and regulations.</p> <p>All Trainees must submit a prospective approval for each semester of training. The prospective approval requires the Trainee to nominate a training site.</p> <p>The Trainee handbook provides information about the procedures that Trainees should be undertaking and a guide to the numbers of cases expected to be logged for each.</p> <p>The College has set overall benchmarks for procedural training numbers during Basic Training and also for those undertaking the Advanced Training Modules. Note that the Trainee is not currently penalised if unable to meet the benchmarks during a rotation. The obligation sits with the training site to provide the training to which they have committed. Failure to do so may result in loss of accreditation or a reduction in Trainee numbers at that site. The College is committed to placing Trainees at those sites providing adequate training. The College believes it is imperative that Trainee numbers relate to the O&G training available and not simply to O&G registrar service requirements.</p> <p>Although the College recognises that procedural competency derives from both quality and quantity of procedural training, the necessity of experience across a diverse arrange of patient and clinical settings is imperative to achieve competency. This necessitates adequate numbers of procedures during training as well as high quality training.</p> <p>The introduction of the online Logbook in 2017 has allowed more timely assessment of procedural training. Figures for procedures refer to the number of procedures performed, as primary operator including direct supervisor. To record a procedure as primary operator, the Trainee needs to perform at least 50% of the relevant procedure. It is not necessary to open and close, or to be primary operator for an entire case. For cases with multiple procedures, there may be more than one primary operator. For example, primary operator can be claimed when the Trainee assists the supervisor on one side and then performs the other side with the supervisor assisting. Direct Supervisor can be logged when a more experienced Trainee supervises a more junior Trainee who is performing the procedure. Trainees who act as direct supervisor must have been credentialed to perform the procedure or must have completed the relevant APSS.</p>
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

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	<p>The learning model outlines a variety of learning methods that supplement the learning in a clinical setting. The training program encourages Trainees to be increasingly independent in how they expand their skills and knowledge. The content and delivery method of RANZCOG workshops are reviewed and updated periodically. New workshops are developed when a need has been identified e.g. Basic Obstetric Skills workshop. The RANZCOG eLearning portal, CLIMATE, has undergone major revisions to improve the user experience. A process is in place to review and update online resources.</p> <p>There are specific resources to support Trainees to prepare for assessments. These include:</p> <ul style="list-style-type: none"> • A suite of 11 online Obstetric Skills modules to support Trainees in preparation for undertaking their Obstetric Assessments of Procedural and Surgical Skills (APSS) • A suite of 9 online Surgical Skills modules to support Trainees in preparation for undertaking their Surgical Assessments of Procedural and Surgical Skills (APSS) • Clinical Educator Training Module comprising 8 units (online-under review) • Suite of 7 Research Methods modules (online-under review) <p>There are challenges with reviewing online content. In part this is due to the pro bono nature of the work undertaken by the members to complete the review. The format of the content being sent for review is also a compounding factor. College staff are exploring ways to improve efficiencies. The following are being explored to improve the process for reviewing and updating material:</p> <ul style="list-style-type: none"> • Develop a process including review timelines to review and update content • create template for sending content to reviewers • improve instructions provided to reviewers and provide support throughout review process • develop a process to engage/foster involvement of members to review content • allocate and upload CPD points for content reviewers at completion of review process • consider ways to acknowledge reviewers for their contribution eg acknowledgement in RANZCOG communications and/or publications.
	<p>Simulation is imbedded into hospital-based training through the RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program (available on the RANZCOG website):</p> <p>Standard 1.1.3 Education and Procedural Skills Program</p> <p>A surgical simulation training program is developed within the ITP in at least one hospital and made available to all Trainees, either as part of their normal rotation to that hospital, or in separate formalised teaching sessions.</p> <p>Standard 5.5.1 Simulation Training</p> <p>Within the units that comprise an ITP, Trainees have access to simple basic skills training equipment and are rostered to regularly utilise simulation activities and equipment on or offsite to increase their confidence and dexterity. The equipment is to be available in an area</p>

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	<p>that is accessible out of regular working hours. A training supervisor should be nominated to coordinate simulation activities and skills within the program, ensuring equity of access to Trainees from all sites in the ITP.</p> <p>Simulation and Workshops</p> <p>All hospitals must arrange for their first-year Trainees to complete the Basic Obstetric Skills workshop which includes 12 skills. Each skill has a simulated activity to support Trainees learning. The Foundation of Surgery workshop held in each region includes 2-days of simulated surgical activities.</p> <p>The simulation training advisory group (STAG) has been formed and reports to the Education Strategy Committee to keep abreast of simulation opportunities in O&G to make recommendations of learning opportunities for Trainees.</p>
4.2.3	<p>The specialist medical program encourages Trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.</p>
	<p>The FRANZCOG Training Program provides a range of teaching and learning methods including:</p> <ul style="list-style-type: none"> • Hospital-based learning for specialist obstetrics and gynaecology, including exposure to other specialties disciplines (paediatrics, general surgery, etc), academic departments, in-hospital meetings (audit, perinatal education), other professional staff (midwives, nurses), and other ancillary professionals. • The College delivers the Practical Obstetric Multi-Professional Training (PROMPT) Train the Trainer courses in NZ and Australia. These courses involve anaesthetists, midwives and obstetricians. These short workshops are held extensively in all NZ and all Australian states other than WA (which has the equivalent) and NSW (discussions ongoing) • College based/supported learning – RANZCOG website, eLearning resources, pre-examination courses, Foundations of Surgery workshop, fetal surveillance workshops, communication skills workshops, RANZCOG Annual Scientific Meetings (ASMs), College publications, Basic Obstetric Skills workshop. • Community based learning – learning within social and professional settings of practice including general practice, scientific institutions, medical and other societies including conference and meetings, and consumer organisations. • Literature based learning – Textbooks, journals, scientific databases. <p>The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program (also available on the RANZCOG website) include the requirement for sites to provide Education Program Content for Trainees:</p> <p>Standard 5.1.1 Coordination of Education Program</p>

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	<p>The educational program at the hospital is coordinated by a designated consultant or a senior Trainee who is overseen in this role by a designated consultant. Consultants are in Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program 26 regular attendance, make formal presentations on a regular basis and utilise cases for interactive teaching.</p> <p>Standard 5.1.2 Education Program Content</p> <p>If the hospital is a home/base hospital, a comprehensive and coordinated consultant-led formal educational program is provided, covering an extensive range of obstetric and gynaecological topics and other learning opportunities. The program timetable includes inter-professional and multidisciplinary education opportunities and at a minimum, the following on a regular basis:</p> <ul style="list-style-type: none"> • Tutorials and/or Trainee case presentations • Journal club • Complex gynaecology case reviews • cervical pathology meetings • Regular perinatal, neonatal and maternal morbidity/mortality meetings • CTG audit meetings and intra partum management tutorials • Complex obstetric case review meetings • Obstetrics and gynaecology teaching rounds • Emergency Obstetrics Training. <p>If a hospital is a small urban or rural site, a structured though less comprehensive education program is provided on a regular basis; monthly as a minimum. The program timetable includes as a minimum:</p> <ul style="list-style-type: none"> • Regular consultant-led teaching sessions • Combined case review meetings– Trainees present a review/audit on interesting or complex cases • Regular perinatal morbidity/mortality meetings – minimum of three monthly which are coordinated by a Trainee with designated consultant support. <p>Standard 5.1.3 Safety and Quality</p> <p>A strong commitment to safety and quality exists which is underpinned by Trainees’ involvement in clinical reviews and audits.</p> <p>Standard 5.1.4 Governance Participation</p> <p>Trainees are given opportunities to participate in hospital committees such as OH&S, Clinical Audit, Mortality and Morbidity, Quality Assurance and Clinical Governance.</p> <p>Standard 5.2.1 Protected Training / Teaching Time</p> <p>Trainee timetables include protected teaching time to attend and/or conduct educational sessions. Arrangements are in place to ensure that Basic (Core) Trainees are able to attend educational sessions. This may include designation of consultants, Advanced Trainees or the</p>
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	<p>FRANZCOG Training Program Trainees to hold the Basic (Core) Trainees' pagers and cover the birthing suite or the clinics at these times. Trainees should be receiving at least four hours of paid training/teaching time per week.</p> <p>Online learning modules are self-paced. Their functionality includes tracking participant progress allowing users to exit and return later and recommence from where they were. Many modules are interactive, and some include quizzes.</p> <p>RANZCOG workshops associated with the training program have been designed to be interactive. These workshops include:</p> <ul style="list-style-type: none"> • Basic Obstetric Skills • Foundations of Surgery • Research • Respectful Workplaces • Thrive • Training Supervisor Workshop • Ultrasound.
4.2.4	<p>The training and education process facilitates Trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.</p>
	<p>The transition from novice to expert through the training program is reflected in the curriculum in multiple ways. These include:</p> <p>Directed versus Self-directed Learning</p> <p>The Training and assessments requirement summary outline the requirements that a Trainee undertakes in the six years of training. These requirements are specific in the first year to ensure that all Trainees undertake a number of skill focused workshops progressing to activities requiring greater independence such as IHCAs, Research study and advanced training modules (ATMs).</p> <p>Assessments of Procedural and Surgical Skills (APSS)</p> <p>Trainees are encouraged to complete at least 3 formative Assessments of Procedural and Surgical Skills (APSS) prior to attempting a summative assessment. The timelines for completion of the APSSs span across Basic (Core) Training and Advanced Training. This reflects the increasing skills, knowledge and experience typically required to complete each one ie the more complex procedures and skills are due for completion later in Basic (Core) training or by year 5 (first year of Advanced Training). The less complex skills and procedures must be completed by the end of year 2.</p> <p>Level of Procedural Supervision</p>

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	<p>Trainees record different levels of participation in procedures in their training logbook. These different levels reflect the increasing degree of independence of Trainees as they progress from Basic (Core) to Advanced Training.</p> <p>The levels include:</p> <ul style="list-style-type: none">• Surgical Assistant• Primary Operator• Direct Supervisor. <p>The Hospital Accreditation Guideline demands that each hospital undertakes a credentialing process for Trainees that recognises decreasing levels of supervision required for each procedure as the Trainee progress through training. Procedure credentialing is hospital-based but has College oversight through the hospital accreditation process. The more complex procedures will have credentialled levels of supervision expected to be greater at more advanced training levels than the less complex procedures.</p> <p>Progression of Training in the Academic Abilities and Professional Qualities domains of the curriculum</p> <p>The Training handbook document (also available on the RANZCOG website) and the FRANZCOG Attributes of a Trainee on Completion of Core Training (C-Gen-20) document (also available on the RANZCOG website) outline the Competency Levels required across the three domains (Clinical Expertise, Academic Abilities and Professional Qualities) as the Trainee progresses through Basic (Core) training and advanced training. There is an expectation that the proportion of training time in direct clinical contact with patients will be high during Basic Training but the regulations stipulate that up to 50% of time in training during and Advanced Training rotation may be spent in tasks not necessarily involving direct patient contact including teaching and training, clinical audit, research and administrative roles including rostering.</p>
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Summary of Significant Developments

Alcohol and Pregnant Women

The College has worked with the Foundation for Alcohol Research and Education (FARE) to update content of the 'Women Want to Know' modules. A promotional campaign to raise awareness of the modules was also run in 2018.

Medical Schools Undergraduate Curriculum in Women's Health

In 2017 RANZCOG completed the development of a curriculum document for medical schools. The document was based on the RANZCOG learning domains and is designed to be a guide for women's health education in the tertiary sector. A second curriculum document has also been created. This version contains the same

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curriculum content but is presented in a way that aligned to the four AMC domains. Both documents have been disseminated to the appropriate stakeholders.

Pre-Vocational Pathway (PVP)

RANZCOG has developed a Pre-Vocational Pathway (PVP) that launched in September 2018. The PVP provides critical scientific knowledge relevant to the practice of O&G for prevocational Trainee medical officers who may wish to apply for the FRANZCOG Training program in the future.

Continuing Development of Online Resources for Trainees

The CLIMATE Learning Management System (LMS) has been reviewed.

- Modules have been collated in preparation for content review.
- Resources have been categorised and an archival process implemented.
- A search mechanism has been added on the main navigation menu.
- User cohorts have been introduced for user access without the need for user enrolment keys. This has increased user access to modules since introduction.
- Branded template navigation has been implemented with the intention to roll-out a new look and feel to modules as they are reviewed or added.

Long Acting Reversible Contraception (LARC)

The RANZCOG Sexual and Reproductive Health Special Interest Group were involved in the development of this module. The module launched in 2018.

Abortion Module

Online quiz assessment items have been developed for this module and were released late in 2018.

Management of Sexually Transmissible Infections and STI Syndromes Module

An online module has been developed building on resources shared with RANZCOG by the RACP. Assessment activities in the form of Case Studies have been written and are currently being reviewed by the Sexual and Reproductive Health Special Interest Group.

Endometriosis Online Resources

Through a Government supported project, RANZCOG is developing endometriosis online resources.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Standard 5: Assessment of Learning

Previously Met	
5.1	Assessment Approach
5.1.1	<p>The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about Trainees' preparedness for specialist practice.</p>
	<p>RANZCOG continues to meet this standard. RANZCOG training programs continue to include a program of formative and summative assessments including workplace-based assessments, workshops, examinations, completion of a research study and periodic progress assessments. Assessments are mapped to learning outcomes throughout the curriculum. The curriculum document also has a Key Competencies/Assessment Matrix and a Knowledge and Assessment Matrix.</p> <p>RANZCOG provides all FRANZCOG Trainees with an online logbook to record their procedures, clinics and scans. Logbook entries made during a semester will be accessible for supervisors to review online as part of the Six-monthly Summative Assessment process.</p> <p>Assessment of Procedural and Surgical Skills (APSS)</p> <p>The Assessment of Procedural and Surgical Skills is designed to provide proactive, structured feedback format for the assessment of knowledge and technical proficiency regarding a procedural or surgical skill. The primary focus of RANZCOG in its contemporary state is aiding Trainees to achieve mastery with educators rather than simply having assessors assess Trainees. The program is now most effective with formative assessment before the final summative assessment. Formative Assessment is the assessment for learning and is intended to assist the learner modify his or her thinking, behaviour or performance for the purpose of improving learning. The program enables Trainees to identify weaknesses and deficiencies early to assist the Trainee develop strategies to address these areas with educators.</p> <p>Formative assessment:</p> <ul style="list-style-type: none">• Addresses clinical skills and professional qualities which need to be demonstrated.• Informs Trainees about their progress as an incremental developmental learning process• Assesses measurable criteria

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	<ul style="list-style-type: none"> • Prepares Trainees for the Summative Assessment which assesses their progress and performance towards achieving competencies required to obtain Fellowship. <p>Summative Assessment is an assessment of learning and contributes to the overall assessment of a Trainee as per their competency to perform specific procedural and surgical skills independently as appropriate to their current stage of training.</p>
5.1.2	<p>The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and Trainees.</p>
	<p>The requirements for completion of assessment and other training requirements for all RANZCOG Training programs are documented in the RANZCOG regulations plus in the relevant training program curriculum and handbooks. These documents are accessible to all staff, supervisors and Trainees and are publicly available on the RANZCOG website.</p> <p>The curricula and handbooks for each program provide a year-by-year guide of training and assessment requirements for each program. In addition, the individual Trainee online logbooks contain a dashboard with the training requirements that are due for completion in the next training period.</p> <p>There are challenges with information related to training being located across multiple documents. The curriculum review project will explore ways to increase consolidation of information currently sitting across multiple documents into a more user accessible format.</p>
5.1.3	<p>The education provider has policies relating to special consideration in assessment.</p>
	<p>RANZCOG has a clear policy and associated processes relating to special consideration in assessment. The Exceptional Circumstance, Special Consideration and Reconsideration Policy is published on the RANZCOG website.</p> <p>Special consideration is available to individuals who consider that there are exceptional circumstances that may have impacted their performance in an assessment, completion of a College assessment requirement by the stipulated deadline and/or ability to comply with College regulations/policies, and which ought to be considered by the relevant College body when making its decision. This includes matters that may have affected an individual's performance in an examination or interview, as well as those that may have precluded/affected their ability to complete a training or assessment requirement in the required timeframe, such as completion of the research project, or submission of training documentation.</p>

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5.2	Assessment Methods
5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of Trainee performance in the workplace.
	<p>The assessment process used in the FRANZCOG Training Program is designed to promote the highest possible standards of demonstrable achievement, within the scope and content of the Curriculum. As outlined in Section 1, the FRANZCOG Curriculum, and the training program that it underpins, is a dynamic document. This is particularly so in regards to the range of assessments that constitute the assessment requirements that are used to ensure graduates of the FRANZCOG Training Program are equipped to meet the needs of the range of contexts in which they will practice. The modalities include in-training assessments including APSS, modules and written exams with MCQ and SAQ and OSCE</p> <p>A second Ultrasound APSS has been developed and replaces the former Ultrasound In-House Clinical Assessment (IHCA) for Trainees commencing the program from 1 December 2016 onwards. This APSS expands on the existing Ultrasound APSS. The current Ultrasound APSS is due at 104 weeks of Core Time in Training (CTIT) the second extends into more complex skills and is due at 208 CTIT.</p>

Table 5.1 Summary of assessment methodologies and components

Methodologies	Components
In-training assessments: direct observation	Workplace-based assessments: Assessment of Procedural and Surgical Skills (APSS) and In-Hospital Clinical Assessments (IHCA).
In-training assessments: self-assessment and multi-source feedback	3-monthly formative appraisals, completed initially at 3 months, then at 6-month intervals 6-monthly summative assessments, including consultant assessment forms, completed every 6 months throughout training.
Workshops	Workshop participation/assessment.
Examinations	FRANZCOG Written Examination and FRANZCOG Oral Examination.
Research	Research Project (proposal and study).

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Standard 5 continued

5.2 Assessment Methods continued

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

The program of assessment for the FRANZCOG training program is aligned with the framework for the educational objectives of the curriculum which describes a professional profile comprised of three overlapping domains to guide the practice of obstetricians and gynaecologists throughout their careers. The different assessment components are mapped to the key competencies and competency elements. The assessments for each component of the curriculum are clearly stated in the FRANZCOG Curriculum.

Both the FRANZCOG Written and Oral Examinations are developed with a blue-printing process which is documented for reference for subsequent examinations. Blueprinting guides for each of the training programs were reviewed and updated during 2018. The RANZCOG Education Development Unit continues to work with Examination Coordinators to facilitate the use of the examination blueprints during examination construction.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

RANZCOG continues to use valid methods of standard setting for determining passing scores for examinations in all training programs including the Fellowship and Subspecialty programs. Different methods are used depending on the examination question type and size of the candidate cohort. RANZCOG seeks expert advice from the Australian Council for Educational Research (ACER) in regards to standard setting if required.

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Table 5.2 Summary of assessment methodologies and components

Examination	Question Type	Standard-Setting Method
FRANZCOG Written Examination	Multiple-choice questions Short answer questions	Modified Angoff Borderline group
FRANZCOG Oral Examination	OSCE station	Borderline group
Subspecialty Written Examinations	Short answer questions	Modified Angoff
Subspecialty Oral Examinations	OSCE station	Modified Angoff

Standard 6 continued

5.3 Performance Feedback

5.3.1 The education provider facilitates regular and timely feedback to Trainees on performance to guide learning.

RANZCOG recognises the importance and value of providing feedback on assessment performance to Trainees and training supervisors.

Trainees undertake a number of workplace formative and summative assessments as well as workplace-based assessment (Assessments of Procedural and Surgical Skills- APSS).

During a training period a Trainee completes the following with their training supervisor.

Three-monthly Formative Appraisal

This is a compulsory Three-monthly Appraisal which all Trainees are required to complete with their Training Supervisor.

The main features of the online form are:

- Self-assessment of progress and performance by the Trainee across three key domains;
- The Training Supervisor comments on relevant domains of the assessment where they or the Trainee have identified improvement is needed;

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	<p>The Training Supervisor and Trainee both complete the declaration confirming that they have discussed the Formative Appraisal.</p> <p>Six-monthly Summative Assessment</p> <p>The six-monthly summative assessment incorporates feedback from consultant Obstetricians and Gynaecologists who have worked with the Trainee during the training period</p> <p>After each six-month period in the Training Program, a formal summative assessment is made by the Training Supervisor of the Trainee's performance and progress. The Six-monthly Summative Assessment Report is vital. It is both a means of giving feedback to the Trainee and an essential assessment tool for Training Supervisors and Regional/New Zealand Training Accreditation Committees. The Training Supervisor bases the report on ratings and comments collected from individual consultants who have worked with the Trainee. To do this, the Training Supervisor disseminates the online Consultant Assessment of Trainee Form to the consultants. These forms should be distributed to the relevant consultants two-three weeks before the end of the training period. The Training Supervisor must discuss the report with the Trainee in person before they complete the online form. The Trainee is then responsible for submitting the online form to the relevant Regional/New Zealand Training Accreditation Committee (TAC) Chair for approval via my.RANZCOG (the RANZCOG online database and eLogbook).</p>
	<p>During training, Trainees also undertake a number of assessments where they will receive written and verbal feedback.</p> <p>In-Hospital Clinical Assessments</p> <p>All Trainees are required to satisfactorily complete the prescribed In-hospital Clinical Assessments (IHCAs) by the end of Basic (Core) training.</p> <p>There are two assessments:</p> <ul style="list-style-type: none"> • Diagnostic Ultrasound • Colposcopy and the Treatment of Cervical Diseases <p>Both assessments must be assessed by an approved assessor. As with all workplace-based assessments, Trainees are encouraged to undertake them as formative assessments on at least three occasions before attempting a formal summative assessment.</p> <p>Assessment of Procedural and Surgical Skills</p> <p>As part of the training curriculum Trainees are assessed on their competence to perform O&G surgical procedures.</p> <p>The APSS focuses on key procedures which reflect the general skills and related principles which the College expects of its Trainees at the relevant year levels indicated. The APSS are in no way intended to represent the full breadth of surgical exposure or ability expected of a</p>

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	<p>Trainee. At the same time, the College does expect Trainees to demonstrate competence in all the procedures listed by the time they are elevated to Fellowship.</p>
	<p>Assessment Process</p> <p>A Trainee's competence in each of the required procedures will be assessed by an assessor who may be the Trainee's Training Supervisor or an appropriate consultant. For assessments due at or before the end of two years of Basic (Core) time in training, Advanced Trainees can also act as assessors. A senior midwife, or their nominee can, however, assess Trainee competence in performing spontaneous vaginal birth.</p> <p>A separate assessment form must be used each time a Trainee is assessed on any of the required procedures; i.e. one assessment form is used each time a Trainee is assessed for each procedure. Trainees should submit the summative assessment through My.RANZCOG prior to the due date indicated in the curriculum.</p> <p>Like the In-hospital Clinical Assessments, Trainees should attempt an assessment formatively as many times as is needed to obtain competency, with a minimum of three formative assessments suggested. Only the completed summative assessment sheet indicating that the Trainee has performed the procedure with minimal input needs to be submitted to College House; however, ALL assessment sheets for assessments undertaken by Trainees should be retained for reference by the Trainee.</p> <p>The assessment should be based on observing the Trainee performing the relevant procedure once, not several times, generally when the Trainee considers they possess the skills necessary to be able to perform the procedure in question safely and competently. Where a Trainee is repeatedly being assessed as needing significant input for a specific procedure, the assessor and/or the Trainee's supervisor is expected to develop a training plan to assist the Trainee. The APSS are a College assessment requirement only and are not intended to act as a credentialing process that bestows clinical privileges upon a Trainee at a particular site. These assessments are independent from any formal in hospital credentialing processes.</p> <p>Written feedback is provided to all RANZCOG examination candidates and their training supervisor following the examination they have attempted. The feedback is intended to assist Trainees to understand their performance in the examination and to help them identify areas of relative strength or weakness. Candidates are encouraged to discuss this with their training supervisor or a chosen mentor.</p> <p>Verbal feedback is available on request to Trainees following unsuccessful examination attempts. Verbal feedback aims to identify areas of underperformance and to assist Trainees with strategies to address these in their following examination attempt. Trainees are encouraged to discuss the verbal feedback with their training supervisor. The training supervisor or other mentor may accompany the Trainee to the verbal feedback session.</p>
5.3.2	<p>The education provider informs its supervisors of the assessment performance of the Trainees for whom they are responsible.</p>

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	<p>RANZCOG recognises the importance and value of providing feedback on assessment performance to Trainees and training supervisors.</p> <p>Written feedback is provided to all RANZCOG examination candidates and their training supervisor following the examination they have attempted. The feedback is intended to assist Trainees to understand their performance in the examination and to help them identify areas of relative strength or weakness. Candidates are encouraged to discuss this with their training supervisor or a chosen mentor.</p> <p>Verbal feedback is available on request to Trainees following unsuccessful examination attempts. Verbal feedback aims to identify areas of underperformance and to assist Trainees with strategies to address these in their following examination attempt. Trainees are encouraged to discuss the verbal feedback with their training supervisor. The training supervisor or other mentor may accompany the Trainee to the verbal feedback session.</p>
5.3.3	<p>The education provider has processes for early identification of Trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.</p>
	<p>Early Identification of Trainees not meeting Training Program Outcomes</p> <p>3 & 6 monthly assessments</p> <p>Trainees are expected to meet with their supervisors at three-monthly intervals to discuss matters of performance. Three-monthly meetings are formative, whereas six-monthly meetings are summative. A process is in place via my.RANZCOG for supervisors to gather consultant feedback for the six-monthly assessments and to assess the Trainee as having either successfully or unsuccessfully completed the term. Trainees assessed as unsuccessful are referred to the regional Training Accreditation Committee (TAC) for further discussion. The Training Supervisor educator in the Training Support Unit can provide direction and support with issues of Trainee performance.</p> <p>Management of Trainees not meeting Program Outcomes</p> <p>A number of strategies are in place to manage and assist a Trainee not meeting program outcomes.</p>
	<p>Trainee in Difficulty policy</p> <p>The expectations of training supervisors, with respect to Trainee performance are documented in the Trainee in Difficulty Policy:</p> <ul style="list-style-type: none"> • Provide frequent and constructive feedback to the Trainee regarding their performance and progress in training

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	<ul style="list-style-type: none"> • Identify, assess, support and manage Trainees who encounter difficulty in training, including the development of learning plans if required • Maintain confidential records of any relevant incidents or conversations with the Trainee • Notify the relevant ITP Coordinator and/or Committee Chair where an educational difficulty needs to be reviewed and further monitored • Be aware of and refer to their employer's workplace policies. Notify the employer regarding any workplace difficulties that have been identified. • Issues related to employment and the management of these are the responsibility of the employer and not the College • Recommend the Trainee contact the training site's Employee Assistance Program (EAP) for confidential, fully subsidised external professional counselling and support if needed • Ensure that ongoing support is delivered to the Trainee where a Trainee moves training sites. This includes the handover and implementation of an existing Learning Development Plan • Notify the relevant Committee Chair about any unresolved training setting or supervision difficulties • Training Supervisors and ITP Coordinators are supported by the Training Accreditation Chair and Committees • Actively monitor Trainee progression, supervision and training setting issues within and across the ITP or relevant region or cohort to improve training quality • Provide advice, support and management oversight to Training Supervisors who are supporting Trainees in difficulty • Provide advice, support and the offer of a mentor as per the RANZCOG Mentoring Policy, if this has not already been suggested to a Trainee who is experiencing difficulties • Assess the individual Trainee's suitability for the FRANZCOG Training Program and, where appropriate, discuss vocational options for the Trainee • Provide advice and guidance to the relevant Committee Chair to resolve if necessary, a Trainee supervisor relationship issue • Ensure the appropriate workplace policies are adhered to and involve Human Resources personnel when required • Advise and support supervisors to report a Trainee to the relevant Medical Registration Authority where there are concerns about patient safety.
	<p>Training Supervisors</p> <p>The Training Supervisor Position Description outlines their role in supporting Trainees:</p> <ul style="list-style-type: none"> • Teaching and learning; supervising Trainees • Meet with Trainees initially to discuss expectations, learning needs and goals. Regular meetings thereafter are required to discuss and give feedback on issues arising, performance and progress • Optimise learning opportunities such as ward rounds, outpatient clinics (including specialist clinics such as fertility, menopause, colposcopy etc), mortality/morbidity meetings, as well as in traditional 'bedside' and surgical areas

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	<ul style="list-style-type: none"> • Endeavour to provide direct supervision to Trainees (by the supervisor directly or by another consultant) during their performance of new procedures (or procedures in a new setting), and those assessed as requiring additional support i.e. complicated procedures, those assessed as requiring significant input during the Assessment of Procedural and Surgical Skills (APSS) • Contribute to the hospital O&G education program. Teaching and learning/FRANZCOG specific • Familiarise self with the following FRANZCOG documents: Handbooks, Curriculum, Regulations, Accreditation Standards & Guidelines for Hospitals in the FRANZCOG Training Program. <p>At the three-monthly formative appraisals, Training Supervisors are required to:</p> <ul style="list-style-type: none"> • Complete online requirements (supervisor comments and declaration) • Meet with Trainee to provide feedback. <p>At the six-monthly summative assessments, Training Supervisors are required to:</p> <ul style="list-style-type: none"> • Initiate 'Consultant Assessment of Trainee' via the online system to summarise consultant assessments and submit • Finalise the assessment by reviewing the logbook, 'Assessment of Procedural & Surgical Skills (APSS)' and other activities and complete the declaration • Meet with the Trainee to provide feedback • Recommend additional training and/or assessments for Trainees with particular training needs (i.e. communication skills, Multi-Source feedback) and assist them with same • Develop learning development plans (LDP) in consultation with Trainees for whom a six-monthly assessment was assessed as 'Referred for review to a regional/NZ TA committee.'
	<p>Training Supervisor independent educator</p> <p>The independent training supervisor educator role provides supervisors with a contact point to discuss specific issues and concerns related to the supervisory relationship.</p>
	<p>Persistently Unresolved Trainee Performance Issues</p> <p>Where support measures have been applied and issues remain unresolved, the Chair of the RANZCOG Training Accreditation Committee (TAC) and the Director of Education and Training are notified.</p> <p>The Regional Training Accreditation Committee meetings provide a forum for discussion on how best to support Trainees' progress in the training program. The Regional TAC may also refer Trainees to the RANZCOG TAC.</p> <p>There are rare occasions where a Trainee commences training in Obstetrics & Gynaecology but may not be suited to becoming a specialist in the discipline. This is usually apparent to the Trainee as well as clinical supervisors and the College. The College Recognition of Prior</p>

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	<p>Learning Policy facilitates transition from the FRANZCOG training program to the DRANZCOG training program for those who may be better suited to General Practice with a strong interest in Women's Health and obstetrics rather than becoming a specialist.</p>
	<p>Timing of the FRANZCOG Written & Oral Examinations</p> <p>FRANZCOG Trainee s can sit the examinations earlier in training and must complete both oral and written examinations before progressing to Advanced Training. This gives a further opportunity to identify the Trainee in difficulty earlier in training than was previously the case. It had previously been possible for a Trainee to go deep into the training program without having met the examination requirements.</p>
5.3.4	<p>The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.</p>
	<p>RANZCOG has a Trainee in Difficulty policy available on the RANZCOG website. The policy specifies that patient and Trainee safety take precedence over all other considerations. The policy does not apply to those situations where a Trainee e is exhibiting notifiable conduct. In those circumstances, the matter should be referred to the relevant registration authority. Employers and clinicians are bound by mandatory notification requirements to the MBA or MCNZ as appropriate. Reportable behaviours are dealt with by the MBA or MCNZ and not by the College.</p> <p>The policy outlines roles and responsibilities of those involved in training. In relation to reporting the following points are relevant:</p> <p>Section 3.2 Training Supervisors</p> <p>Training Supervisors have responsibilities to both the College and the Trainee's employer. Supervisors have a responsibility to:</p> <p>Mandatory report where necessary in accordance with Medical Registration Authority and other legal requirements, where there is a concern for risk to patient safety.</p> <p>Section 3.3 Training/Accreditation Chair and Committees</p> <p>The Training/Accreditation Chairs and Committees play an important role in assisting the Trainee and their Training Supervisor to address and resolve, if possible, the training or supervision issue. Their role is to:</p> <p>Section 3.4 Employers</p> <p>Employers have industrial obligations and responsibilities and must also meet the College's Hospital Accreditation Standards for the relevant training program. This includes:</p> <ul style="list-style-type: none"> • Management of all employment issues, including performance management and disciplinary matters in a timely, fair and objective way. Such matters may include, but

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	<p>are not limited to workplace bullying, harassment and discrimination, sexual misconduct, drug and alcohol abuse, breaches of workplace policies, unacceptable standard of work that may affect patient safety, work hours and conditions.</p> <ul style="list-style-type: none"> • Meeting the College's Hospital Accreditation Standards for the relevant program regarding the provision of a quality environment for RANZCOG training. The College will endeavour to work collaboratively with employers where a difficulty is both an employment issue and a training difficulty
	<p>In-hospital Credentialing</p> <p>Hospitals are also required to have credentialing processes for Trainee s.</p> <p>The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program are available on the RANZCOG website:</p> <p>Standard 4.1.15 Trainee In-hospital Credentialing</p> <p>The hospital has a documented credentialing process in place to identify each Trainee's competence in core obstetric and gynaecological surgical procedures. The in-hospital credentialing process is the responsibility of the Director(s)/Head(s) of Obstetrics and Gynaecology in consultation with the Training Supervisor and in collaboration with consultants, senior Trainee s and other relevant health practitioners.</p> <p>The hospital may develop its own credentialing process or utilise that of the College, which is available on the RANZCOG website.</p> <p>The hospital may also have a list of procedures where the consultant must always be present. If this exists, it is adhered to irrespective of the level of credentialing of any individual Trainee.</p> <p>The credentialing document specifies the level of supervision each Trainee requires for specific procedures particularly where these are performed after hours. If a Trainee is listed as requiring after hours direct supervision for a particular procedure, the on-call consultant attends until such time as the registrar is credentialed for that procedure to be supervised remotely. Regardless of the credentialing for a particular procedure, Trainee s feel comfortable to seek assistance from a consultant and/or consultants to provide support when requested to do so.</p> <p>The credentialing document is distributed to all relevant staff: consultants, including locums, senior midwifery and theatre staff, senior Trainee s and theatre nurses. The credentialing document is reviewed and updated for each Trainee every six months at a minimum. All relevant staff adhere to the level to which an individual FRANZCOG Trainee is credentialed. Where necessary, and in addition to their own credentialing processes, hospitals other than the home/base hospital verify with the home/base hospital the credentialing of their allocated FRANZCOG Trainee (s).</p>

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	<p>All candidates attempting the FRANZCOG examinations receive written feedback on their examination performance. Copies of the feedback letter are sent to the Trainee's Supervisor. In accordance with the RANZCOG release of examination results policy:</p> <p>Standard 4.1 Release to Candidates</p> <p>Candidates are given their pass/fail result and depending on the examination they have attempted, the relationship of their examination score to the examination passing mark and/or feedback on their performance in:</p> <ul style="list-style-type: none"> • topic areas for Multiple Choice Examinations (% questions correctly answered) • questions for Short Answer Question Examinations (MAPS status) • stations for Oral Examinations (MAPS status) <p>Standard 4.2 Release to Training Supervisors</p> <p>FRANZCOG Training Supervisors and Subspecialty Supervisors are provided with their Trainee's examination result (pass/fail and attempt number) and feedback on their examination performance. CWH/DRANZCOG/DRANZCOG Advanced Training Supervisors are provided with their Trainee's examination result (pass/fail and attempt number).</p>
5.4	Assessment Quality
5.4.1	<p>The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.</p>
	<p>RANZCOG continues to use formal and informal processes to review assessment quality and inform continual process improvement.</p> <p>Feedback is sought from Trainees, Examiners, Examination Coordinators and RANZCOG staff following the conduct of all examinations through the use of questionnaires and informal feedback mechanisms. This information is collated and considered by Examination Coordinators and the Education and Assessment Committee to inform any required changes to assessments or assessment processes. RANZCOG are aware of the importance of ensuring examination processes can withstand scrutiny and meet the expectations of all stakeholders. As such RANZCOG are evaluating examination feedback mechanisms with the intention of implementing a more systematic, structured, consistent approach with more timely and formal reporting of this feedback.</p> <p>Following each examination (in examinations with a sufficient sample size) psychometric analysis of the examination and examination items are performed to analyse reliability, consistency and quality. Poorly performing items may be removed from standard setting and results calculation processes. This information is also used to improve items before they are re-used. Poorly performing items are flagged for review and consideration as part of the next</p>

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item review and writing activity. The process of item review and improvement is part of well-established practice for all multiple choice questions and this has been in part possible due to an electronic item bank which provided access to data on past item performance. The cycle of item review and improvement is being considered for FRANZCOG short answer questions and oral cases since the decision to develop an item bank for these styles of questions. RANZCOG currently use FastTest by Assessment -Systems for the multiple choice question item bank. This is currently being reviewed to ensure it meets current and future requirements.

Examination performance is also reviewed through the quantitative review of minimum, maximum and mean item scores plus examination and item pass rates.

The resources required to develop and deliver written and oral examinations is considerable. RANZCOG are reviewing and considering all examination processes to ensure they are sustainable and that costs associated with examinations does not become unaffordable. This is a challenge for RANZCOG due to the relatively small number of examination candidates in particular for the five Subspecialty training programs. The newly appointed Specialist Advisor-Assessments is consulting with RANZCOG staff and members involved in examination development delivery to explore ways to maximise the feasibility of assessments.

Curriculum Review 2018–2022

A comprehensive review of the current RANZCOG training programs, curricula, assessments and regulations was initiated in 2018. Broad representation on the working party includes members of the Australian Council for Educational Research (ACER). The review also includes assessment of best-practice models in medical education in Australia, New Zealand and internationally. The review has provided advice to the RANZCOG Board on suggested broad revisions to existing College training programs, curricula, assessments and regulations. Many of the recommendations have related to a move towards a program of assessment and RANZCOG has learnt significantly from ACER and from AMC forums on programmatic assessment (for example the forum that AMC hosted with Cees Van Der Vleuten and Olle Ten Cate).

It has been recommended that the next stage of the Curriculum Review project include a formal and comprehensive review of the overall assessment program for the FRANZCOG and the Subspecialty training programs. The outcomes from the review would help inform the detailed design phase of the Curriculum Review project. It is proposed that ACER conduct the review with the objective of identifying areas for improvement that will ensure assessment processes are transparent, consistent, fair and defensible. The review would include stakeholder consultation and would include the review of:

- alignment of assessments to learning outcomes and evolving blueprinting practices
- introducing entrustment scales and tools to the workplace-based assessments
- the appropriateness of assessments (fitness-for-purpose) and introducing a more programmatic approach
- processes for quality item construction and ongoing item review
- delivery and data collection processes

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	<ul style="list-style-type: none"> • scoring/marking processes including rubric design • psychometric feedback on exams • issues of standard setting and cut-score determination • linking and equating of examinations • borderline candidate review processes • training and guidelines for examinations • calibration of examinations, and • the quality of candidate reporting.
5.4.2	<p>The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.</p>
	<p>RANZCOG maintains consistency and comparability of assessment practices through Examiner and Training Supervisor training and ongoing monitoring of assessment outcomes.</p> <p>RANZCOG closely monitors examination pass rates to evaluate training program performance and provides this information to the Education & Assessment Committee, RANZCOG Board and relevant Subspecialty Committees.</p> <p>FRANZCOG Trainee s undertake their training in a wide variety of training sites. The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document is available on the RANZCOG website, and addresses training site requirements that must be met in order to have Basic (Core) and Advanced Trainee s. Sites are required to have consultants with certain experience on staff.</p> <p>Accreditation standard 5.9.1 FRANZCOG Examiners</p> <p>‘The hospital has at least one consultant who has been a FRANZCOG examiner within the last 10 years’. This is to ensure that teaching and learning focuses on the knowledge, skills, professional qualities and competencies expected and which are assessed informally and formally throughout the training program both within the hospital and through the examinations. For a provincial or rural hospital, this is desirable but not mandatory.</p>

Summary of Significant Developments

Specialist Advisor: Assessment

In late 2018 RANZCOG created several Specialist Advisor roles. The incumbents are highly experienced members of the college and are employed as consultants to provide expert professional advice in key areas of the College’s operations. The Specialist Advisor – Assessment is responsible for the provision of professional advice on the College’s assessment matters. Advice is sought on summative and formative assessments including examinations. Occasionally, advice is sought on training and supervision issues. The Specialist Advisor – Assessment provides professional advice to managers in the development, review, and marking (including standard setting) of examinations and other College assessments. The Specialist Advisor – Assessment also provides advice on the preparation and development of key assessment documentation in areas

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for which s/he is responsible. The Specialist Adviser – Assessment is expected to provide advice and support to the Director of Education and Training on strategic education matters and monitor trends in obstetrics and gynaecology and medical education.

Change from 'Core' to 'Basic' Training

In July 2018, the RANZCOG Education Strategy Committee and RANZCOG Board approved changes to terminology relating to the FRANZCOG training program. The committee supported the proposal that the term 'Core' training used to describe the first four years of FRANZCOG training be phased out. The term will be gradually phased out and replaced with the term 'Basic' training. The intention is to clarify that this training is designed to develop basic skills across a broad scope of practice. This brings RANZCOG into line with other Colleges including the Royal Australasian College of Physicians and the Royal Australasian College of Surgeons. The change in terminology will be implemented as new documents are developed or existing documents amended.

Electronic Examination Delivery

RANZCOG continues to review and refine aspects of Assessments and Examinations to drive an improved candidate experience, enhanced security and efficiency across the end to end examination processes. RANZCOG partnered with Pearson VUE from 2018 to conduct computer-based testing for short answer question and multiple-choice question examinations. RANZCOG examinations have now been delivered with Pearson VUE in three examination cycles.

RANZCOG continues to work with Pearson VUE to streamline processes and optimise the examination day experience for candidates.

RANZCOG has developed comprehensive contingency plans including processes, guidelines and draft communications in the event of a complete system failure during the delivery of electronic examinations.

Examiner Training

A working group has been formed to review current examiner training processes. It is expected the Working Party will inform changes to the content and format of examiner training with development of online content and other supporting materials.

Use of Purpose-built Oral Examination Delivery Facilities

Historically, RANZCOG oral examinations have been delivered in hospital outpatient clinics. In 2018 the new purpose-built facilities at Adelaide Health Simulation, University of Adelaide were piloted for delivery of the DRANZCOG Advanced Oral Examination. Adelaide Health Simulation is designed to provide advanced assessment approaches for clinical exams including the uses of video capture, electronic marking and advanced data analytics. Following the successful pilot, the DRANZCOG Advanced Oral Examination will be delivered at the facilities from 2019. RANZCOG continue to review and refine examination development and delivery processes associated with the use of the new facility. This includes risk mitigation and contingency plans in the event of system failures. In addition, RANZCOG continue to evaluate feedback received from examination candidates and examiners. The use of the facility is now being considered for the larger scale FRANZCOG oral examinations and the Subspecialty oral examinations

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The use of video capture provides the opportunity for their use in feedback and remediation processes. The potential for the use of video recordings will be explored with policies developed to guide the permitted use of the recordings.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Statistics and Annual Updates

Examination Data

Pass rates for all candidates for the period January 2014 to April 2019 are presented in the following tables. Pass rates for candidates who attempted the examinations for the first time and subsequent attempts are shown for examinations from January 2014 to April 2019.

Table 5.3 FRANZCOG written examination: candidates sitting and passing (January 2014 to April 2019)

	1: 14	2: 14	1: 15	2: 15	1: 16	2: 16	1: 17	2: 17	1: 18	2: 18	1: 19	TOTAL
Candidates Sitting	86	67	82	106	87	92	53	86	60	88	69	876
Candidates Passing	50	50	45	73	70	73	30	63	41	56	42	593
% Pass	58	75	55*	69	81	79	57	73	68	64	61	68

* An investigation was conducted to determine the reasons behind the lower pass rate (54.9%) in the FRANZCOG Written Examination held February 2015. It was determined that poor performance by a larger number of candidates in the SAQ component of the examination contributed to the lower pass rate in this examination. This conclusion was supported by published examiner feedback on candidate performance in the examination.

It was determined that in the first sitting of the FRANZCOG written examination in 2017, a greater number of candidates on their second or subsequent attempt at the examination were unsuccessful and this contributed to the lower overall pass rate. Further information is provided above under 'Standard 5 - Activity against conditions'.

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Table 5.4 FRANZCOG written examination: pass rate by attempt (January 2014 to April 2019)

Attempts	Total Number of Candidates	Pass	Fail	Pass Rate %
First	649	485	164	75
Second	143	80	63	56
Third	48	17	31	35
Fourth	30	9	21	30
Fifth	6	2	4	33

Table 5.5 FRANZCOG oral examination: candidates sitting and passing (January 2014 to April 2019)

	1: 14	2: 14	1: 15	2: 15	1: 16	2: 16	1: 17	2: 17	1: 18	2: 18	TOTAL
Candidates Sitting	109	35	73	37	103	106	70	64	72	70	739
Candidates Passing	95	18	59	21	80	91	57	48	62	55	586
% Pass	87	51	81	57	78	86	81	75	86	79	79

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Table 5.6 FRANZCOG oral examination: pass rate by attempt (January 2014 to April 2019)

Attempts	Total Number of Candidates	Pass	Fail	Pass Rate %
First	592	495	97	84
Second	90	63	27	70
Third	35	21	14	60
Fourth	17	6	11	60

Subspecialty Examinations

There are five RANZCOG subspecialty training programs:

- Certification in Gynaecological Oncology (CGO)
- Certification in Maternal Fetal Medicine (CMFM)
- Certification in Gynaecological Ultrasound (COGU)
- Certification in Reproductive Endocrinology and Infertility (CREI)
- Certification in Urogynaecology (CU)

The following tables provide data on subspecialties examinations from 2014 to 2018. The five subspecialty training programs include a written examination as part of their program of assessment. Four of the five subspecialty training programs include an oral examination as part of their program of assessment however this was removed from the CU training program from 2014. As examinations are held as part of cycle 2 examinations in the second half of the calendar year 2019 subspecialty data is not available.

Table 5.7 Subspecialty written examination: candidates sitting and passing (January 2014 to April 2019)

	CGO	CMFM	COGU	CREI	CU
Candidates Sitting	30	34	15	35	19
Candidates Passing	17	21	9	20	12
% Pass	57	62	60	57	63

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Table 5.8 CGO written examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	4	8	7	6	5	30
Candidates Passing	1	4	4	4	4	17
% Pass	57	62	60	67	80	57

Table 5.9 CMFM written examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	4	7	6	7	10	34
Candidates Passing	2	5	3	5	6	21
% Pass	50	71	50	71	60	62

Table 5.10 COGU written examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	3	2	1	5	4	15
Candidates Passing	3	1	0	4	1	9
% Pass	100	50	0	80	25	60

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Table 5.11 CREI written examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	2	8	9	9	7	35
Candidates Passing	1	4	3	6	6	20
% Pass	50	50	33	67	86	57

Table 5.12 CU written examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	3	1	5	5	5	19
Candidates Passing	3	0	3	4	2	12
% Pass	100	0	60	80	40	63

Table 5.13 subspecialty written examination: pass rate by attempt (January 2014 to April 2019)

Attempts	Total Number of Candidates	Pass	Fail	Pass Rate %
First	90	59	31	66
Second	28	16	12	27
Third	11	4	7	36
Fourth	4	2	2	50

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Table 5.14 Subspecialty oral examination: candidates sitting and passing (January 2014 to April 2019)

	CGO	CMFM	COGU	CREI
Candidates Sitting	16	21	8	26
Candidates Passing	16	18	7	19
% Pass	100	86	88	73

Table 5.15 CGO oral examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	2	4	5	2	3	16
Candidates Passing	2	4	5	2	3	16
% Pass	100	100	100	100	100	100

Table 5.16 CMFM oral examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	3	5	5	3	5	21
Candidates Passing	2	4	5	3	4	18
% Pass	67	80	100	100	80	86

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Table 5.17 COGU oral examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	1	2	1	4	0	8
Candidates Passing	1	1	1	4	—	7
% Pass	100	50	100	100	—	88

Table 5.18 CREI oral examination: candidates sitting and passing (January 2014 to April 2019)

	2014	2015	2016	2017	2018	TOTAL
Candidates Sitting	6	6	3	6	5	26
Candidates Passing	4	5	3	4	3	19
% Pass	67	83	100	67	60	73

Table 5.19 Subspecialty oral examination: pass rate by attempt (January 2014 to April 2019)

Attempts	Total Number of Candidates	Pass	Fail	Pass Rate %
First	66	57	9	86
Second	5	3	2	60
Third	0	—	—	—

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Specialist International Medical Graduates (SIMG) Assessment

Please refer to [Standard 10](#) for statistics relating to the assessment of SIMGs.

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Standard 6: Monitoring and Evaluation

Previously Met	
6.1	Monitoring
6.1.1	<p>The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and Trainee progress.</p>
	<p>The College continues to review its training and education programs, including commencing a full curriculum review in 2018. Whilst the review is underway, processes to monitor, evaluate and report on the training program are continuing. The Training Accreditation Committee, Education Assessment Committee and the Trainees' Committee are involved with curriculum content, teaching and learning, assessment, supervision and Trainee progress.</p> <pre> graph TD A["Review & Draft Model (Phase 1) April 2018 – July 2019"] --> B["Detailed Design (Phase 2) 2019-2021"] B --> C["Implementation 2021 -2022"] </pre> <p>Review & Draft Model (Phase 1) April 2018 – July 2019</p> <ul style="list-style-type: none"> • Establish Advisory Panel • Draft Design Principles • Engage stakeholders • Model Identification (Research and feedback) • Draft Model for Socialisation <p>Detailed Design (Phase 2) 2019-2021</p> <ul style="list-style-type: none"> • Determine detailed approach across Training Programs, Assessment, Regulations and CPD with Working Parties • Document operational implications including investment needed to upgrade infrastructure <p>Implementation 2021 -2022</p> <ul style="list-style-type: none"> • Agree Transition Plans • Implementation of Model <p>The RANZCOG Curriculum Review Expert Advisory Panel is developing overarching design principles. The Advisory Panel has reviewed three of the four main areas:</p> <ol style="list-style-type: none"> 1. Training programs (exploring length of training, simulation, rural training and role of prevocational training); 2. Assessment (exploring programmatic approach, entrustment, feedback and workplace-based assessment);

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	<ol style="list-style-type: none"> Curriculum (exploring domains, other curricula around the world and the addition of lifelong learning principles); Entry and exit points (exploring prevocational training, selection, exit and career pathways). <p>The proposals were presented to Board in July 2019 and received in principle support. The Advisory Panel in the second half of 2019 is finalising a set of design principles/options that will undergo a broad consultation. This is planned for the remainder of 2019. Comments and feedback from the consultation will be incorporated into a report with recommendations to be presented to the Board in late 2019</p>
6.1.2	<p>Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.</p>
	<p>Supervisors contribute to monitoring and program development through Regional Training Accreditation Committees (TAC) for each state/region. These committees meet regularly to review Trainee progress and discuss training matters. The members of the Regional TAC include ITP coordinators, Training Supervisors and Trainee representatives. Supervisors can use the Regional TAC as a mechanism for providing feedback. The Training Support Unit is another option for Training Supervisors to provide feedback and seek support. Other mechanisms to gather feedback include:</p> <ul style="list-style-type: none"> Annual Training Supervisor survey Training Supervisor Workshops Hospital Accreditation visits <p>The Regional TAC Chairs are all members of the RANZCOG Training Accreditation Committee and meet at least three times per year.</p> <p>Training Supervisor educational support</p> <p>The role of the Training Supervisor educator was established to support Training Supervisors.</p> <p>The Position Description (PD) for Training Supervisors has been reviewed following a process of seeking feedback from Training Supervisors during workshops. The PD was endorsed by the RANZCOG TAC at the November 2018 committee meeting. This PD is available on the RANZCOG website and was distributed to all current Training Supervisors.</p>
6.1.3	<p>Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing Trainee s are not unfairly disadvantaged by such changes.</p>

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The functions and responsibilities of the RANZCOG Trainees Committee are to represent the interests and concerns of RANZCOG Trainee s in the FRANZCOG, Certificate of Women’s Health/DRANZCOG/DRANZCOG Advanced, Subspecialty and Specialist International Medical Graduates (SIMG) pre-Fellowship training programs, as well as RANZCOG Trainee s undertaking approved training in locations outside Australia and New Zealand, in discussion and decision-making relating to training and assessment, as well as broader issues relating to the discipline of obstetrics and gynaecology.

The Committee’s responsibilities include the following:

- advocate the views and concerns of all Trainee s to the RANZCOG Board and other committees and working groups, as appropriate;
- make recommendations to the Board on matters relating to training and assessment;
- provide a forum for discussion between Trainee s at all levels, and from all states/regions, in order to identify concerns that might impact on their training and assessment;
- assist in the dissemination of information from the College to Trainee s, in consultation with relevant groups and individuals, as appropriate;
- advise and support state/regional Trainee representatives and improve communications amongst Trainee s at state/regional level.

Trainee Representation on Key Committees of the College

The following committees have Trainee representative members:

- Council
- Continuing Professional Development Committee
- Education Assessment Committee
- Education Strategy Committee
- Engagement Committee
- Gender Equity & Diversity Working Group
- Jean Murray Jones Bequest Oversight Committee
- New Zealand Affairs Advisory Committee
- O&G Magazine Advisory Group
- Prevocational Pathway Working Party
- Progression Review Committee
- RANZCOG Women’s Health Foundation
- Recognition of Prior Learning Subcommittee
- Regional Committees
- Te Kāhui Oranga ō Nuku
- Research Assessment Subcommittee
- Simulation Training Advisory Group
- Subspecialties Committee
- Subspecialty Committees (Gynaecological Oncology, Maternal Fetal Medicine, Obstetrical and Gynaecological Ultrasound, Reproductive Endocrinology and Infertility, Urogynaecology)
- Trainees Committee

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	<ul style="list-style-type: none"> • Training Accreditation Committee • Women's Health Committee <p>Trainees have opportunities to provide feedback on their professional experiences within the training and clinical setting as well as relationships/conduct experienced with their Training Supervisors or Consultants through the Trainee Liaison (TL) within the Training Support Unit (TSU). The TL provides a supportive, non-judgemental and respectful space for Trainees to share their experiences. Privacy and confidentiality of Trainees are always respected. The TL collects information about the experiences and sites mentioned by the Trainees and stores this in a database that can be deidentified. Themes that emerge are shared with the Accreditation team and the RANZCOG Training Accreditation Committee (TAC) to further inform their understanding of sites and Trainees requiring College support and appropriate intervention.</p> <p>Trainee Representation on Curriculum Review Working Party and Program for Trainee Committee Review of Working Party Recommendations</p> <p>Trainee representation occurs on working parties and subcommittees that have the possibility of making recommendations that impact on training. An example is the current Curriculum Review Working Party where the Chair (or immediate past Chair) of the Trainees Committee has been an active participant.</p>
6.2	Evaluation
6.2.1	<p>The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.</p>
	<p>The College has clearly delineated the standards against which its program and graduate outcomes are evaluated in the College Statements C Gen 19 and C Gen 20, available on the RANZCOG website. These standards are being reviewed as part of the curriculum review, overseen by the Education Strategy Committee (ESC). They were developed after extensive consultation and continue to develop in line with the feedback described below under standards 6.2.2 and 6.2.3.</p> <p>Trainees provide feedback through six-monthly and training programs exit surveys. Accreditation surveys are conducted with all staff within a training site.</p> <p>Trainees and Training Supervisors also complete surveys about training at set intervals. Surveys of New Fellows after approximately 12–18 months post elevation also provides important feedback and evaluation of the training program.</p>

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6.2.2	<p>The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.</p>
	<p>The College collects comprehensive qualitative and quantitative feedback from Trainee s and new Fellows. Surveys are undertaken by Trainee s, training supervisors and ITP Coordinators, and new Fellows.</p> <p>The College has identified areas of its training pathway where further development/review will be undertaken:</p> <ul style="list-style-type: none"> a) Trainee procedure numbers at all levels of FRANZCOG training and across the spectrum of obstetrics & gynaecology relevant to the training level and pathway. This is increasingly a focus of College attention given the reduction in procedure availability mainly due to the increased medicalisation of gynaecology. Quality and timely procedural data collection is critical in delivering program and graduate outcomes that meet the needs of women. Capabilities for reporting of procedure numbers are being enhanced. b) Availability of simulation within each ITP, particularly with respect to simulation equipment for laparoscopic gynaecological surgery. This is collected at each Hospital Accreditation visit and increasingly important in conjunction with (a) above. A Simulation Training Advisory Group is working on developing a series of outcomes that will support Trainee skill development through simulation. <p>RANZCOG has dedicated governance and administrative structures in place for monitoring and evaluation processes. Over the past 12 months, RANZCOG has engaged in a review evaluating data and reporting needs across the entire Education and Training Directorate. As a result, RANZCOG is scoping a software upgrade in this area. Data is maintained within a secure server network using standardised guidelines for share drive filing. This data informs strategic and policy decision in all areas.</p>
6.2.3	<p>Stakeholders contribute to evaluation of program and graduate outcomes.</p>
	<p>Stakeholder feedback and data provide reports that are considered carefully by the education committees governing the training program and impact directly on training program evaluation and development.</p> <p>Community representatives are members on a number of RANZCOG committees. Trainee representative are also members on a number of RANZCOG Committee. RANZCOG has a Trainees Committee with representatives from all regions and training programs.</p> <p>The following are specific relationships of stakeholder contributions to program and graduate outcomes.</p> <ul style="list-style-type: none"> a) The Trainee s and new Fellows through: <ul style="list-style-type: none"> a. Regular surveys at the end of: <ul style="list-style-type: none"> i. As a component of the Hospital Accreditation visit ii. On completion of each 6-month block of training; iii. new Fellows. b) The Trainee Support Unit and Trainee Liaison (TL)

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	<p>The TL collects information about Trainee experiences and stores this in a database that can be deidentified. Themes that emerge are shared with College TAC</p> <ul style="list-style-type: none"> a. Hospital Accreditation visits. b. Trainees Committee via their representative on the ESC c) The training hospitals through: <ul style="list-style-type: none"> a. Training hospital representation on Regional TACs (through ITP Chairs) who in turn present program and graduate outcome issues to College TAC and onto ESC and Board b. Other input from consultants and O&G program directors to ESC, usually by way of communication directly to College House. d) Other Professional disciplines: <ul style="list-style-type: none"> a. Representation may come from another College or Training Institution b. Feedback from parallel disciplines such as midwifery, anaesthesia, theatre nurses, neonatal paediatrics and medical administration is obtained during each Hospital Accreditation Visits. e) The community through: <ul style="list-style-type: none"> a. Individual representation b. Group stakeholder representation to the College (e.g. Vaginal Mesh) c. Coronial or other judicial findings of relevance to training, program and graduate outcomes d. Government representation e.g. through the Consultative Councils or specific representation from the Health Department on an issue of importance.
6.3	Feedback, Reporting and Action
6.3.1	The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
	<p>RANZCOG compiles evaluation reports on survey data. Reports include recommendations which are actioned and monitored over time. Training Evaluation Reports are provided to the Training Accreditation Committee, Education Strategy Committee and the RANZCOG Board. The Executive Summary of the Evaluation Report is provided to the Trainees Committee and Council.</p> <p>The TSU provides a report to RANZCOG Training Accreditation Committee (TAC) three times per year. This report includes an overview of support provided to Trainees and Training Supervisors, workshops delivered and participant feedback, and other relevant activities undertaken.</p> <p>With the successful introduction of the electronic Logbook of Trainee procedural data, reports have been issued on a 6 monthly basis to the Education Strategy Committee, College TAC and each Regional TAC in order that there is timely notification of sites where Trainees are getting less procedural experience (particularly major gynaecological surgery experience).</p>

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6.3.2	<p>The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes and considers their views in continuous renewal of its program(s).</p>
	<p>The College continues to ensure that all evaluation results are available to stakeholders through a number of formal processes in addition to the annual report on the website. The College disseminates summary reports of hospital accreditation evaluations to Trainees and supervisors at those sites. Data presented within the summary validates Trainees' contributions to the process and provides direction to the O&G unit director for improvements required for the training program at the site.</p> <p>Highly valued eLogbook data of gynaecological procedural training at each training site is made available to hospitals and Trainees to enable informed decisions in the interests of improved gynaecological procedural training. The Education Strategy Committee also utilises the annual logbook data to evaluate the overall performance of the training program to ensure appropriate action is taken to evolve the curriculum accordingly.</p>
6.3.3	<p>The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.</p>
	<p>The Education and Training Directorate has commenced a comprehensive review of current evaluation systems with a view to developing a robust evaluation framework which can service the needs of the Trainees and supervisors by identifying areas for improvement, innovation and general quality improvement initiatives.</p> <p>The College continues to have mechanisms in place to manage concerns about or risks to, the quality of any aspect of its training and education programs in a timely manner. Across the programs, policies and procedures around exceptional circumstances, special consideration, reconsideration, mentoring and bullying and discrimination in the workplace are available. Additionally, there are several mechanisms to address risk, quality and concerns through supporting Trainees in difficulty.</p> <p>RANZCOG provides information to Trainees on its website guiding Trainees in difficulty and supporting Trainees in difficult circumstances. It publishes guides on providing evidence informed facilitate feedback and assessment and communication feedback skills.</p> <p>The RANZCOG Trainees Committee provides another valuable mechanism to manage concerns, risks and training quality effectively.</p> <p>The Training Support Unit has two Trainee Liaison Officers. These roles offer all RANZCOG Trainees and supervisors a professional and impartial support service. This service extends to Specialist International Medical Graduates (SIMGs), and FRANZCOG, Subspecialty, Certificate of Women's Health (CWH) and Diploma Trainees in the programs</p>

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	across Australia and New Zealand. The roles also provide a mechanism to identify and monitor trends in quality, risks and issues arising within the training programs.
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Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Statistics and Annual Updates

The following is a summary of evaluations undertaken, the main issues arising from evaluations and the College's response to them, including how RANZCOG reports back to stakeholders.

Table 6.1 Requests for reconsideration

Evaluation Activity	Issues Arising	College Response to Issues
RANZCOG Accreditation Review	Accreditation Software to provide improved information management and trend analysis.	Refer to Standard 8: Implementing the Program for details on this activity. Analysis of the ArtLife accreditation system against the RANZCOG accreditation process. Presentation of this software to other colleges through the NMCE meeting to assist its value to other colleges to reduce costs.
Curricula Review		Refer to Standard 3: The Specialist Medical Education and Training Framework for details on this activity.
SIMG Subspecialist Pathway		Refer to Standard 10: Assessment of Specialist International Medical Graduates for details of this activity.
Training Surveys		Refer to Standard 6: Monitoring and Evaluation for details of this activity.

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Electronic Examinations		Refer to Standard 5: Assessment of Learning for details on this activity.
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Standard 7: Trainees

Previously Met	
7.1	Admission Policy and Selection
7.1.1	<p>The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.</p>
	<p>Each stage of the FRANZCOG Training Selection Process is highly competitive. Throughout the selection process the College bases its assessment of each candidate on the consistent criteria listed in the Eligibility and Selection Criteria and RANZCOG Trainee Selection Process Guidelines and Policy documents available on the RANZCOG website.</p> <p>The selection process aims to select the optimum group of Trainees that will best serve the needs of women in Australia and New Zealand. Selection is entirely points-based and where possible, de-identified through a number allocated at application. The intention is to maximise (as far as possible) meeting the needs of women, merit, transparency and fairness.</p> <p>In 2011 the College introduced a national selection process in each of Australia and New Zealand in place of the previous state-based selection. The New Zealand process is separate from Australian selection as the starting date for the training year is more than two months earlier than the Australian process. The process in both countries is very similar but there are some differences, largely arising from the large numbers of applicants in Australia (approx 180–200 each year) in comparison to that in New Zealand (approx 20–30 each year).</p>
7.1.2	<p>The processes for selection into the specialist medical program:</p> <ul style="list-style-type: none">• use the published criteria and weightings (if relevant) based on the education provider's selection principles• are evaluated with respect to validity, reliability and feasibility• are transparent, rigorous and fair• are capable of standing up to external scrutiny• include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

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Principles

Selection for FRANZCOG training aims to:

- a) Select the best future specialists in Women's Health
- b) Select specifically for areas of need within the Women's Health workforce including Rural Women's Health, Indigenous Women's Health and Academic O&G
- c) Incentivise behaviours in those planning a career in Women's Health that prepare the applicant for FRANZCOG training or other career with an interest in Women's Health (e.g. General Practice, Obstetric Physician ... etc).

Published Criteria and Weightings

All Selection components and weighting are available publicly on the [RANZCOG website](#). All applicants and potential applicants are directed to this section of the website.

Transparency, Rigor and Fairness

FRANZCOG selection utilises a points-based scoring system derived from four components: Curriculum vitae, references, interview and a situational judgement test. Points are allocated against objective criteria with anonymity of applicant preserved whenever possible.

The Regional Offices send out feedback requests (via email) to their respective TAC Chairs at the end of every cycle. TAC Chairs liaise with their ITPs and all feedback received is collated into a report, which is tabled at November Council meetings.

Feedback received outside of this process is also sent to the Chair of ESC for consideration.

Evaluation

After completion of selection each year, all components are assessed for reliability and validity. The evaluation considers all elements of each component. For example, each interview question is evaluated as is each component of the curriculum vitae: Clinical experience, Academic record, Research and the Statement of Personal Qualities.

The results of this evaluation direct extensive discussion with respect to possible amendments to future selection. A number of refinements to the selection process have been heavily influenced by evaluation of previous selection rounds. Candidates are given an opportunity to provide feedback in the SJT evaluation form only.

Reconsideration, Review and Appeal

As with all College decisions, applicants are made aware that they have the right to seek reconsideration, review and/or appeal of all decisions relating to Selection. These policies are clearly outlined on the [RANZCOG website](#).

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7.1.3	<p>The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori Trainees.</p>
	<p>Heavier weighting of scoring in the CV/application component is applied to encourage increased selection of applicants who identify as Indigenous. High weighting of points awarded on the CV for Indigenous status make selection of Indigenous applicants very likely but not certain if other elements score particularly poorly.</p> <p>The following lists the number of Aboriginal and Torres Strait Islander and Māori candidates selected since 2014:</p> <ul style="list-style-type: none"> • 2018: New Zealand – 2; Australia – 2 • 2017: New Zealand – 2; Australia – 1 • 2016: New Zealand – 1; Australia – 1 • 2015: New Zealand – 1; Australia – 1 • 2014: New Zealand – 1; Australia – 1
7.1.4	<p>The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that Trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.</p>
	<p>The following information is available on the RANZCOG website.</p> <p>The specialist training program comprises the Basic (Core) Training Program (four years or 184 weeks), and the Advanced Training Program (a further two years or 92 weeks), which culminates in Fellowship of the College (FRANZCOG). Trainees cannot progress to Advanced Training until they have satisfactorily completed all Basic (Core) Training requirements. Fellowship training involves six years (276 weeks) of postgraduate hospital-based training and assessment.</p> <p>To apply for the Specialist obstetrics and gynaecology training program in Australia or New Zealand, medical practitioners must possess an approved Australian or New Zealand primary medical degree, or have the Australian Medical Council certificate (for applicants in Australia), or be a graduate of a Medical School recognised by the New Zealand Medical Council (for applicants in New Zealand). Medical practitioners must also have general registration with the Medical Board of Australia or the Medical Council of New Zealand.</p> <p>The four-year (184 weeks) Basic (Core) Program includes the following:</p> <ul style="list-style-type: none"> • Rotation through a minimum of two different hospitals, with at least 46 weeks in a hospital other than that designated as the trainee's 'home' or 'base' hospital and 23 weeks in a rural hospital. • Logged clinical work in obstetrics and gynaecology resulting in attainment of prescribed competency levels in specified procedures

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	<ul style="list-style-type: none"> • Utilising the resources of CLIMATE, the RANZCOG e-learning platform • Formative and summative assessments, including three-monthly appraisals and six-monthly assessment reports • Experience in gynaecological oncology <p>The Advanced Program follows the Basic (Core) Program. It comprises the final two years (92 weeks) of the FRANZCOG Training Program. Trainees entering the Advanced Program are required to submit a plan each year which is designed to meet their own educational needs. Trainees are also required to complete Advanced Training Modules.</p> <p>Information about deferral and Recognition of Prior Learning (RPL) are available on the RANZCOG website.</p>
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.
	<p>The national selection processes ensure consistent application of the selection process across regions. Interview panel scoring is standardised against the national average and standard deviation. A comprehensive report is issued that overviews all aspects of the selection, with comparison to previous years. This report includes information on region and gender of both applicants and successful candidates.</p>
7.2	Trainee Participation in Education Provider Governance
7.2.1	<p>The education provider has formal processes and structures that facilitate and support the involvement of Trainees in the governance of their training.</p>
	<p>The College encourages Trainee involvement in the governance of training through representation on various committees.</p> <p>The College ensures active Trainee involvement in the governance of training through the Trainees Committee and all those committees with significant impact on issue of training. These include:</p> <ul style="list-style-type: none"> • Education Assessment Committee • Education Strategy Committee • Progression Review Committee • New Zealand Affairs Advisory Committee • RANZCOG Council • Regional Committees and Te Kāhui Oranga ō Nuku • Subspecialties Committee • Subspecialty Committees (Gynaecological Oncology, Maternal Fetal Medicine, Obstetrical and Gynaecological Ultrasound, Reproductive Endocrinology and Infertility, Urogynaecology)

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	<ul style="list-style-type: none"> • Training and Accreditation Committee <p>Importantly, Trainee s are further represented on key working groups and subcommittees with tasks related to training. These have recently included:</p> <ul style="list-style-type: none"> • Curriculum Review Working Party • Gender Equity & Diversity Working Group • Prevocational Program Working Party • Recognition of Prior Learning Subcommittee • Research Assessment Subcommittee • Simulation Training Advisory Group
7.3	Communication with Trainees
7.3.1	<p>The education provider has mechanisms to inform Trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the Trainee organisation or Trainee representatives.</p>
	<p><i>My.RANZCOG</i> was launched in 2016 and is an online portfolio for recording, reporting, tracking, and administering the FRANZCOG Training Program for all stakeholders. Stakeholders include Trainees, supervisors, regional Training Accreditation Committee chairs, in-hospital consultants/specialist, and College staff.</p> <p><i>My.RANZCOG</i> includes workflows for submission, review, assessment, and approval of training requirements and assessments, and recording of a Trainee’s progression through the training program including calculation of training time.</p> <p>Functional improvements continue to be made to the Trainee components of <i>My.RANZCOG</i>, the College’s online training portfolio. Examples of this include:</p> <ul style="list-style-type: none"> • Launch of the online prospective approval process for the subspecialty programs; • Implementation of an eLogbook for subspecialty programs; • Introduction of visual indicators (in the form of traffic-lights) marking the status of training requirements including flagging overdue assessments and approaching deadlines; • Calculation and display of requirement due dates taking into account extended and/or research leave, and other factors; • Improved functionality for administrative access to update fields including due dates to accommodate approved extensions; • Validations to prevent duplication of assessments between Trainees and supervisors; • Progress dashboards customised to display relevant information only for each training cohort; • Recording pages for completion of new training requirements including for Cultural Competency training, and Ultrasound Assessment of Procedural Surgical Skills (APSS);

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	<ul style="list-style-type: none"> • Inclusion of extended leave, research leave, and academic stream in the training time timeline; • Implementation of approval function for Advanced Training Modules (ATMs); • Display and export functionality for tracking ATMs. <ul style="list-style-type: none"> – Additional improvements are planned for the coming year including a login homepage focussing on important information, improved automated notifications, an ATM tracking dashboard linked to the online logbook, and subspecialty appraisal and assessments features.
7.3.2	<p>The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.</p>
	<p>The College maintains comprehensive and readily accessible information on the RANZCOG website including:</p> <ul style="list-style-type: none"> • Training program information • Costs including training and examination fees • Requirements to commence training <p>The College continues to utilise a range of mechanisms to ensure Trainees are well informed in relation proposed changes to the training program, costs or requirements. Depending on the nature of the proposed change, these are notified through multiple avenues including:</p> <ul style="list-style-type: none"> • Collegiate: the regular email to all Fellows and Trainees • O&G Magazine • my.RANZCOG • The RANZCOG website • The Training & Assessment Bulletin • Contact by staff via emails and telephone • All Trainees have a College-allocated email address to facilitate communication between RANZCOG and Trainees • Information sessions run on a regional basis
7.3.3	<p>The education provider provides timely and correct information to Trainees about their training status to facilitate their progress through training requirements.</p>
	<p><i>My.RANZCOG</i> was launched in 2016. It is an online portfolio for recording, reporting, tracking, and administering the FRANZCOG Training Program. Stakeholders that use My.RANZCOG include Trainees, supervisors, regional Training Accreditation Committee chairs, in-hospital consultants/specialist, and College staff.</p> <p><i>My.RANZCOG</i> includes workflows for submission, review, assessment, and approval of training requirements and assessments. It also records a Trainee's progression through the training program including calculation of training time.</p>

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	<p>Functional improvements continue to be made to the Trainee components of <i>My.RANZCOG</i>. Examples of this include:</p> <ul style="list-style-type: none"> • Launch of the online prospective approval process for the subspecialty programs; • Implementation of an eLogbook for subspecialty programs; • Introduction of visual indicators (in the form of traffic-lights) marking the status of training requirements including flagging overdue assessments and approaching deadlines; • Calculation and display of requirement due dates taking into account extended and/or research leave, and other factors; • Improved functionality for administrative access to update fields including due dates to accommodate approved extensions; • Validations to prevent duplication of assessments between Trainees and supervisors; • Progress dashboards customised to display relevant information only for each training cohort; • Recording pages for completion of new training requirements including for Cultural Competency training, and Ultrasound Assessment of Procedural Surgical Skills (APSS); • Inclusion of extended leave, research leave, and academic stream in the training time timeline; • Implementation of approval function for Advanced Training Modules (ATMs); • Display and export functionality for tracking ATMs. <p>Additional improvements are planned for the coming year. The planned improvements include a login homepage focussing on important information, improved automated notifications, an ATM tracking dashboard linked to the online logbook, and subspecialty appraisal and assessments features.</p>
7.4	Trainee Wellbeing
7.4.1	The education provider promotes strategies to enable a supportive learning environment.
	<p>Hospital Accreditation</p> <p>The College's hospital accreditation process provides a comprehensive framework for ensuring Trainees are trained in a supportive learning environment. The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program are available on the RANZCOG website, and provide detailed requirements for each training site in the form of the six training standards. A hospital accreditation working group has been formed to further refine the hospital accreditation process. The group will look particularly at optimising the hospital accreditation visit regiment to ensure any site in difficulty is more strongly supported and those sites performing well are not burdened with an excessive frequency of formal accreditation visits.</p>

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	<p>Training Support Unit</p> <p>The Trainee Liaison (TL) within the Training Support Unit (TSU) offers a supportive, non-judgemental and safe avenue for Trainees to contact when facing personal and professional difficulties during their training journey. Trainees can speak with the TL over the phone or arrange a face to face meeting. TSU webpages have been developed and contain key information about the unit. An external EAP partnership was established in November 2017 to provide a 24/7 support service for Trainees and training supervisors. A senior member of staff attends and presents at all orientation/inductions of the new Trainees around Australia and New Zealand. The TL attends oral examinations to provide support to Trainees if required. Where possible TSU staff also attend and present at Registrar Education Days to further promote the TL role and raise awareness of the TSU and support mechanisms that are on offer. Promotion of Trainee wellbeing is a significant part of the Training Supervisor Workshop.</p> <p>Trainee Feedback on Training Sites</p> <p>At the end of each training rotation, Trainees have been asked to complete detailed feedback on that site. Anonymity will be preserved by reporting rolling collation of all feedback over the preceding 3-year period. This will allow continuing appraisal of all training sites and provide valuable information for teams accrediting individual hospitals. Any issues that need addressing in a more timely manner are managed through the Trainee Support Unit.</p> <p>Trainee Procedure Numbers</p> <p>While not necessarily a Trainee welfare issue, experience has shown that those sites not prioritising procedural training are often the sites that are deficient in other aspects of their training provision. The eLogbook has provided timely recognition of these sites and enables an earlier accreditation visit if an initial investigation proves this will be beneficial.</p>
7.4.2	<p>The education provider collaborates with other stakeholders, especially employers, to identify and support Trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.</p>
	<p>The Training Support Unit oversee the Training Supervisor workshops and develops and provides resources to assist Training Supervisors supporting Trainees in RANZCOG's training programs. The workshop objectives are to:</p> <ul style="list-style-type: none"> • Discuss clinical supervision and the FRANZCOG Training Program • Identify challenges of the Training Supervisor role • Review the FRANZCOG program requirements • Distinguish Trainees who might be in difficulty • Discuss underperforming Trainees; utilise case studies to assist identification & management

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	<p>Training Supervisors are also supported by the independent training supervisor educator. The training supervisor educator works collaboratively with Training Supervisors on any issues or concerns including Trainees in difficulty. The educator can assist the Training Supervisor to identify a range of support strategies, e.g. part-time training, leave from training, creation of a Learning Development Plan tailored to the Trainee's needs (remediation) and referral to appropriate internal and external support resources and services.</p> <p>The TSU webpages within the RANZCOG website are updated regularly to ensure relevant and up to date resources are available for Trainee s. The TSU developed a Trainee wellbeing animation video to augment the service provided by the TSU. This is available to view on the TSU webpages. Partnerships have been established with PANDA and Converge – an external assistance program that provides 24/7 support to our Trainee s and supervisors. Workshops such as Thrive, and Respectful Workplaces are offered and provided to the regions or specific training sites upon request. Converge International employs over 1,600 qualified specialists trained in counselling, social work and psychology.</p> <p>Converge International offer the following:</p> <ul style="list-style-type: none"> • Support that is confidential and private • Up to three sessions of Counselling, Family Assist and Crisis Counselling per calendar year (funded by RANZCOG) • Support that can be tailored to meet your needs (face to face, telephone or online) • Services available across Australia and New Zealand <p>Converge provides support services and resources through a smartphone app 'EAP Connect'. Through this app, trainees and supervisors can access:</p> <ul style="list-style-type: none"> • Appointment scheduling with a Converge International specialist • Articles and resources on mental health and wellbeing in the workplace • Further information and contact details for Converge International
7.5	Resolution of Training Problems and Disputes
7.5.1	The education provider supports Trainee s in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for Trainee s.
	<p>The College is committed to early intervention and prompt resolution of Trainee complaints.</p> <p>An online module was created to provide Trainee s with information about feedback.</p> <p>The module is for Trainees , Training Supervisors and consultants. It is designed to explore the importance of feedback in a Trainee's learning journey.</p>

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	<p>The module includes how feedback can be incorporated into day-to-day practice to continue professional growth. Includes theory related to the provision of feedback, video scenarios and reflective activities.</p> <p>First year Trainee induction sessions include a session delivered by the Training Support Unit.</p> <p>Matters of concern can be notified through the TSU to enable timely and individualised remediation of the problems whilst maintaining Trainee confidentiality</p> <p>The College is reviewing the data that could be made available to hospital accreditation teams including collating and providing previous compiled years of Training Supervisor Feedback survey data.</p> <p>RANZCOG also has a Complaints Policy available on the RANZCOG website. The policy outlines the process of lodging a formal complaint.</p>
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between Trainee s and supervisors or Trainee s and the education provider.
	<p>The RANZCOG Complaints Policy outlines the process for management of complaints received by the College. Complaints are managed in line with the guiding principles of Complaint Management as outlined in the Commonwealth Ombudsman's Better Practice Guide to Complaint Handling (2009).</p>

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Summary of significant developments

In the past year the following updates have been made to the FRANZCOG Trainee Selection Process:

- the single selection fee used in previous cycles has now been divided into two-part payments; an application fee payable upon commencement of applications, and an interview fee payable upon shortlisting and offer of interview. This reduces the financial impact of the process on applicants who do not progress through to interview or on to selection.
- Situational Judgement Testing continues as a scored component of the Selection process and is reviewed for efficacy annually.

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- clinical experience outside of obstetrics and gynaecology is now acknowledged and scored as part of the online CV/application. This is being trialled in the 2019 cycle and will be reviewed for ongoing use.
- successful applicants who are unable to secure employment at their allocated site will now return to the merit list for matching in the event of a vacancy becoming available. This was implemented as a way to further highlight that the College's selection process is independent of employment.
- the eligible period for sites that are contacted Institutional Referencing has been reduced from 24 months to 18 months. An applicant must now have worked at a site for a minimum of six months within 18 months prior to August of the year of application.

Statistics and Annual Updates

The data presented in the below tables provides up-to-date information in relation to the following training programs for Australia and New Zealand: FRANZCOG Training Program; Subspecialties Training Program; Certificate of Women's Health (CWH); Diploma (DRANZCOG); and Diploma Advanced (DRANZCOG Advanced).

Further data in relation to the last five years may also be accessed from the annual RANZCOG Activities Report available on the [RANZCOG website](#).

Table 7.1 Number of year 1 Trainees entering the FRANZCOG training program (2012–2017)

Year	VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
2012	23	26	19	4	5	2	17	96
2013	22	34	18	4	4	3	21	106
2014	25	31	17	4	4	3	17	101
2015	25	32	16	6	6	2	13	100
2016	27	30	16	4	6	1	10	94
2017	27	33	17	4	8	2	17	108
2018*	26	33	16	4	6	4	21	110

*FRANZCOG Trainee numbers are as at July 2018

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Table 7.2 Number of Aboriginal and Torres Strait Islander and Māori year 1 Trainees entering the FRANZCOG training program (July 2017–June 2018)

VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
0	1	1	0	0	0	2	4

Table 7.3 Number of Trainees completing the FRANZCOG training program (2012–2018)

Year	VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
2012	13	18	9	3	3	3	7	56
2013	13	19	10	3	2	2	10	59
2014	17	24	17	3	5	2	9	77
2015	26	24	17	3	6	1	12	89
2016	18	21	10	8	6	2	7	72
2017	29	17	18	5	2	2	13	86
2018*	15	19	15	5	3	0	10	67

*2018 figures include those Trainees who have been elevated to Fellowship of the College prior to July 2018

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Table 7.4 Number of Aboriginal, Torres Strait Islander and Māori Trainees completing the FRANZCOG training program (July 2017–June 2018)

VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
0	0	0	0	0	0	0	0

The below table contains the year level of Trainees at the commencement of the 2018 regional training year. The New Zealand training year commenced in December 2017 and the Australian year commenced in February 2018. These figures are based on the data as at July 2018.

Table 7.5 Number of Year 2–6+ Trainees commencing the FRANZCOG Training Program

Year	VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
Year 2	32	40	20	6	8	2	17	125
Year 3	36	35	20	5	5	2	12	115
Year 4	22	30	17	9	8	2	19	107
Year 5	26	40	20	6	7	2	26	127
Year 6+	20	25	19	5	8	0	16	93
TOTAL	136	170	96	31	36	8	90	567

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Table 7.6 Number and gender of Trainees undertaking the FRANZCOG training program at July 2018

	Male	Female	Unspecified	TOTAL
FRANZCOG	121	569	0	690

Subspecialty Training

There are five RANZCOG subspecialty training programs:

- Certification in Gynaecological Oncology (CGO)
- Certificate in Maternal Fetal Medicine (CMFM)
- Certificate in Gynaecological Ultrasound (COGU)
- Certificate in Reproductive Endocrinology and Infertility (CREI)
- Certificate in Urogynaecology (CU)

Table 7.7 Number of Trainees entering subspecialties training (2012–2018)

Year	CGO	CMFM	COGU	CREI	CU	TOTAL
2011–2012	3	3	2	4	—	12
2012–2013	5	6	2	2	—	15
2013–2014	3	5	2	4	4	18
2014–2015	2	9	3	7	3	24
2015–2016	3	7	2	8	4	24
2016–2017	5	3	10	4	4	17
2017–2018	5	9	1	4	4	23

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Table 7.8 Number of Trainees completing subspecialties training (2012–March 2018)

Year	CGO	CMFM	COGU	CREI	CU	TOTAL
2011–2012	7	21	8	18	3	57
2012–2013	9	22	8	17	5	61
2013–2014	11	23	8	18	6	66
2014–2015	10	29	8	21	9	77
2015–2016	11	21	8	19	11	70
2016–2017	18	36	11	27	11	103
2017–2018	18	30	8	26	13	95
2018–2019	16	27	9	26	17	95

Table 7.9 Number of Trainees who completed subspecialties training (2012–December 2018)

Year	CGO	CMFM	COGU	CREI	CU	TOTAL
2011–2012	4	–	2	5	4	15
2012–2013	2	4	1	3	–	10
2013–2014	1	2	2	2	1	8
2014–2015	1	1	3	5	2	12
2015–2016	1	4	–	–	–	5

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2016–2017	5	20	10	20	4	14
2017–2018	3	3	2	—	2	10

Table 7.10 Number and gender of Trainees undertaking the FRANZCOG training program at July 2018

Training Program	Male	Female	Unspecified	TOTAL
CGO	6	12	0	18
CMFM	3	27	0	30
COGU	2	6	0	8
CREI	9	17	0	26
CU	4	9	0	13
TOTAL	24	71	0	95

Standard 8: Implementing the Program

Delivery of Education and Accreditation of Training Sites

Previously Met	
8.1	Supervisory and Educational Roles
8.1.1	<p>The education provider ensures that there is an effective system of clinical supervision to support Trainees to achieve the program and graduate outcomes.</p>
	<p>Each Integrated Training Program (ITP) has an ITP coordinator. The ITP coordinator oversees the following in close consultation with the Regional Training Accreditation Committee (TAC) chair.</p> <p>The ITP coordinator must be provided with a minimum of one paid and protected session per fortnight. This is specified in the RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document (available on the RANZCOG website), under Standard 1.2.1 Hospital Support:</p> <p>The ITP Coordinator is provided with a minimum of one paid and protected session per fortnight and suitable administration support by hospitals to allow satisfactory performance of their duties. The special responsibilities of the ITP Coordinator are acknowledged in his/her employment contract and position description, including the provision of this paid and protected time. Payment for this time can be in addition to the supervisor's salary or factored in as part of the contracted salary.</p> <p>A Position Description (PD) for ITP coordinators is available on the RANZCOG website. There is a formal appointment process for ITP coordinator roles.</p> <p>Each Trainee has a Training Supervisor. The Training Supervisor works at the Trainee's current training site. Training Supervisors are provided paid and protected time to provide supervision to Trainees. This is specified in the RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document, under Standard 1.2.1 Support for Training Supervisors:</p> <p>Training Supervisors are given sufficient paid and protected supervision/teaching time to enable them to carry out their duties effectively. This paid/protected time is calculated on the basis of at least 10 hours annually per Trainee supervised. The special responsibilities of the supervisor are acknowledged in his/her hospital</p>

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	<p>contract and position description, including the provision of this paid and protected time. The primary purpose of the Training Supervisor is to promote the development of Trainees' clinical, educational and personal development through encouragement, guidance and support. The focus of the supervisor is to monitor the quality of workplace learning by ensuring quality teaching and assessment of Trainee performance in accordance with personal goals and program requirements. Training Supervisors are required to attend a training supervisor workshop every three years. Participants complete an evaluation of the workshop and the workshop has been revised accordingly to ensure it meets Training Supervisor needs. Eight workshops have been scheduled for 2019.</p> <p>Training Supervisors are also asked to complete an annual feedback survey.</p> <p>A Position Description (PD) for Training Supervisors is available on the RANZCOG website. There is a formal appointment process for Training Supervisor roles.</p> <p>Feedback on clinical supervision and Trainee support are gained through a number of channels. These include site accreditation visits (which include meetings with Training Supervisors and Trainees), and Trainee and supervisor surveys (periodic and hospital accreditation surveys).</p>
8.1.2	<p>The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.</p>
	<p>Standard 3 of the RANZCOG Accreditation Standards and Guidelines for Hospitals in the RANZCOG Training Program document (available on the RANZCOG website), defines the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program:</p> <p>Standard 3.1 There is an adequate number of senior medical staff to provide effective training, support and supervision of Trainees.</p> <p>Standard 3.1.1 Full-time Staff Specialist or Academic O&G Specialist</p> <p>The hospital employs a minimum of two RANZCOG Fellows as permanent members of staff. For hospitals undertaking more than 3000 births, there is at least one full-time Staff Specialist in O&G or full-time academic O&G Specialist. There is an appropriate FTE of O&G to meet the clinical workload including after-hours clinical requirements. The hospital has sufficient O&G consultant FTE to support, sustain and deliver the RANZCOG Training Program, in addition to service provision requirements.</p> <p>Standard 3.1.2 Consultant Staff</p>

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	<p>The hospital has sufficient consultant FTE, determined by the workload and number of registrars and residents, to cover the following areas:</p> <ul style="list-style-type: none"> • 24-hour birthing suite supervision (whether on-site or on-call); • Teaching, supervision and mentoring of Trainees in obstetrics and gynaecology; • Regular and active involvement in a structured educational program, which includes making formal presentations on a rostered basis and regular attendance at sessions to provide a strong consultant presence and involvement in discussions; • Coordination of audit activities in both obstetrics and gynaecology; and • Supporting Trainees' compulsory research activities. <p>Standard 3.2 FRANZCOG Consultants are actively involved and engaged in the teaching and training of registrars in theatre, clinics and on the wards and birthing suite.</p> <p>Standard 3.2.1 Consultant Contracts</p> <p>Hospital contracts clearly stipulate the requirement for consultants to teach and supervise FRANZCOG Trainees and a sample contract should be produced for review by the accreditation team.</p> <p>Standard 3.2.2 Appropriate Consultant Support</p> <p>A consultant is always available to attend the birthing suite in a timely manner when requested by any Trainee (Basic or Advanced) or the clinical circumstances indicate that attendance is warranted. A level one Trainee rostered to cover labour ward has the continuous presence of a more senior Trainee or consultant at all times on the labour ward until he/she is credentialed by the hospital to manage birth suite without continuous senior presence.</p> <p>Standard 3.2.3 Appropriate After-Hours Supervision</p> <p>Trainees have immediate access to the duty consultant for advice and, where appropriate, their physical presence, to assist with decision making, and for the supervision and assistance of procedures. First-year Trainees rostered on night duty have adequate supervision.</p> <p>Standard 3.2.4 On-call Arrangements</p> <p>As many consultants as is reasonable are involved in the on-call arrangements to assist in lowering the individual loads and providing an increased pool of teachers and potential mentors for Trainees. All Consultants on the on-call roster are available to physically attend within 30 minutes or are contractually required to stay overnight when on-call and are provided with appropriate accommodation.</p> <p>Standard 3.2.5 Team Structure</p> <p>Hospitals have a planned team/unit structure which ensures a high quality and continuity of patient care whilst maximising teaching, learning and training opportunities.</p>
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	<p>Standard 3.2.6 Primary Operator</p> <p>Consultants afford both Basic (Core) and Advanced Trainees every available primary-operator experience relevant to the Trainee's skill level and experience and complexity of the case and ensure appropriate supervision.</p> <p>Standard 3.2.7 Role of the Consultant</p> <p>Designated consultants have day-to-day responsibility for effective supervision and training, including:</p> <ul style="list-style-type: none"> • Treating Trainees with respect and courtesy; • Providing regular constructive feedback; • Taking Trainees through each new procedure and giving adequate opportunities to practise their skills; • Taking every opportunity to complete formative and summative APSSs as appropriate; • Close observation of practice and training, including the Trainees' pre-operative assessment of a case, their intra-operative performance, and their post-operative care; • Involving Trainees in case follow-up and appropriate documentation; • Daily attendance at morning birthing suite handovers and gynaecology ward rounds, including weekends; • Involvement in credentialing of Trainees; • Involvement in formative and summative assessment of procedural and surgical skills using the designated workplace based assessment forms; • Involvement in the structured in-hospital education program, including leading case presentations and perinatal mortality/morbidity sessions; • Assisting Trainees to improve their communication and decision-making skills; • Listening to Trainees' concerns about training and responding respectfully; • Taking on the role of mentor (whether formally or informally); and • Contributing to the formal assessment of FRANZCOG Trainees, through completion of RANZCOG Consultant Assessment of Trainee reports and providing the Training Supervisor with an objective and fair assessment of a Trainee's performance and progress. <p>Standard 3.2.8 Consultant Support in Clinics Consultants lead clinics attended by Basic (Core) Trainees on a regular basis.</p> <p>Standard 3.3 FRANZCOG Consultants help to provide a workplace culture that is harmonious and supportive of training.</p> <p>Standard 3.3.1 Consultants and Workplace Culture Consultants contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up to date, evidence based care. Consultants conduct themselves in a professional manner and have zero tolerance for workplace bullying, harassment and discrimination.</p>
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8.1.3	<p>The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.</p>
	<p>There continues to be an application process for RANZCOG training supervisors. The College continues to facilitate training, support and professional development. This has been strengthened with the creation of the Training Support Unit (TSU) and through the ongoing revision of the training supervisor workshops.</p> <p>As indicated in Standard 1, an independent Training Supervisor support educator has been appointed to provide support to consultants who are fulfilling supervisory roles.</p>
8.1.4	<p>The education provider routinely evaluates supervisor effectiveness including feedback from Trainees.</p>
	<p>RANZCOG compiles evaluation reports on survey data including Trainee feedback on Training Supervisor effectiveness. Reports include recommendations which are actioned and monitored over time. Training Evaluation Reports are provided to the Training Accreditation Committee, Education Strategy Committee and the RANZCOG Board. The Executive Summary of the Evaluation Report is provided to the Trainees Committee and Council.</p> <p>Trainee surveys are circulated six-monthly and upon exiting the training program. Feedback from these surveys, particularly around the supervisory relationship, is evaluated and informs the Training Supervisor educator within the Training Support Unit (TSU), as well as Accreditation. Trainees who contact the Trainee Liaison of the TSU can also discuss issues concerning the supervisory relationship. The Trainee can choose to remain anonymous. Issues of considerable concern can be reported to Training Accreditation Committee (TAC) and the RANZCOG Accreditation department for further investigation.</p> <p>Prior to a hospital accreditation visit, Trainees at the site are asked to complete a survey. This survey includes questions about effectiveness of Training Supervisors. The Accreditation Panel will also ask Trainees questions about supervision and Training Supervisors during the accreditation visit interview.</p>
8.1.5	<p>The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.</p>
	<p>RANZCOG continues to ensure a robust process to select all examiners and assessors across the training programs. Additional professional development has been provided to members and examiners for the question writing of exam Multiple-Choice Questions (MCQ), short answer and long answer exam questions in the past two years, ensuring a higher standard of</p>

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	<p>writing and questions to be banked. All applications to the Board of Examiners are reviewed by the Education and Assessment Committee (EAC). Appointment to the Board of Examiners is for six years, consisting of two three-year terms.</p> <p>Ongoing assessment of an examiner's performance takes place during each term. Renewal of an examiner's appointment on the Board of Examiners is automatic, provided the examiner's performance is deemed to be satisfactory and the examiner doesn't want to resign. Examiners are expected to make themselves available for at least one examination activity per year, abide by the RANZCOG examiner code of conduct and declare any actual or potential conflicts of interest.</p> <p>Updates to the Board of Examiners policy have recently been approved including changes to the structure of, and appointment process to, the RANZCOG Board of Examiners. The new structure introduces the provisional examiner status at the Diploma and Subspecialty levels and the honorary role of Emeritus Examiner. The policy outlines the criteria for referees who support applications for appointment to the Board of Examiners.</p>
8.1.6	<p>The education provider routinely evaluates the effectiveness of its assessors including feedback from Trainees.</p>
	<p>Assessment of examiners is done via observation, collection of qualitative and quantitative data from each examination, and comparative data as related to other examiner performance. Feedback is provided to examiners following each examination.</p> <p>All oral examination candidates are given the opportunity to provide feedback on the examination at the end of the session. This includes feedback on assessors.</p> <p>Regional Training Accreditation Committees (TAC) can review effectiveness of assessors via the six-monthly summative assessments.</p>
8.2	Training Sites and Posts
8.2.1	<p>The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:</p> <ul style="list-style-type: none"> • applies its published accreditation criteria when assessing, accrediting and monitoring training sites; • makes publicly available the accreditation criteria and the accreditation procedures; • is transparent and consistent in applying the accreditation process.
	<p>There is a full suite of standard operating procedures around accreditation criteria when assessing, accrediting and monitoring training sites.</p>

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	<p>The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document (publicly available on the RANZCOG website) details the College's six accreditation standards, associated criteria and accreditation ratings. These guidelines clearly specify what each training site must provide as part of its obligations as a RANZCOG-accredited unit. All accredited training sites have also been provided a copy of the Accreditation Standards and Guidelines.</p> <p>Accreditation teams are provided with copies of the Accreditation Standards and Guidelines prior to a site visit and the document forms the reference point of the team's discussion during a site visit, to determine a hospital's accreditation rating. The reaccreditation report that is written following a site visit details any recommendations to be met and includes details of the standards to which they relate. Draft reaccreditation reports are reviewed for comment and amendment by the original team, then sent out to the site for comment. Once that part of the process is complete, the report is reviewed by the Director of Education, then sent to the Chair of the Training Accreditation Committee (TAC) and finally, approved by the RANZCOG Board.</p>
8.2.2	<p>The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:</p> <ul style="list-style-type: none"> • promote the health, welfare and interests of Trainees; • ensure Trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner; • support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand; • ensure Trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
	<p>Site visits are designed to check that a site is meeting the needs of the Trainees and supervisors, and experience requirements are being met. The visits ensure a timely response to any issues identified and/or data indicating that standards are not being met.</p> <p>The RANZCOG Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program document (available on the RANZCOG website) contains various criteria linked to the health, welfare and interest of Trainees. These include criteria relating to workplace culture, safe working hours, physical safety & security and the management of critical incidences.</p> <p>Standards 3 and 4 of the Accreditation Standards & Guidelines specifically relate to Consultant involvement and support of Trainees and the provision of clinical experience</p>

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	<p>respectively. The individual criteria under each of the standards clearly detail the level of supervision expected by consultants on labour ward, in clinics and in theatre, both during and after-hours, as well as the clinical and surgical exposure expected for Trainees. One of the criteria is that hospitals have a documented credentialing process in place to identify each Trainee's competence in core obstetric and gynaecological surgical procedures. Regarded as an important risk-management tool, this document contributes to patient safety and Trainee welfare.</p> <p>As part of the Basic (Core) training requirements, Trainees must complete a six-month rural term (as a minimum). A number of rural hospitals will provide opportunities for Trainees to work in outreach clinics, providing health care to Aboriginal and Torres Strait Islander people in Australia and Māori in New Zealand. In addition, the College has established three Provincial Integrated Training Programs (PITPs), enabling Trainees choosing this pathway to spend the majority of their Basic (Core) training in regional/rural areas. There are currently PITPs based in Dubbo, Orange, and Mackay with a fourth approved for 2019.</p> <p>As part of the hospital accreditation process, hospitals are assessed on the education resources made available to Trainees. It is expected that Trainees have ready access to computers with internet access, access to supportive software (e.g. UpToDate) and medical databases, access to electronic journals and a library collection, as well as an appropriately equipped registrars' room to facilitate research/study. Where a site does not provide this, a recommendation is made in the subsequent reaccreditation report. Hospitals must submit progress reports where conditions or recommendations are imposed if they are required.</p>
8.2.3	<p>The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give Trainees experience of the breadth of the discipline.</p>
	<p>As part of the hospital accreditation process, the College encourages hospitals to consider the use of private or expanded settings (e.g. private ultrasound facilities, fertility clinics) as a means of providing Trainees with access to additional training experiences and procedures. In some circumstances, hospitals are not able to provide full access to specific procedures and therefore must find ways of optimising training experiences. Where this is the case, they are detailed in the accreditation report and included as recommendations. In addition, the College has extended Department of Health-funded Specialist Training Program (STP) posts into a variety of expanded settings.</p> <p>See Standard 4.1 for more information relating to training in private settings.</p>
8.2.4	<p>The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.</p>
	<p>The College continues to be involved in the Accreditation of Specialist Medical Training Sites (June 2014) workshop convened by the Council of Presidents of Medical Colleges (CPMC), as well as factoring in the Australian Health Minister's Advisory Council</p>

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	Standards and Criteria when revising the Accreditation Standards & Guidelines for Hospitals in the FRANZCOG Training Program (July 2016).
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Summary of Significant Developments

An Accreditation Working Group has been convened. The Working Group's purpose is to develop a model of re-accreditation that supports a Quality Improvement (QI) approach while reviewing the existing re-accreditation, quality assurance, and QI processes, with a means of creating efficiencies, increasing transparency and improving the effectiveness of the accreditation processes across the FRANZCOG training programs.

The objective of the Working Group will be to review the regulatory and quality improvement model of accreditation that will both actively support sites to meet accreditation standards and outcomes whilst improving and then maintaining training standards.

The terms of the review will include but not limited to the following:

- Purpose of reaccreditation
- Discussions outlining a range of issues with the current provisions of RANZCOG Training
- Improved communications between training sites and the College
- Improved procedure numbers and training outcomes
- Introducing a regulatory and Quality Improvement (QI) model in the Accreditation process
- Enhance recruitment and commitment in training of accreditors
- Fast tracking reaccreditation
- Cost controls
- Determine if accreditation is about Integrated Training Program (ITP) or post based
- Length of accreditation terms (possibility to increase up to 5 years)
- Consideration of technology to assist with visits including templates
- What sort of reporting do we want for ITPs

Innovations/Improvements to the quality and efficiency of the Accreditation process in the FRANZCOG Training Program that have been implemented in 2018-2019 include:

1. Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program booklet:
 - Updated the booklet to ensure consistency and that it flows systematically
 - Details added to show how we process training site visit including timelines
 - Updated the Standards and Criteria section into a table form allowing for a smoother and simpler way to write hospital reports and how each training site is scored.
 - Adding the ITP and current accredited Hospital list at back (should RANZCOG move into accrediting ITPs only).
2. Application for Accreditation as a Training Site in the FRANZCOG Training Program Hospital Questionnaire and Timetable has been updated to a template formatting allowing easier transfer of information when reporting.

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Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Statistics and Annual Updates

Table 8.1 Summary of first and second round re-accreditation site visits (2011–Aug2019)

Year	Number of Visits Completed
2011	13
2012	22
2013	29
2014	20
2015	20
2016	24
2017	30
2018	23
2019 (to date)	18
TOTAL	199

Standard 9: Continuing Professional Development, Further Training, and Remediation

Previously Met	
9.1	Continuing Professional Development
9.1.1	<p>The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).</p>
	<p>The RANZCOG CPD Framework and requirements are available to the public and all members of the College via the RANZCOG website. The CPD handbook and associated resources are available under CPD Online in the My.RANZCOG member portal for Fellows, Diplomates and Certificants. RANZCOG is currently updating its CPD Framework and this information will be publicly available via the RANZCOG website once finalised. This new CPD Framework will be effective on 1 July 2019.</p>
9.1.2	<p>The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.</p>
	<p>The RANZCOG CPD Framework has been updated and is being built into the My.RANZCOG online system. The Framework will require Fellows to undertake activities across three distinct domains; Performance Review, Outcome Measurement and Educational Activities to align with the MBA's PPF. Each domain requires the participant to clearly demonstrate how they have met the competency associated with the area and will be based on hours. RANZCOG also provides guidance to members on assessing, completing and documenting CPD activities through the templates and worksheets available in CPD Online. Additionally, to meet its cultural competency requirements, RANZCOG has a MoU with the Royal Australasian College of Surgeons (RACS) and has adapted their 'Operating with Respect' online module to support Fellows meet their cultural competency requirements. This online module is optional.</p>

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9.1.3	The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
	<p>The RANZCOG CPD Framework has been updated and is being built into the My.RANZCOG online system. The Framework will require Fellows to undertake activities across three distinct domains; Performance Review, Outcome Measurement and Educational Activities to align with the MBA's PPF. Each domain requires the participant to clearly demonstrate how they have met the competency associated with the area and will be based on hours. RANZCOG also provides guidance to members on assessing, completing and documenting CPD activities through the templates and worksheets available in CPD Online. Additionally, to meet its cultural competency requirements, RANZCOG has a MoU with the Royal Australasian College of Surgeons (RACS) and has adapted their 'Operating with Respect' online module to support Fellows meet their cultural competency requirements. This online module is optional.</p>
9.1.4	The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
	<p>Fellows completing the CPD Program need to meet the minimum program requirements based on the scope of their practice and within their specialties. The new CPD Framework will incorporate an optional Professional Development Plan (PDP) to allow for planning and include a reflective practice element throughout their triennium. Fellows will be able to plan their CPD on a yearly basis and review these regularly. They will also be able to write their comments and reflections throughout their triennium. Fellows will only be able to finalise their PDP at the end of their triennium to allow them the flexibility to evaluate and make changes to ensure that they achieve their learning objectives.</p>
9.1.5	The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
	<p>RANZCOG CPD Online provides an up to date list of accredited CPD activities which have gone through an approval process. This includes relevant activities conducted by other educational organisations as well as events hosted by RANZCOG, for example dedicated Diplomates' Days and the Annual Scientific meeting. RANZCOG regional offices also hold educational events, and these are also accredited by the RANZCOG CPD Department.</p>
9.1.6	The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The

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	criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
	All activities are assessed to ensure that they meet the educational requirements of the College as well as meeting a minimum 50% content in women's health. All activities available to members must be relevant to the profession. As part of the CPD Renewal program RANZCOG is currently reviewing the process and requirements for accrediting CPD activities to ensure that the process is effective and streamlined.
9.1.7	The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.
	CPD online system allows supporting evidence to be uploaded and stored. RANZCOG's CPD Online system is accessed via the web-based member portal and allows Fellows to record their CPD in real time, add and edit activities, monitor progress towards meeting CPD requirements and upload documentation for verification/audit purposes The CPD user guide provides information about the documents that Members need to retain as evidence of the activity.
9.1.8	The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.
	RANZCOG regularly reviews the progress of participants in the CPD program and audits 10% of participants due to complete their triennium. All overdue participants are also automatically selected for verification. Overdue participants go through a formal process of escalating reminders and guidance. Support is provided by the CPD unit and if Fellows still fail to meet their CPD and verification requirements, the final stage of this process is referral to the Fellowship Review Committee (FRC).
9.2	Further Training of Individual Specialists
9.2.1	The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).
	<p>RANZCOG has a formal process to respond to requests for further training of individual specialists.</p> <p>The Re-entry to Practice and Retraining policy is available on the RANZCOG website. Requests for re-entry to practice and retraining are overseen by the Fellowship Review Committee (FRC).</p>

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	<p>Section 3 of the policy provides information about Retraining Pathway:</p> <p>Section 3.1 Retraining Guidelines for Fellows</p> <p>The RANZCOG retraining pathway has been developed to assist Fellows who have identified themselves, or have been identified by a Regional Health Board, Medical Board or Medical Council, as requiring retraining.</p> <p>Section 3.2 Retraining Request Process</p> <p>Requests for retraining of RANZCOG Fellows may come from:</p> <ul style="list-style-type: none">• the Fellow who has self-identified the need for retraining and who does not currently have any formal requirement for retraining in place from an overseeing or regulatory authority, or• Regional Health Authorities, Medical Boards or Medical Councils. All requests must be made in writing to the RANZCOG President or Chief Executive Officer.
9.3	Remediation
9.3.1	The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.
	<p>RANZCOG has a formal process to respond to requests for remediation of specialists.</p> <p>The RANZCOG Re-entry to Practice and Retraining policy is available on the RANZCOG website.</p>

Summary of Significant Developments

A proposal for a revised CPD Framework was endorsed by the CPD Committee and approved by the RANZCOG Board in July 2018. The proposal was released for consultation from September to October; most responses were either positive or neutral.

The RANZCOG CPD Unit is currently working on the following to transition Fellows to the online framework to which was implemented on 1 July 2019:

- Communicating the final version of the revised framework to the Fellowship
- Transition Fellows across to the new triennium in the updated framework
- Investigate how to transition Educational Affiliates to the online system and to modified version of the framework
- Transition Associate members to the updated framework

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- A revised CPD framework for Associate Members
- Development of a draft Professional Development Plan in consultation with the CPD Committee
- Redevelop the CPD Handbook in line with the revised framework

RANZCOG CPD unit will continue to work on the following tasks over the next 5 years:

- An annual minimum CPD requirement will not be introduced until/unless mandated by the Medical Board of Australia but that data will be collected annually on the progress of submission/recording of CPD requirements
- Transitioning Educational Affiliates to an amended version of the framework
- Development of resources/instructions for Fellows regarding the new framework
- Consultation with Fellowship on the draft Professional Development Plan
- Redevelop the CPD handbook and test drafts with CPD Committee members
- Revise policies and procedures to align with the changes of the new Framework
- Explore sustainable business model options for accrediting CPD activities, including a full review of accreditation requirements and appropriate software
- Review Certificants and Diplomates CPD program
- Transition Certificants and Diplomates into online CPD system
- Explore improving efficiencies processes including aligning example Fellows will only be able to renew their membership by complying with their CPD requirements – align both membership fees and CPD requirements

Further revisions to the CPD program will be made if required to align with any changes to the Medical Board of Australia's final Professional Performance Framework.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Statistics and Annual Updates

Table 9.1 Total College members participating in Continuing Professional Development (CPD) programs

Member Category	Total	Total Participating	%
Fellows	2,333	2,290*	98
Associate Members	1	1	100
Educational Affiliates	29	26	90

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Associate Members in the Pacific	55	55	100
Diplomates	2,569	2,569	100
Certificants	149	149	100

* The 43 Fellows not participating in the College CPD program are participating in an overseas CPD program.

Table 9.2 College members participating in a Continuing Professional Development (CPD) programs – Australia, NZ, and Other (overseas).

	Australia		New Zealand		Other	
	Number	%	Number	%	Number	%
Fellows	1,932	84	310	14	48	2
Associate Members	0	0	1	1	0	0
Educational Affiliates	12	46	10	38.5	4	15.5
Associate Members in the Pacific	0	0	0	0	55	100
Diplomates	2,538	99	8	0.3	23	1
Certificants	146	98	2	1.3	1	0.7

Standard 10: Assessment of Specialist International Medical Graduates

Previously Met	
10.1	Assessment Framework
10.1.1	<p>The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.</p>
	<p>Specialists who have obtained specialist Obstetrics and Gynaecology (O&G) qualifications outside of Australia and New Zealand, and who wish to practise in Australia may apply to RANZCOG for assessment on the Specialist International Medical Graduate (SIMG) pathway to RANZCOG Fellowship parallel those training in Australia and New Zealand:</p> <ul style="list-style-type: none">• Generalist Obstetrics and Gynaecology SIMG pathway• Academic SIMG pathway• Subspecialist SIMG pathway <p>The assessment process determines whether an applicant is eligible to enter the SIMG pathway to Fellowship of RANZCOG and enables registration via the Australian Health Practitioner Regulation Authority (AHPRA) for eligible applicants.</p> <p>The processes for the Subspecialist SIMG pathway are currently under review. (See Summary of Significant Developments below)</p> <p>Specialists who wish to practice in NZ must apply directly to the Medical Council of New Zealand (MCNZ) regarding specialist vocational registration. This pathway meets the guidelines and scope of practice as set out by the Medical Council of New Zealand.</p>
10.1.2	<p>The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.</p>
	<p>The FRANZCOG Curriculum is underpinned by the RANZCOG Attributes of a Fellow document (C-Gen-19), which lays out the three scopes of practice in which a Trainee may</p>

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	<p>gain Fellowship, along with the competencies and attributes of a Trainee at the point of Fellowship and ongoing.</p> <p>The three SIMG pathways (see 10.1.1 above) mirror the FRANZCOG scopes of practice and the criteria for assessment on the pathways are drawn directly from the competencies described during and at the end of FRANZCOG training.</p> <p>RANZCOG ensures that SIMGs are assessed on the full scope of practice outlined in the FRANZCOG Curriculum. Possible outcomes of the process include:</p> <ul style="list-style-type: none"> • Substantially Comparable to the standard of an Australian or New Zealand-trained specialist: Applicants who are assessed as Substantially Comparable will need to complete a period of supervision of up to 12 months to be eligible to apply for Fellowship of the College. • Partially Comparable to an Australian or New Zealand-trained specialist: Applicants who are assessed as Partially Comparable will be required to complete a period of between 12-24 months of supervised training and assessment, including the FRANZCOG examinations. • Not Comparable to an Australian or New Zealand-trained specialist: Applicants who are assessed as neither substantially comparable nor partially comparable will need to consider the option of obtaining the AMC certificate and then applying to enter the FRANZCOG Training Program at Year 1.
10.1.3	The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
	<p>The College continues to ensure that detailed information on all pathways for SIMGs are available on the RANZCOG website. This includes pathways for the Generalist O&G, Academic and Common Scope of Practice, Subspecialist and Common Scope of Practice, and Assessment of Area of Need.</p> <p>Updates are made to the College website to keep potential applicants informed whenever specific processes or policies are under review or have recently been changed.</p> <p>The SIMG Committee also has shared oversight of Short-term Specialist Training (STT) positions to ensure that international graduates can up skill without reducing opportunities for local trainees. The College has guidelines to provide clarity and transparency on the policies and processes for assessment of Short-term Training applications.</p>
10.2	Assessment Methods
10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.

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	<p>The College's SIMG assessment process remains unchanged from the previous reporting period and continues to involve two stages:</p> <ul style="list-style-type: none"> Initial Paper-based Assessment <p>The assessment process begins with an initial paper-based assessment of the SIMG's application. This assessment is conducted by at least two senior Fellows of the College who are on the SIMG Assessor Panel. The assessment determines if an applicant is eligible to attend an SIMG assessment interview and is based on the information provided in the application.</p> <ul style="list-style-type: none"> Interview (Interim Assessment) <p>The SIMG Assessment Interview is conducted by at least four members of the SIMG Assessment Panel, including a Consumer Representative. The aim of the interview is to explore training and experience, as documented in an application, as well as to gain insight into the applicant's understanding of the Australian healthcare system and culture.</p> <p>The above two-step process ensures that all information relevant for assessment is collected and addressed, and that the applicant is provided the opportunity to be assessed in a fair and transparent manner.</p>
10.2.2	<p>The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.</p>
	<p>As per previous accreditation reports, the College is required to act in accordance with the MBA Guidelines for Mandatory Notifications in its assessment of SIMGs. Where issues of patient safety are raised that concern the performance of an SIMG during training or oversight, in consultation with the workplace supervisor these are raised with the Chair of the SIMG Committee. A notification to the relevant regional AHPRA office of an emerging issue is made until it is determined whether a formal notification is required.</p> <p>Policy</p> <p>RANZCOG has a Trainee in Difficulty policy available on the RANZCOG website and being reviewed as part of the curriculum review project. The policy specifies that patient and Trainee safety take precedence over all other considerations. The policy does not apply to those situations where a Trainee is exhibiting notifiable conduct. In those circumstances, the matter should be referred to the relevant registration authority. Employers and clinicians are bound by mandatory notification requirements to the MBA or MCNZ as appropriate. Reportable behaviours are dealt with by the MBA or MCNZ and not by the College.</p>

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10.3	Assessment Decision
10.3.1	<p>The education provider makes an assessment decision in line with the requirements of the assessment pathway.</p>
	<p>Assessment decisions are made by members of the SIMG Assessor panel following clearly documented criteria and processes.</p> <p>Process Maps for SIMG Applications and Assessments</p> <p>As part of the SIMG Initial Assessment and Interview Process (Australia), the applicant applies to:</p> <ol style="list-style-type: none"> 1. The AMC for verification of qualifications, and 2. RANZCOG for assessment on one of three pathways, Generalist, Academic or Subspecialty O&G Specialist <p>The AMC:</p> <ul style="list-style-type: none"> • The AMC registers the applicant for the Primary Source Verification process on the AMC Portal • The applicants primary medical and specialist qualifications are outsourced for verification • The outcome of verification is reported on the Portal <p>RANZCOG:</p> <ul style="list-style-type: none"> • RANZCOG checks the application and supplementary documents to ensure it is complete and processes the initial assessment fee • SIMG Assessors conduct an initial paper-based assessment of training, qualifications and experience against eligibility criteria • Referee reports are requested from the applicant's three nominated referees. Referees must have been professionally directly involved with the applicant within two years prior to the application being made. <p>Not eligible for interview:</p> <ul style="list-style-type: none"> • RANZCOG advises the applicant by letter and AMC via Portal. <p>Eligible for interview:</p> <ul style="list-style-type: none"> • Applicant is invited to next available interview at College House, although applicants are able to attend an interview within 12 months of invitation. • Area of Need (AoN) applicants concurrently assessed for comparability. • All referee reports must be received at the College.

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SIMG Assessment Outcomes and Requirements (Australia)

The below outlines SIMG interview outcomes for the generalist/academic pathways.

If an applicant is assessed as substantially comparable to the standard of an Australian-trained specialist:

- Up to 12 months period of oversight
- Ongoing assessment (3-monthly reports)
- Final 12-month (360°) multi-source feedback assessment

If an applicant is assessed as partially comparable to an Australian-trained specialist, further training is required before they are eligible for elevation to Fellow:

- A minimum period of 12 months and maximum period of 24 months of prospectively approved, supervised training
- In-hospital clinical assessments (x 2)
- Communication Skills Workshop
- FRANZCOG written examination (maximum 3 attempts)
- FRANZCOG oral examination (maximum 3 attempts)
- Assessment of Procedural and Surgical Skills (APSS)

If an applicant is assessed as not comparable to an Australian-trained specialist:

- Applicant may apply to enter the FRANZCOG training program at Year 1
- Applicant may consider other IMG pathway through AHPRA
- Recognition of prior learning (RPL) may apply

The requirements for awarding Fellowship in each pathway to FRANZCOG are clearly stipulated in College Statement C-Gen-19 and give direction to the SIMG assessment panel.

New Zealand

The New Zealand SIMG process is outlined on the [RANZCOG Website](#).

RANZCOG functions as a 'Vocational Educational Advisory Body' (VEAB) to the MCNZ. Representatives from RANZCOG conduct SIMG assessments, on behalf of the MCNZ, and provide 'advice' to the MCNZ in relation to an applicant's suitability for registration in the vocational scope.

There are two groups of applicants for whom the MCNZ may seek advice from the College through the SIMG assessment process. The first is where the applicant is currently overseas (i.e. not residing or working in New Zealand), and the other is where the applicant is already working in NZ via another registration pathway (e.g. provisional general scope or general scope) and wishes to obtain vocational registration within the scope of practice of Obstetrics and Gynaecology.

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10.3.2	<p>The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.</p>
	<p>The additional requirements (if any) for SIMGs assessed as Partially Comparable are set based on any competencies of the RANZCOG training program that have not already been demonstrated through the applicant's comparable experience and training.</p> <p>SIMG applicants assessed as Partially Comparable will be eligible to enter the Partially Comparable pathway to Fellowship of the College, by undertaking the following SIMG requirements:</p> <ul style="list-style-type: none"> • A minimum period of 12 months (FTE) and maximum period of 24 months (FTE) of prospectively approved, supervised training. <p>SIMGs on the Academic and Common Scope of Practice pathway are able to undertake 0.5FTE in an academic position at Professorial level, with the remaining FTE being in a clinical position.</p> <ul style="list-style-type: none"> • In-hospital clinical assessment modules: "Colposcopy & the Treatment of Cervical Diseases" and "Diagnostic Ultrasound". • SIMGs on the Academic and Common Scope of Practice pathway may be required to complete specific IHCA and WBAs as required by the SIMG Assessment committee. • Communication Skills Workshop • FRANZCOG written examination (maximum three attempts or four for applications prior to July 2016) • FRANZCOG oral examination (maximum three attempts or four for applications prior to July 2016) • Assessment of Procedural and Surgical Skills (APSS) <p>These requirements must be completed within four years of their commencement date in a prospectively approved training position the Board's decision, for the applicant to be eligible to apply for Fellowship.</p>
10.3.3	<p>The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.</p>
	<p>After attending an interview, the candidate will either be found not comparable (has to apply to enter the FRANZCOG training program at Year 1), substantially or partially comparable. If found Substantially or Partially Comparable, all additional requirements are listed clearly in the assessment outcome letter sent to the applicant, along with a copy of Report 1. These further requirements are also documented clearly on the RANZCOG website:</p>

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	<ul style="list-style-type: none"> • Partially comparable SIMGs • Substantially comparable SIMGs
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.
	<p>As per the MBA's benchmarks, RANZCOG is required to notify AHPRA and the applicant within certain time frames of the interview outcome and the specialist recognition final assessment decision.</p> <p>In 2018, all RANZCOG applications met the MBA Benchmark for the length of time between the final assessment decision and communication of the outcome to the applicant and the registration authority.</p> <p>Of the 18 applicants interviewed in 2018, six interim assessment decisions made and documented in Report 1 were not within 14 days after interview; this was due to a delay in Board approval.</p>
10.4	Communication with Specialist International Medical Graduate Applicants
10.4.1	The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
	<p>Assessment requirements and fees are clearly documented on the RANZCOG website in a dedicated SIMG section of the Fees page. RANZCOG is developing a formal policy document on the breakdown and timing of SIMG fees, including rules around refunds, which will provide further clarity.</p>
10.4.2	The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.
	<p>RANZCOG utilises a suite of communication templates that are sent out at set points in the assessment process. This ensures that applicants receive regular and consistent updates.</p>

Summary of Significant Developments

The College has now implemented all responses to the findings of the Deloitte review, including revision of interview vignettes, documenting processes for advising the MBA of concerns identified during assessment, clarification of the SIMG fee schedule and shorter timeframes for decision-making.

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The SIMG Committee has introduced assessor workshops and an SIMG mentoring program which aims to strengthen the support network for SIMGs and their assessors.

The College review of the current SIMG assessment pathways is nearing completion and a set of recommendations have been confirmed. Key recommendations which have been approved and are being implemented are:

- The creation of a dual assessment process for SIMGs who hold both specialist and subspecialist international qualifications are therefore applying for assessment on both the Generalist and the Subspecialist & Common Scope pathways. The dual process would allow applicants to undergo assessment against the two sets of criteria in parallel, rather than sequentially.
- The creation of a dedicated assessor list for assessment of subspecialist applications, to support the ongoing standardisation of assessor selection and training and to continue to improve the efficiency and timeliness of the subspecialist assessment process.
- Revision and clearer documentation of the criteria for assessing subspecialist applications

Standardised outcomes for subspecialist applicants who do not meet the full scope of practice, including clarity on the College's position on recommending to the MBA registration with a limited scope of practice. As a result of a recent review of College governance processes, a number of decisions have been delegated to the committees from the Board, which will further reduce the timeframes required for assessment decisions and communication.

The College is in the process of an administrative review of application processes to streamline the application documentation requirements and move towards an online application system.

The College is currently investigating changes to the ways in which interview timing is determined, to ensure a balance between the ensuring sustainability of the resource-intensive interview process and providing fair and reasonable timeframes for applicants. The College is consulting with AHPRA on proposals for the best model moving forwards.

Activity Against Conditions

Conditions to be addressed in the 2019 comprehensive report: nil remain.

Table 10.3 SIMG applications received and initial assessment outcomes (July 2012–February 2019)

Year	Applications received*	Assessed as Not Eligible for Interview (NEFI) #	Assessed as Eligible for Interview (EFI)
2012–2013	59	2	52
2013–2014	36	0	16

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2014–2015	54	7	34
2015–2016	41**	11	30
2016–2017	37	10	25
2017–2018	32	10	16
2018–2019	23	7	15

* Includes applications assessed concurrently with Area of Need (AoN) and applications not yet assessed or currently undergoing initial assessment

** includes SIMG applications received in the previous period but assessed in the current period

NEFI (Assessed as Not Comparable prior to interview)

Table 10.4 SIMG interview outcomes (July 2012–February 2019)

Year	NC	PC	SC	TOTAL	SC Period of Oversight		
					Nil	6 months	12 months
2011–2012	7	13	24	44	3	10	11
2012–2013	6	8	10	24	3	0	7
2013–2014	3	6	15	24	2	4	9
2014–2015	5	9	17	31	1	3	13
2015–2016	11	7	15	33	2	4	9
2016–2017	4	5	14	23	0	3	11

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2017–2018	1	1	7	9	1	0	6
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Table 10.5 Assessment of Specialist International Medical Graduates (July 2018–July 2019)

Phase of IMG assessment		Australia
Initial assessment		–
Assessed as: Not comparable		8
Assessed as: Partially comparable		n/a
Assessed as: Substantially comparable		n/a
Ongoing assessment		–
Final assessment		18
IMG assessment		New Zealand
Equivalent		6
Satisfactory		1
Not comparable		0
Elevated to Fellowship		4

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The SIMG Area of Need Pathway: Australia

Table 10.6 SIMG Area of Need (AoN) assessments (July 2012–February 2019)

Year	AoN	Suitable	Not Suitable	Withdrawn
2012–2013	2	2	0	0
2013–2014	1	0	0	0
2014–2015	4	3	0	1
2015–2016	4 (2*)	1	1	0
2016–2017	0	1	0	1
2017–2018	1	1	0	0
2018–2019	1	1	0	0

*Applications pending

The SIMG Area of Need Pathway: New Zealand

In New Zealand, the College conducts assessments of SIMGs in its capacity as a Vocational and Educational Advisory Body (VEAB) to the Medical Council of New Zealand (MCNZ), for the purposes of the Council granting registration in the vocational scope of obstetrics and gynaecology. Cognisant of the requirements and processes of the MCNZ, the processes employed by the College are comparable to those used in Australia. Paper-based assessments are provided for applicants out of the country when they apply, but both they, and those applying from within New Zealand, undergo an interview for their pathway to determine suitability for vocational registration.

The table below indicates the number of SIMG applicants and associated assessment outcomes for applicants assessed by the College in New Zealand for the period July 2012 to February 2019.

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Table 10.8 New Zealand SIMG assessment interviews (July 2012–February 2019)

	2012	2013	2014	2015	2016	2017	2018
SIMGs assessed as suitable for provisional registration within a vocational scope via the supervision pathway	5	11	3	3	5	6	6
SIMGs assessed as suitable for provisional registration within a vocational scope via the assessment pathway	1	0	0	0	1	2	0
SIMGs assessed as not suitable for vocational registration	1	0	0	1	2	0	1

Specialist Short-Term Training

The College manages the Short-Term Training (STT) in a Medical Specialty Pathway (formerly known as the Occupational Training Visa (OTV) process) for obstetrician and gynaecology applicants. The STT pathway allows International Medical Graduates (IMGs) to access training in obstetrics and gynaecology in short-term positions in Australian hospitals.

Note: From 1 July 2016, the pathway has become known as Short-Term Training in a medical specialty for International Medical Graduates who are not qualified for general or specialist registration (STT).

Table 10.9 STT Applications received and approved by state (July 2012–February 2019)

State	2012	2013	2014	2015	2016	2017	2018	2019
NSW	6	6	5	12	3	11	19	9
Qld	6	1	2	0	5	4	6	2
SA	2	4	1	5	3	2	3	1
Vic	7	11	7	6	8	11	12	7

Comprehensive Report

WA	4	1	1	4	2	2	7	4
NT	0	0	0	0	0	1	0	0
Tas	–	–	–	–	–	–	1	0
TOTAL	25	23	16	27	21	31	48	23

Table 10.10 SST Application approval rates (July 2012–February 2019)

Applications	2012	2013	2014	2015	2016	2017	2018	2019
Received	26	23	16	29	21	34*	48**	23 [#]
Approved	25	23	16	27	21	31	46	18
% Approved	96.2	100	100	93.1	100	91.1	95.8	78.2

*3 Applications pending approval

**2 applications pending approval

[#]3 applications pending approval

SIMG Training and Oversight

Table 10.11 SIMGs undertaking training / oversight requirements (July 2012–February 2019)

Year	VIC	NSW / ACT	QLD	SA / NT	WA	TAS	NZ	TOTAL
2012	10	14	4	5	3	1	13	8
2013	11	21	8	7	1	2	10	60

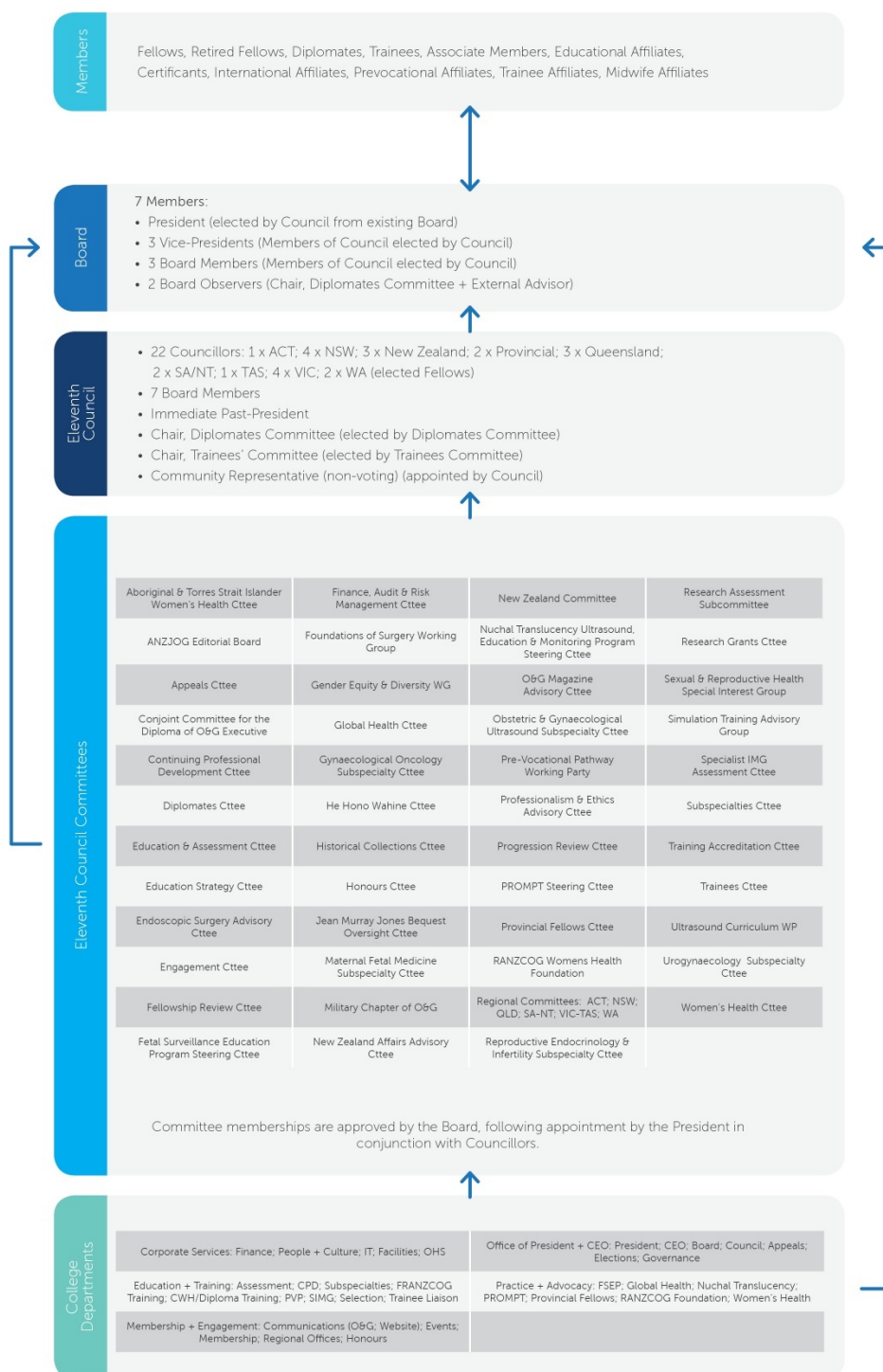
Comprehensive Report

2014	12	21	4	5	1	2	6	51
2015	11	13	10	3	9	2	15	63
2016	20	19	14	4	9	6	6	69
2017	16	8	11	4	4	2	6	51
2018	13	12	11	4	5	4	6	55
2019	8	9	4	0	6	4	–	31

Table 10.12 SIMGs who completed training / oversight requirements (July 2012–June 2018) and were elevated to Fellowship

Year	Australia	New Zealand	TOTAL
2013	19	7	26
2014	14	3	17
2015	28	9	37
2016	27	7	34
2017	23	6	29
2018	21	5	26

Appendix I: RANZCOG Governance Structure



Appendix II: RANZCOG Representative(s) and Interaction with External Organisations for the Reporting Period 2018–2019

Education Development Unit and Continuing Professional Development	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Heads of University Medical Schools across Australia and New Zealand	Engagement with all Medical School Deans in the development of a women's health curriculum.
Other Medical Colleges – Australia and New Zealand	<p>The Continuing Professional Development (CPD) Senior Coordinator is a member of the CPD Managers Network Meeting. The College, through its CPD unit, participates in a series of meetings aimed to foster cooperation, communication, and shared learning between member colleges. The Network reports through the Committee of Presidents of Medical Colleges (CPMC) and the Chief Executive Officers (CEOs) Group on matters pertaining to CPD in Australia and New Zealand.</p> <p>ANZCA Safe Sedation Forum. RANZCOG staff and member attendance at meetings.</p>
Consumer/s	RANZCOG's Continuing Professional Development (CPD) Committee has an appointed consumer representative with full voting rights. This allows for two-way engagement between the College and consumer representative/s with regard to this area of work in CPD in relation to women's health.
Australian and New Zealand Audit of Surgical Mortality (ANZASM)	Collaboration with ANZASM involving a peer-review of all in-hospital deaths that have occurred during a surgical admission.

Appendices

Sonosite	Sonosite provides equipment, technical, and educational support for the RANZCOG Ultrasound Workshops.
Family Planning Alliance Australia	Members thereof sit on Sexual and Reproductive Health Special Interest Group.
Australian Institute of Ultrasound	Ongoing discussions regarding course content and relation to curriculum.
Ultrasound Training Solutions	Ongoing discussions regarding course content and relation to curriculum.
Australian School of Medical Imaging	Ongoing discussions regarding course content and relation to curriculum.
Australian Institute of Healthcare Education	Ongoing discussions regarding course content and relation to curriculum.

eLearning Department	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Foundation for Alcohol Research and Education (FARE), Australian Government Department of Health	RANZCOG maintains and reports to FARE about completion of the ‘Women Want to Know’ online course about pregnancy and alcohol. The course is an essential component of the ‘Women Want to Know’ project, which was developed by FARE and is funded by the Australian Government Department of Health.
Elumina eLearning	eLearning website hosting and development company, which provides server hosting, support, and development of eLearning plugins.
COPE	COPE online training resources on perinatal mental health based on the 2017 Australian Clinical Practice Guideline Mental Health Care in the Perinatal Period

Appendices

RACP	STI online learning module used in new module: Management of sexually transmissible infections and STI syndromes
Anatomedia	Resource used in PVP online modules: a comprehensive, self-paced learning program that explores anatomy from four different perspectives. A project from The University of Melbourne

Training and Education	
External Organisation	RANZCOG Representative(s) – Type of Interaction
National Council of International Medical Graduate Managers (NCIM)	<p>A network with representatives from all Australian specialist colleges, the Medical Board of Australia (MBA) and the Australian Medical Association (AMA).</p> <p>Reporting and information gathering at twice yearly meetings.</p>
MBA and the Australian Health Practitioners Registration Authority	<p>Liaison regarding processes for SIMG assessment and reporting.</p> <p>Via the CEO's office, provision of advice on RANZCOG procedures and policies and in response to requests for comment on draft national guidelines.</p>
Australian Medical Council (AMC)	Liaison regarding SIMG applications for verification of primary and secondary qualifications.
Liaison with Recruitment agencies regarding SIMG Applications	Provision of information and advice on processes and options for applicants.
SIMGs seeking assessment to enter the RANZCOG pathway to Fellowship	Provision of information and advice on processes and options for applicants.
Cognitive Institute	Engagement with Cognitive Institute to provide Communication Skills Workshops for FRANZCOG Training Program and for the SIMG Trainees.

Appendices

Ms Ruth Groen, Ms Patricia Caswell-Karvelis, Ms Jo Morris (NZ), and Ms Sarah Free (NZ)	Community Representative – SIMG Assessment Committee and/or Assessor panels.
Dr Liz Mullins and Mr Michael Gorton, consultants	Liaison re provision of a workshop for SIMGs: Introduction to the Australian Healthcare System.
Examinations and Assessment Managers' Network Meeting	The Manager Assessment Programs is a member of this network. The network meets face-to-face twice yearly and regularly exchanges information via email.
Royal Melbourne Hospital	Venue provider for RANZCOG Oral Examinations
Royal Women's Hospital	Venue provider for RANZCOG Oral Examinations
Jade Haar	Community Representative – EAC
International Federation of Gynaecological Oncology (FIGO)	<p>RANZCOG are a member society.</p> <p>RANZCOG representative on FIGO Executive Board.</p> <p>Liaise over feedback on statement and guidelines, and a range of governance issues.</p> <p>RANZCOG are hosting FIGO 2021 meeting.</p>
Amplexa Consulting	Consultancy on various projects including: curriculum review, assessments, SIMG.
Australian Council for Education Research (ACER)	Consultancy for curriculum review and assessments.
Lambert Consulting	<p>Development and facilitation of respectful workplaces workshop.</p> <p>Development and facilitation of mentoring workshop.</p>

Appendices

Adelaide University- Adelaide Health Simulation Centre	This purpose-built simulation facility is the venue for the DRANZCOG Advanced Oral Examination and is under consideration for other oral examinations.
Pearson VUE	Delivery of electronic examinations (MCQ and SAQ) across all Training Programs.
Converge International	Provision of Employee Assistance Program. Available to all RANZCOG Trainees and Training Supervisors.
Welfare Interest Group	RANZCOG TSU staff participate in this group. Other member organisations/bodies include AMA, PMVC, other Specialist Medical Colleges
Māori Indigenous Health Institute	Course provider: NZ cultural competency course Application of the Hui Process/Meihana Model to Clinical Practice.
University of Otago	Course provider: NZ cultural competency course Application of the Hui Process/Meihana Model to Clinical Practice.
Catholic Leadership Centre	Venue provider for RANZCOG Oral Examination Workshops
Cliftons	Venue provider for RANZCOG examinations

Department of Practice and Advocacy

RANZCOG Women's Health Committee	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Ambulance Victoria	Liaison with Ambulance Victoria in relation to development of an app containing clinical statements, guidelines and flowcharts. Collaboration on a statement on management of pre-term birth aimed at paramedics.

Appendices

Australian Council on Healthcare Standards (ACHS)	<p>The College continues to be involved in the updating of the ACHS Clinical Indicator Manuals – Obstetrics and Gynaecology.</p> <p>Development and ongoing maintenance of a Clinical Audit Tool in App format based on the ACHS Clinical Indicators with permission from ACHS.</p>
Australian Government Department of Health	<p>RANZCOG was represented by several Fellows on the working group to review and update the National Antenatal Care Clinical Guidelines- Modules 1 and 2. In addition the College, through the Women's Health Committee, provided feedback on the various revised chapters of the guidelines.</p>
Australian Government Department of Health – Medical Services Advisory Committee (MSAC)	<p>RANZCOG involvement in various public consultations in relation to MSAC applications including 1467 – Obstetric MRI, 1458/1461 Non-invasive prenatal testing (NIPT).</p>
Australian Health Practitioner Regulation Agency (AHPRA)	<p>The College continues to liaise with AHPRA regarding superseded statements and guidelines requests and notification or registration issues regarding Fellows.</p>
Cancer Council Australia	<p>The College continues to be involved in stakeholder meetings relating to the Renewal of the National Cervical Screening Program and in the update of the National Cervical Cancer Screening Guidelines.</p>
Consultative Council on Paediatric Mortality and Morbidity (VIC)	<p>RANZCOG receives requests for updates to statements and guidelines based on adverse maternal or neonatal outcomes highlighted to the Consultative Council on Paediatric Mortality and Morbidity (VIC). These requests may result in updates to current RANZCOG statements or addressing issues through other communication means.</p>
Coroner's Court	<p>RANZCOG receives requests from the State Coroner's office in relation to College statements and guidelines to form evidence in coronial inquests. Coronial findings including specific recommendations with regard to the need for updated clinical guidelines or educational resources are also forwarded to the Prosecution Assistance Unit (PAU).</p>
Cystic Fibrosis Victoria	<p>Collaboration on advice in relation to carrier screening and, in particular, universal screening for cystic fibrosis to be incorporated into the College's Prenatal Screening Statement.</p>

Appendices

Centre of Perinatal Excellence (COPE)	Input into the COPE Perinatal Mental Health guidelines released in June 2017.
Healthdirect	RANZCOG continues to be one of Healthdirect's information partners. Links to RANZCOG's patient information web pages and statements & guidelines page can be accessed by consumers through the Healthdirect website.
Human Genetics Society of Australasia (HGSA)	Joint RANZCOG/HGSA ownership of statements on prenatal screening and diagnosis of chromosomal, genetic and structural abnormalities in the fetus (C-Obs 59 and C-Obs 60). C-Obs 59 is currently undergoing review.
International Federation of Gynaecology and Obstetrics (FIGO)	Ongoing support and dissemination of relevant FIGO documents to the RANZCOG membership.
Migrant and Refugee Women's Health Partnership	RANZCOG provided input into draft scoping report of cultural competency policy and practice across Colleges with regards to education, training and standard setting.
Murdoch Children's Research Institute (MCRI)	Liaison with MCRI in relation to the patient information brochure on prenatal screening tests in pregnancy. RANZCOG looking into ways of how the College could support this document.
National Blood Authority (NBA)	RANZCOG has been asked to nominate a Fellow to be involved in the review of 'Module 5: Obstetrics and Maternity' of the Patient Blood Management Guidelines.
National Health and Medical Research Council (NHMRC)	RANZCOG staff participated in a series of Best Practice Guideline Development Seminars – Dissemination of Guidelines.
Queensland Clinical Guidelines	The College, through the Women's Health Committee, have provided comment on numerous documents developed by Queensland Clinical Guidelines throughout 2015 and 2016.
Royal Children's Hospital (RCH) Melbourne	RANZCOG has engaged with the RCH medical illustrators to provide illustrations as part of the RANZCOG Patient Information Pamphlet project.

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Royal College of Pathologists of Australasia (RCPA)	RANZCOG sought RCPA's input into the review of the College Statement prenatal screening and diagnosis of chromosomal abnormalities in the fetus.
Australasian College of Sport and Exercise Physicians (ACSEP)	Collaboration on guidance regarding development of advice pertaining to pre-conception health, exercise and fertility.
SANDS Australia	RANZCOG was asked to nominate a Fellow and Women's Health representative to be involved in the development of the The 'Sands Australian Principles of Bereavement Care, miscarriage, stillbirth and newborn death'

Aboriginal and Torres Strait Islander Women's Health Committee

External Organisation	RANZCOG Representative(s) – Type of Interaction
Australian Indigenous Doctors' Association Ltd (AIDA)	RANZCOG sponsors the annual AIDA Symposium. Various Fellows and staff attended this conference. Involvement in AIDA initiated Medical Colleges Policy Working Group.
Committee of Presidents of Medical College (CPMC)	RANZCOG is a Member of the CPMC Indigenous Health Sub-committee. Participation in CPMC Partnership forum and attendance at signing of 'Partnering for good health and wellbeing for Indigenous Australians'.
Indigenous Health InfoNet	The College signed an agreement of collaboration with the Indigenous Health InfoNet with the aim of improving knowledge about Aboriginal and Torres Strait Islander health with a focus on women's health.
The Royal Australian and New Zealand College of Radiologists (RANZCR)	Information sharing in relation to initiatives to attract and support Indigenous Trainees into specialty training program.
Reconciliation Australia (RA)	Feedback received from Reconciliation Australia regarding development of Innovate Reconciliation Action plan.

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PROMPT and Global Health	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Victorian Managed Insurance Authority (VMIA)	Member representative on the RANZCOG PROMPT Steering Committee. Pays 50% of the cost of the PROMPT license fee.
Anatomy of Complications Workshop (ACW)	ACW is a two-day training program for specialist obstetricians and gynaecologists in ‘the prevention and management of complications in obstetric and gynaecological surgery. ACW Convenors offer one biennial scholarship for a Pacific O&G specialist.
Australian College of Midwives (ACM)	Member representative on the RANZCOG PROMPT Steering Committee
Australian and New Zealand College of Anaesthetists (ANZCA)	Member representative on the RANZCOG PROMPT Steering Committee
Australian Hospitals	RANZCOG has agreements with the following hospitals to host participants of the RANZCOG Pacific Midwifery Leadership Fellowship Program (PMLFP): Liverpool Hospital, Sydney, Australia, and Nepean Hospital, Sydney, Australia.
Australian College of Rural and Remote Medicine (ACRRM)	Member representative on the RANZCOG PROMPT Steering Committee
Asia and Oceania Federation of Obstetrics and Gynecology (AOFOG)	AOFOG is a regional O&G society for the advancement of the science of obstetrics and gynaecology in the region. RANZCOG has two representatives on the AOFOG Council, who attend annual Council meetings. RANZCOG also contributes to AOFOG activities and programs, including its Young Gynaecologist Award program and its biennial congress.
Australian Volunteers International (AVI)/Australian	Independent not-for-profit organisation. RANZCOG has an agreement with AVI/AVP to promote volunteer opportunities with this group to College members.

Appendices

Volunteers Program (AVP)	
Australian Government Department of Foreign Affairs and Trade (DFAT)	Australian government agency concerned with international relations. Interactions are around project funding for the RANZCOG PMLFP.
Family Planning NSW (FPNSW) and Family Planning Australia (FPA)	<p>FPNSW is the leading provider of sexual and reproductive health services in NSW. FPNSW also provides sexual and reproductive health services in the training in the Pacific, where it is known as FPA.</p> <p>FPNSW has been active contributor of the PMLFP in Sydney, providing workshop facilitators and resources for program participants.</p>
Fiji National University (FNU) College of Medicine, Nursing and Health Sciences	A Pacific medical school RANZCOG has an MoU with FNU to support the O&G training program at FNU through educational inputs, provision of e-learning resources, teachers, Fellowships for young academics, and workshop support.
Fiji Obstetrics and Gynaecology Society (FOGS)	FOGS is a Pacific-based O&G society of Fijian Obstetricians and Gynaecologists. RANZCOG provides inputs to their annual meeting, and discussions of ways that RANZCOG can support their members through CPD and training opportunities.
Friends of Fiji Health (FOFH)	A Fiji-based group of Fiji-born health professionals who provide training and education to Fiji. Global Health Endorsement of FOFH training workshops is provided on application from FOFH.
International Federation of Gynaecology and Obstetrics (FIGO)	The International body of specialist obstetrical and gynaecological societies and Colleges. RANZCOG has representation on the FIGO Board, and provides input to a range of policies, statements through FIGO working groups. RANZCOG will host the 2021 International Congress of FIGO in Sydney.
Ministries of Health in the Pacific	The Ministries of Health in the Pacific island countries and the government bodies responsible for delivery of health services to their countries. RANZCOG has interaction with the Pacific Ministries of Health over opportunities for training of doctors and midwives in Australia and New Zealand, and also communicates with them over the opportunity for Associate Membership support for their specialist obstetricians and gynaecologists.

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Pacific Society for Reproductive Health (PSRH)	PSRH is a regional, multidisciplinary network of reproductive health workers with an educational focus. RANZCOG provides financial support to sustain the PSRH secretariat, and provides inputs to PSRH educational program, activities and its biennial meeting. RANZCOG has a representative on the PSRH Executive Board.
Papua New Guinea Society of Obstetrics and Gynaecology (PNGSOG)	The Papua New Guinea O&G society is a society of Obstetricians and Gynaecologists. RANZCOG provides inputs to their annual meeting, and discussions of ways that RANZCOG can support their members through CPD and training opportunities.
Royal Australasian College of Surgeons (RACS)	RACS is a medical College. RANZCOG has interaction on a number of levels with regard to inter-college collaborations. In relation to global health, RANZCOG participates in the inter-college global activities sharing forums from time to time. RANZCOG also participates in the DFAT-funded Pacific Islands Project (PIP) funded by DFAT and project managed by RACS.
Send Hope Not Flowers	A non-government organisation committed to humanitarian work, largely in the Pacific region. RANZCOG works with SHNF on small projects to support practical assistance in the Pacific.
PROMPT Maternity Foundation (PMF) UK	Licensor of the PROMPT Program
Cambridge University Press (CUP) UK	Licensor and publisher of PROMPT Course materials
University of Papua New Guinea (UPNG) School of Medicine and Health Sciences	A Pacific medical school. RANZCOG supports the O&G training program at UPNG through educational inputs, provision of e-learning resources, teachers, Fellowships for young academics and workshop support.
World Health Organization (WHO)	WHO is the lead UN agency for international public health, with whom RANZCOG engages on an intermittent basis.

Appendices

Nuchal Translucency Ultrasound Education and Monitoring Program	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Australasian Sonographers Association - ASA	Member representative on the NTUEMP Steering Committee. CPD points for the sonographers completing the online learning, participating in yearly audits and attending the teleconference tutorials.
Royal Australian and New Zealand College of Radiologists (RANZCR)	Radiologist Member representative on the NTUEMP Steering Committee
Royal College Pathologists Australia - RCPA	Member representative on the NTUEMP Steering Committee
Australasian Society for Ultrasound in Medicine	Member representative on the NTUEMP Steering Committee. CPD points for the members completing the online learning, participating in yearly audits and attending the teleconference tutorials.
Australian Sonographer Accreditation Registry	CPD points for the sonographers completing the online learning, participating in yearly audits and attending the teleconference tutorials.
Fetal Medicine Foundation United Kingdom	The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) under the auspices of the Fetal Medicine Foundation (FMF) in the United Kingdom, administers a process for certification in the 11-14 Week Scan to ensure that all those performing this ultrasound examination, using the Fetal Medicine Foundation (FMF) software, have been adequately trained to do so and that high standards of performance are maintained by continuous education and audit.
Astraia, Germany	Developed the free FTS software, which is used by the FMF and the NTUEMP and is provided to practices. Astraia help troubleshoot any of FTS software issues
Viewpoint	Developed the Viewpoint software, which is used by most obstetric practices instead of the Astraia software

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Murdoch Children's Research Institute	Provides information regarding screening choices and prenatal screening tests in pregnancy
Human Genetics Society of Australasia	Joint RANZCOG/HGSA ownership of statements on prenatal screening and diagnosis of chromosomal, genetic and structural abnormalities in the fetus

Fetal Surveillance Education Program	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Victorian Managed Insurance Authority (VMIA)	A member of the Expert Advisory Group for the VMIA Incentivising Better Patient Care program.
Department of Health and Human Services (DHHS)	Contributed to the contents of the Maternity eHandbook. The Maternity eHandbook provides clinical guidance for maternity clinicians caring for women during pregnancy, birth and the postpartum period.
Department of Health SA	Responsible for mandating FSEP as the mandatory fetal surveillance education in SA health services.
St John of God Hospital (SJOG)	Responsible for mandating FSEP as the mandatory fetal surveillance education in SJOG WA and VIC.

RANZCOG New Zealand Office and Australian Regional Offices

The New Zealand Committee (NZC) of RANZCOG engages with a number of groups in the health sector; responds to requests for submissions and nominations; and works collaboratively on policy and clinical matters with allied professional groups. It facilitates a quarterly meeting of Clinical Directors from all District Health Boards (DHBs) and meets New Zealand College of Midwives' (NZCOM) representatives twice a year. It also contributes to the Council of Medical Colleges (CMC), Medical Council of New Zealand (MCNZ) and Health Workforce NZ (HWNZ) policy development.

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New Zealand Office	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Minister of Health	Meetings when possible, correspondence on selected matters.
Ministry of Health (MoH)	Regular participation in range of projects, consultations and guideline development. The National Screening Unit Medsafe and, from 2019, health workforce directorate are part of the Ministry and we engage regularly with them.
Pharmaceutical Management Agency (PHARMAC)	Information and advocacy on range of matters including seeking wider funding of Mirena.
New Zealand Medical Association (NZMA)	Regular contact through range of projects, occasional support for NZMA submissions e.g. climate change, assisted dying, medical ethics
Council of Medical Colleges (CMC)	Quarterly meetings and ongoing collaboration between staff to develop submissions.
Coroner's Office	Expert witnesses required at times.
Accident Compensation Corporation (ACC)	Participation in the Neonatal Encephalopathy (NE) prevention project.
Health and Disability Commissioner (HDC)	The NZ Committee provides a list of expert advisors to HDC and we take selected pieces from reports of breaches for educational purposes.
O&G Clinical Directors' Network	We co-ordinate quarterly full day meetings and regular network discussions between meetings.
New Zealand Multiple Birth Association (NZMBA)	As required on specific matters e.g. workshop on MFM at ASM.

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New Zealand College of Midwives (NZCOM)	Six monthly meetings and regular contact in between the meetings. Collaborative educational events.
Midwifery Leaders (DHBs)	Annual combined meeting with CDs and contact between as required.
Family Planning	Collaboration on sexual and reproductive health projects; access to contraception.
NZ Nurses Organisation	Recently signed a letter of understanding to provide base for matters of mutual interest.
Te Ohu Rata o Aotearoa – Māori Medical Practitioners Association (Te ORA)	Affiliate membership and regular discussion.
Health Quality and Safety Commission	Fellows sit on review committees and we participate in projects e.g. 'better data'.
Medical Council of NZ (MCNZ)	SIMG, re-certification, best practice project.
Ministry of Foreign Affairs and Trade (MFAT)	Occasional meetings re Pacific projects.
Medical colleges	RNZCGP on endometriosis pathway and contraception, ANZCA on topics of mutual interest eg obesity.
National Council of Women	Annual lecture through Doris Gordon Memorial Trust.
NZ Paediatrics Society	Information sharing and collaboration eg periviability
District Health Boards (DHBs)	Information sharing as appropriate and collaboration as issues arise.

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NZ Medical Students Association	NZ branch sponsors the annual conference and promotes RANZCOG to the attendees.
National Maternity Monitoring Group (NMMG)	As issues arise.

New South Wales Regional Office

External Organisation	RANZCOG Representative(s) – Type of Interaction
NSW Health, Corporate & Clinical Support Services (Royal Hospital for Women)	Ongoing liaison regarding administration of appointments to FRANZCOG Year 1 Trainee positions.
NSW Health, Recruitment Strategy, Workforce Strategy and Culture, Workforce Planning and Development	Ongoing liaison regarding administration of Junior Medical Officer (JMO) Recruitment to FRANZCOG Trainee positions (all levels).
NSW Health Hospital Representatives (Clinical Directors O&G, Training Supervisors and Integrated Training Program Co-ordinators)	Hospital Representatives (Integrated Training Program (ITP) Co-ordinators) are voting members of RANZCOG NSW/ACT Regional Training Accreditation Committee which administers FRANZCOG Training Program in NSW and the ACT. Training Supervisors supervise FRANZCOG Trainees and report to the College on Trainee progress.
Dept of Health Australia	RANZCOG NSW invited Prof Hammond, Chair, Steering Committee for the Renewal implementation Project, National Cervical Screening program to present an Education Evening re National Cervical Screening Program for RANZCOG NSW Fellows.

Appendices

The Royal Australasian College of Surgeons (RACS), NSW State Committee	RANZCOG NSW members and NSW Executive Officer attended RACS Women in Medicine event on 15 November. RANZCOG NSW Executive Officer and RACS NSW Regional Manager met in January 2018.
NSW Legislative Assembly Committee on Community Services	RANZCOG NSW provided feedback to Parliament Inquiry into Support for new parents and babies in NSW.
Collaborating Hospitals Audit of Surgical Mortality Committee (CHASM)	Ongoing representation by RANZCOG NSW Representative.
Hunter Postgraduate Medical Institute (HPMI)	Provision of RANZCOG NSW representative for the 2018/2019 HPMI Board.
Royal Australian College of General Practitioners (RACGP)	Accreditation of education events for DRANZCOG holders/vocational GPs. RANZCOG NSW Committee member attended RACGP National Academic Session, Fellowship and Awards Ceremony.
Family Planning NSW	Family Planning Senior Medical Officers speak at RANZCOG NSW education events: DRANZCOG Revision Course and FRANZCOG Revision Course.
Australian Centre for Sexual Health	Provides a speaker on Sexual Health for NSW education events: NSW/Qld Scientific Meeting, annual FRANZCOG Revision Course for Trainees.
Medical Council of NSW	RANZCOG NSW Representative is a member of the Council. A new NSW RANZCOG nominee was put forward for appointment in 2018.
NSW Health	RANZCOG NSW provided feedback for: the Consultation re SSoCPU Model Scopes of Clinical Practice Project - Fifth Tranche of Draft Model SoCPs (RANZCOG) re obstetric and gynaecological ultrasound and the NSW Resident Guide.
Notre Dame University (Sydney)	RANZCOG NSW provided a speaker for “Birthing in the Bush Event”

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Royal Australasian College of Surgeons (RACS)	RANZCOG NSW Representative provided for RACS Convocation Ceremony
Australian Council on Healthcare Standards (ACHS Council)	RANZCOG NSW representative provided.
NSW Health – Royal Hospital for Women	RANZCOG NSW provided Representative for Interview Panel for VMO in O&G 2017-2022 Quinquennium at RHW
Doctors Health Advisory Service (DHAS)	RANZCOG NSW provided information regarding RANZCOG support services for Trainees and DHAS brochures are now displayed in RANZCOG NSW reception.
Australian and New Zealand College of Anaesthetists (ANZCA)	RANZCOG NSW representative attended ANZCA Pain Medicine meeting
NSW Health – Royal North Shore Hospital	Held Registrar Education Day 9 March 2018 for RANZCOG Trainees. Royal North Shore Hospital Faculty provided speakers.
NSW Health – Royal Hospital for Women	Held Registrar Education Day 24 August 2018 for RANZCOG Trainees. Royal Hospital for Women Faculty provided speakers
Centre for Midwifery, Child and Family Health, University of Technology Sydney	Speaker invited to present as a Panellist at the 2018 RANZCOG NSW/QLD Regional Scientific Meeting
National Perinatal Epidemiology & Statistics Unit	Speaker invited to present as a Panellist at the 2018 RANZCOG NSW/QLD Regional Scientific Meeting
Sydney Law School, University of Sydney	Speaker invited to present as a Panellist at the 2018 RANZCOG NSW/QLD Regional Scientific Meeting

Appendices

Pre-Vocational O&G Society	Provision of non-financial support (venue for education evenings)
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Queensland Regional Office	
External Organisation	RANZCOG Representative(s) – Type of Interaction
Queensland Committee of Medical Specialist Colleges (QCoMSC)	The Queensland Regional Committee has provided a representative to attend the monthly meetings of the QCoMSC. The QCoMSC has representatives from each of the Specialist Medical Colleges as a forum to discuss matters of mutual interest. The Queensland Minister for Health and the current President of the Australian Medical Association Queensland (AMAQ) are invited to attend alternate meetings. Queensland Chief Health Officer, Dr Jeanette Young, attended several of the meetings during this period in an effort to consult on the matter of rural and remote medical workforce planning. Other agenda items include bullying in the workplace and offshore detention.
Queensland Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee	<p>The RANZCOG Queensland Regional Committee was invited to provide a clinical representative to brief the Parliamentary Committee in preparation for the Abortion Law Reform Amendment Bill.</p> <p>The RANZCOG Queensland Regional Committee provided the Parliamentary Committee the RANZCOG position statement on termination of pregnancy.</p>
Queensland Clinical Guidelines Unit, Queensland Health	<p>The RANZCOG Queensland Regional Committee have been invited to review and contribute to a number of clinical guidelines including:</p> <ul style="list-style-type: none"> • Establishing Breastfeeding • Perinatal substance use – maternal • Perinatal substance use – neonatal • Indication for Caesarean Section
Chief Medical Officer, Prevention Division, Queensland Health	The Queensland Regional Committee and the Queensland Training Accreditation Committee provided a joint submission to the Queensland Health Chief Medical Officer on the matter of Rural and Remote Medical Workforce planning.

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	Following this submission, Chair of the Queensland Training Accreditation Committee met directly with the Chief Medical Officer and senior policy advisors within Queensland Health.
Workforce Strategy Branch, Queensland Health	Queensland Regional Committee invited to submit guidelines and input on Planning framework for Highly Specialised / Complex Services. Chair of the Queensland Regional Committee attended a Queensland Health workforce strategy planning day.
Queensland Health	Minister of Health invited a representative from the Queensland Regional Committee to participate in: <ul style="list-style-type: none"> • Committee to design and develop information tools on the topic of Domestic and Family Violence • Variable Life Adjusted Display • Working Party for review of Neonatal resuscitation Representatives from training hospitals throughout Queensland participated in interviews for candidates wishing to join RANZCOG's Integrated Training Program in 2017.
Royal Brisbane & Women's Hospital Rockhampton Hospital Bond University	A number of Fellows and Trainees attend Vocational Expos held at each of these institutions to provide an insight into the speciality for students considering future career paths.
Royal Australasian College of Surgeons	The Queensland Regional Committee was requested to provide a representative to attend the Convocation Ceremony.
Australian Medical Association Queensland (AMAQ)	The Queensland Regional Committee Chair was invited to attend meetings hosted by the AMAQ to discuss matters of mutual interest.
Metro North and Metro South District Health Services, Queensland Health	The Queensland Regional Committee co-convened an education session on vaccinations in support of research being undertaken by the District Health Services.

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Mater Mother's Hospital	The Queensland Committee partner with Mater Mother's Hospital to provide pre-exam training and preparation to Queensland FRANZCOG Trainees.
Queensland Health Maternity Services Forum Steering Committee	Dr John Wakefield requested representation of a QRC member for the Qld Health Maternity Services Forum Steering Committee. – Dr Carol Breeze will be representing the Queensland Regional Committee
Rural Doctors Upskilling Program	The Office of the Chief Medical Officer requested a point of contact to initiate discussions regarding the Rural Doctors Upskilling Program. Dr Carol Breeze (Chair of QRC) has agreed to be the point of contact on behalf of the College.
Suicide Prevention Forum – Doctors Wellbeing	AMA Queensland in partnership with Queensland Health are holding a 'Suicide Prevention Forum – Doctors Wellbeing' on Tuesday 15 August and have asked for a representative from the College (Representative yet to be advised).
Queensland Audit of Surgical Mortality (QASM) Management Committee	O&G representative is Dr Tal Jacobson.

South Australia / Northern Territory Regional Office

External Organisation	RANZCOG Representative(s) – Type of Interaction
SA Committee of College Chairs	<p>The SA/NT Regional Office Chair represents RANZCOG at meetings held in March, May, July, Sept, Nov. The purpose of the Committee:</p> <ul style="list-style-type: none"> • Provide state wide leadership in training and education of College Trainees. • Provide a vehicle for communication between College Chairs, Department of Health and the Minister for Health. • Be a consultative resource on the impact of health service delivery on the provision of training and education.
AMA Committee of College Chairs	The SA/NT Regional Office Chair represents RANZCOG at these meetings held every second month. The purpose of the Committee:

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	<p>Provide a vehicle for communication between AMA and College Chairs</p> <p>Allow discussion on current matters of interest to AMA and their impact on College members.</p>
SA Audit of Peri-operative Mortality	<p>The SA/NT Regional Office Chair represents RANZCOG at these meetings held every third month.</p> <p>The purpose of the Committee:</p> <ul style="list-style-type: none"> • Provide South Australian input into the National Audit of Perioperative Mortality by reviewing all cases of preoperative mortality reported in SA. • Provide recommendations, where appropriate, on peri-operative management.
SA IMET Medical Colleges Committee	<p>The SA/NT Regional Office Chair represents RANZCOG at these meetings held every second month. The purpose of the Committee is to provide the SA IMET Council:</p> <ul style="list-style-type: none"> • information regarding Colleges' accreditation requirements, and • find requirements common to all Colleges that can then be addressed by SA Health on a Statewide level.
SA Health	<p>The SA/NT Regional Office Chair represents RANZCOG in meetings and communications with SA Health in relation to the way "Transforming Health" will impact on delivery of O&G services, particularly with regard to neonatal care.</p>
AMA	<p>The SA/NT Regional Office Chair represents RANZCOG in meetings and communications with the AMA in relation to the way "Transforming Health" will impact on delivery of O&G services.</p>
Royal Australasian College of Surgeons (RACS)	<p>The SA/NT Executive Officer meets with the Combined Colleges several times per year to discuss and plan the "South Australian Combined Colleges Career's Forum" held annually for University Students.</p>
The Royal Australian and New Zealand College of Psychiatrists (RANZCP)	<p>The SA/NT Executive Officer meets with the Combined Colleges several times per year to discuss and plan the "South Australian Combined Colleges Career's Forum" held annually for University Students.</p>

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The Royal Australasian College of Physicians (RACP)	The SA/NT Executive Officer meets with the Combined Colleges several times per year to discuss and plan the “South Australian Combined Colleges Career’s Forum” held annually for University Students.
The Royal College of General Practitioners (RACGP)	The SA/NT Executive Officer meets with the Combined Colleges several times per year to discuss and plan the “South Australian Combined Colleges Career’s Forum” held annually for University Students.
AMPHEaT (Health Education and Training)	The SA/NT Executive Officer meets with the Combined Colleges several times per year to discuss and plan the “South Australian Combined Colleges Career’s Forum” held annually for University Students.
Royal Australian College of General Practitioners (RACGP)	Accreditation of education events for DRANZCOG holders/vocational GPs.
The Women’s & Children’s Hospital Education Centre	Birth Masterclass Workshop.
Australian College of Remote and Rural Medicine (ACRRM)	Accreditation of education events for DRANZCOG holders/vocational GPs.

Victoria / Tasmania Regional Office

External Organisation	RANZCOG Representative(s) – Type of Interaction
National Association of Specialist Obstetricians and Gynaecologists (NASOG)	<p>Dr Meredith Tassone represents the Victorian Regional Committee (VRC) on NASOG. NASOG campaigns actively in support of consumers and providers to achieve better access to all aspects of gynaecology, reproductive and obstetric medicine. They aim to:</p> <ul style="list-style-type: none"> inform public debate and government policy in all areas of women’s health; and play a complementary role to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) which is

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	involved in education, training and standard setting in women's health and the Australian Medical Association (AMA).
AMA Victoria Council	<p>Requested a representative to sit on their Council which:</p> <ul style="list-style-type: none"> • meets quarterly at AMA House; • is a forum for members to raise and discuss issues affecting the profession and patients; and • is a forum to influence policy and activities via recommendation to the Board. • the representative is Dr Kathy Cook.
Safer Care Victoria	Requested a representative from the VRC to join a Medical Workforce Planning Advisory Group for Victoria. Dr Owen Stock will represent the VRC on this group.
Royal Australasian College of Surgeons (RACS)	<p>Continually invites RANZCOG Fellows to participate in the Victorian Audit of Surgical Mortality (VASM) which records deaths occurring when a patient is admitted under a surgical Fellow or</p> <p>Gynaecologist, whether or not an operation is performed. If an operation is performed and death occurs during that admission or during the conventional thirty days postoperative period, then that death is recorded in the audit. This invite has been disseminated to all Victorian Fellows. Dr Rachael Knight represents RANZCOG on the VASM Working Group.</p>
Council of Obstetric and Paediatric Mortality and Morbidity (COPMM) - Tasmania	COPPM invited RANZCOG to endorse a Tasmanian Representative to sit on their subcommittee which looks at stillbirth review, classification, and reporting process. Dr Amanda Dennis is the representative.
Victorian Government Complaints Handling Standards	The College was invited to nominate representative/s to provide feedback and/or be involved in the consultation process for the development of the new Victorian complaints handling standards which will be introduced in 2019. Dr John Regan and Dr Bernadette White will represent the Victorian Regional Committee.
Sands Australia Professional Advisory Forum	<p>Sands is a charity that supports anyone affected by the death of a baby (miscarriage, stillbirth, and neonatal death); working to improve the care bereaved parents receive by healthcare professionals and breaking the silence and taboo of baby death in today's society.</p> <p>Dr Elizabeth McCarthy attended the Sands Professional Advisory Forum.</p>

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Committee of Chairs of Victorian State Committees of Medical Colleges	The Committee of Chairs of Victorian State Committees of Medical Colleges has representatives from each of the Specialist Medical Colleges. The committee provides a forum to discuss matters of mutual interest. Dr Charlotte Elder or Dr Anthony Woodward has represented the Victorian Regional Committee.
Family Planning Victoria	A Senior Medical Officer from Family Planning Victoria presented at the DRANZCOG Revision Course.
Pre-Vocational O&G Society	Provision of non-financial support (venue for education evenings).
Royal Women's Hospital Breastfeeding Service	A Clinical Midwife Consultant from the Breastfeeding Service presented at the DRANZCOG Revision Course.
Melbourne Pathology	A Chemical Pathologist presented at the DRANZCOG Revision Course.
Jean Haile for Women's Health	The Medical Director presented a session on Menopause at the DRANZCOG Revision Course
Mercy Hospital for Women	A Specialist Paediatrician /neonatologist presented at the DRANZCOG Revision Course. A Perinatal psychiatrist presented at the FRANZCOG Revision Course.
PIPER - Royal Children's Hospital	The PIPER neonatal resuscitation team presented a workshop at the DRANZCOG Revision Course.

Western Australia Regional Office

External Organisation	RANZCOG Representative(s) – Type of Interaction
Western Australia (WA) Department of Health	<p>Committee representation by RANZCOG WA Fellows including:</p> <ul style="list-style-type: none"> • Anaesthetic Mortality • Clinical Senate of WA • Maternal Mortality • Perinatal and Infant Mortality • Reproductive Technology Council • Women and Newborn Health Network

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	<ul style="list-style-type: none"> • Women and Newborn Health Network Executive Advisory Group. <p>RANZCOG booth at twice-yearly GP Updates, run by the Women and Newborn Health Network.</p> <p>Submission made to Sustainable Health Review.</p> <p>Met with WA Country Health Service, who agreed to credential for six months DRANZCOG and DRANZCOG Advanced Trainees who have completed all training requirements and are awaiting certification.</p> <p>Hospital representatives are voting members of the RANZCOG WA Training Accreditation Committee, which administers the FRANZCOG Training Program in WA. Training Supervisors supervise FRANZCOG Trainees and report to the College on Trainee progress.</p>
Royal Australian College of General Practitioners (RACGP) / Australian College of Rural and Remote Medicine (ACRRM)	Liaison with both general practitioner colleges on CPD requirements for 2018 WA/SA/NT/Provincial Fellows regional scientific meeting.
King Edward Memorial Hospital (KEMH)	Orientation expos for junior medical officers held twice per annum at the KEMH.
Doctors Health Advisory Service WA	Committee representation by RANZCOG WA Fellow on Reference Group
Postgraduate Medical Council of Western Australia	RANZCOG booth at careers expo for medical students and junior medical officers on 20 March 2018. Five specialist Trainees, one Fellow and one College staff member attended. One Trainee and Fellow presented on training pathways in O&G.
Royal Australian and New Zealand College of Ophthalmologists (RANZCO)	RANZCOG WA College Councillor participated in RANZCO Graduation and Awards Ceremony on 29 October 2017.
Royal Australasian College of Surgeons (RACS)	RANZCOG WA Fellow representative on Australia and NZ Audit of Surgical Mortality (WA).

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Royal Australian and New Zealand College of Radiologists (RANZCR)	RANZCOG Board member participated in RANZCR Annual Ceremony on 20 October 2017.
University of Western Australia (UWA)	Chair RANZCOG WA Regional Committee presented the RANZCOG Women's Health Prize to a UWA medical student on 6 August 2018.
WA General Practice Education and Training (WAGPET)	Meeting with WAGPET, which is the sole provider of the Australian GP Training Program in WA.

Appendix III: RANZCOG Strategic Plan 2019–2022

The RANZCOG Strategic Plan is available on the RANZCOG website:

ranzcoг.edu.au/Our-College/Our-Work



Appendix IV: Reconsideration, review and appeal data 2013-2019

This data relates to de-identified appeals and complaints data submitted to the Education Strategy Committee (ESC) in an annual report.

The ESC evaluates de-identified summary data to identify educational strategic decisions required to address systemic issues arising from complaints and appeals.

Reason for Reconsideration	Number of Reconsiderations	Outcome Upheld	Dismissed
SIMG Assessment	1	1	0
Examinations	4	4	0
Research Project	1	1	0
Training Requirement	0	0	0
Selection	3	3	0

Informal Review Data: 2013–2019 (Review Committee & Progression Review Committee)				
Reason for Review	Year	Number of Reviews	Outcome Upheld	Dismissed
	2013	1	1	0

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Request for informal review in relation to the decision of the Progression Review Committee that the individual be removed from the pathway to Fellowship of the College, following the individual's fifth failed attempt at the MRANZCOG Written Examination	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Request for informal review in relation to the assessment by the RANZCOG SIMG Assessment Committee that the individual be deemed not comparable to an Australian-trained specialist in obstetrics and gynaecology	2013	5	5	0
	2014	0	0	0
	2015	1	1	0
	2016	1	1	0
	2017	3	3	0
	2018	0	0	0
	2019	0	0	0
Request for informal review regarding the College's decision not to accept the individuals application for special consideration in relation to their performance in the MRANZCOG Oral Examination held on 19 May 2013	2013	2	1	1
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0

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	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
<p>Request for informal review in relation to the individual's performance in the MRANZCOG Oral Examination held on</p> <ul style="list-style-type: none"> • 19 May 2013 • May 2015 	2013	1	1	0
	2014	0	0	0
	2015	1	1	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
<p>Request for informal review of the decision that the individual be removed from the FRANZCOG Training Program due to failure to complete the requirements of the ITP in the required timeframe.</p>	2013	1	0	1
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0

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Request for informal review in relation to the individual's performance in the MRANZCOG Oral Examination held 20 October 2013.	2013	1	0	1
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Decision of the COGU Committee regarding accreditation of training and assessment requirements leading towards the attainment of Certification in Obstetric and Gynaecological Ultrasound (COGU)	2013	0	0	0
	2014	1	0	1
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Decision not to accredit rural training rotation for the period 8 February–8 August 2011	2013	0	0	0
	2014	1	1	0
	2015	0	0	0

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	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
<p>Request review of the decision of the Regional TAC in relation to the assessment of her Six-monthly Summative Assessment reports for the periods</p> <ul style="list-style-type: none"> December 2013 – June 2014 and June 2014 – December 2014 4 August 2014 – 1 February 2015 3 August 2015 – 31 January 2016 1 February 2016 - 31 July 2016 	2013	0	0	0
	2014	1	0	1
	2015	1	0	1
	2016	1	1	0
	2017	1	1	0
	2018	0	0	0
	2019	0	0	0
<p>Request review of:</p> <ul style="list-style-type: none"> the decision of a Regional TAC not to recognise training at a University Hospital for the period February - August 2014 as rural training, and the decision of the Regional TAC not to recognise training undertaken in 2014 as satisfying the requirement of Regulation C1.3.1.1(a) 	2013	0	0	0
	2014	1	0	1
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0

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	2019	0	0	0
Request for review of the decision of the Regional TAC that the individual's Six-monthly Summative Assessment for the period 2 February – 3 August 2014 be assessed as 'not satisfactory'	2013	0	0	0
	2014	0	0	0
	2015	1	1	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Request for review of the decision of the Gynaecological Oncology (CGO) Subspecialty Committee that the individual's training and experience is partially comparable to that of a RANZCOG-trained subspecialist in gynaecological oncology	2013	0	0	0
	2014	0	0	0
	2015	1	0	1
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Request for Review of the College decision that the individual 's training for the period 2 February - 3 May 2015 would not be credited, following their failure to submit three-monthly	2013	0	0	0
	2014	0	0	0

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formative appraisal within the required timeframe. Request was made on the grounds that assessment form had been sent by email prior to the deadline, albeit to an incorrect College email address that had inadvertently been used.	2015	1	0	1
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Request for review of decision of CGO Subspecialty Committee not to offer an interview for the CGO Selection Process in 2015.	2013	0	0	0
	2014	0	0	0
	2015	1	1	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Request for Review of the decision of the CGO Selection Panel to reject the application for his entry to the CGO subspecialty training program at the pre-interview stage on the basis that he did not meet the eligibility and selection criteria. Not to offer an interview for the CGO selection process in 2017 (for 2018 entry).	2013	0	0	0
	2014	0	0	0
	2015	0	0	0
	2016	1	1	0
	2017	1	1	0

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	2018	0	0	0
	2019	0	0	0
Request for Review of the decision of the Regional Training Accreditation Committee (TAC) not to credit the individual's training undertaken during the period 1 August 2016–30 October 2016, due to the late submission of their Three-monthly Formative Assessment.	2013	0	0	0
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	1	0	1
	2018	0	0	0
	2019	0	0	0
Request for Review of the decision of the Regional Training Accreditation Committee (TAC) not to credit the individual's training undertaken during the period 5 February - 21 February 2017, due to the late submission of signed Trainees' Statement of Understanding.	2013	0	0	0
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	1	0	1
	2018	0	0	0
	2019	0	0	0
	2013	0	0	0

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Review of the decision of the Progression Review Committee to remove from the FRANZCOG Training Program, following the individual's fourth unsuccessful attempt at the examination and their failure to complete the requirement of Core Training within the specified timeframe.	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	1	1	0
	2018	2	0	2
	2019	3	0	3
SIMG in relation to continuation on pathway to Fellowship of the College, following failure to complete supervised specialist work and apply for Fellowship within the stipulated timeframes.	2013	0	0	0
	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	5	4	1
	2019	0	0	0

Appeal Committee Data: 2013–2019

Reason for Appeal	Year	Number of Reviews	Outcome Upheld	Dismissed
	2013	2	1	1

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Request for review in relation to assessment by the RANZCOG SIMG Assessment Committee that the individual be deemed 'partially comparable' to an Australian-based specialist in obstetrics and gynaecology.	2014	0	0	0
	2015	0	0	0
	2016	0	0	0
	2017	2	1	1
	2018	0	0	0
	2019	0	0	0
Appeal against the 'Fail' result in the MRANZCOG Oral Examination held on: <ul style="list-style-type: none"> 21 October 2012 20 October 2013 	2013	1	0	1
	2014	1	0	1
	2015	0	0	0
	2016	0	0	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0
Appeal against the decision of the College that the individual be removed from the FRANZCOG Training Program	2013	0	0	0
	2014	0	0	0
	2015	1	1	0
	2016	0	0	0

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	2017	0	0	0
	2018	3	1	2
	2019	0	0	0
Appeal against the decision of the CGO Selection Panel to reject the application for entry to the CGO subspecialty training program at the pre-interview stage on the basis that the individual did not meet the eligibility and selection criteria.	2013	0	0	0
	2014	0	0	0
	2015	0	0	0
	2016	1	1	0
	2017	0	0	0
	2018	0	0	0
	2019	0	0	0

Appendix V: Process- Evaluation of de-identified Data- Appeals and Complaints for determination of systems problem

Approved, July 2019

Purpose

This process applies to the evaluation of de-identified Appeals and Complaints (Regional and New Zealand Special Considerations and Reconsiderations, Committees Special Considerations and Reconsiderations, Reviews, and Progression Reviews and Appeals) for determination of systems problems.

Responsible Bodies

- Special Considerations:
 - Education and Assessment Committee
 - Training Accreditation Committee
- Regional and New Zealand Reconsiderations:
 - Regional and New Zealand Training Accreditation Committees
- Reconsiderations:
 - Education and Assessment Committee
 - Training Accreditation Committee
- Reviews:
 - Governance Office maintains and records information on Reviews authorised by the Chief Executive Officer pursuant to Regulation A2.4 *Review Procedures*
- Progression Review Committee:
 - Governance Office maintains and records information on referrals to the Progression Review Committee pursuant to Regulation A4 *Progression Review Committee*
- Appeals:
 - Governance Office maintains and records information on Appeals Committee proceedings pursuant to Regulation A2 *Appeals Procedures*

Data compilation

The relevant offices and/or committees are to annually provide the Education Strategy Committee (ESC) coordinator with relevant de-identified data for the previous 13-month hospital employment year (New Zealand December – January; Australia February – January), and any solution options for discussion at the July Council Week meeting.

Education Strategy Committee Evaluation

The Education Strategy Committee will evaluate the data for thematic analysis to ascertain that:

- processes are robust and clear;
- processes have been adhered to;
- sufficient College support has been provided;
- each case has been considered on its merits;
- individual specific claims of exceptional circumstance/s have been considered; and
- submitted supporting documentation has been considered.

Input will be obtained from the Director, Education and Training Department to advise solutions consistent with the current Training programs.

Report to the Board

The Education Strategy Committee (ESC) will provide an annual report to the Board in July of each year which will include a summary report of any identified issues for review.

RANZCOG Related Documents

- RANZCOG Regulations
- Special Consideration Policy
- Reconsideration Policy