



The Royal Australian and
New Zealand College of
Obstetricians and
Gynaecologists

SPECIALIST IMG (SIMG) TRAINEES' STATEMENT OF UNDERSTANDING

BACKGROUND

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

Specialist International Medical Graduates (SIMGs) assessed in Australia as Partially Comparable to an Australian-trained obstetrician gynaecologist are required to undertake further training with the College. Once they become a trainee of the College they can expect the same rights and responsibilities that apply to other College specialist and subspecialist trainees.

INSTRUCTIONS: The trainee and Training Supervisor must go through this Statement together at the beginning of the trainee's first training year. Both parties must sign and date the document, which has to be submitted within six (6) weeks of the date of commencement in the training program.

The original document will be kept in the trainee's file at College House. A copy will be emailed to the trainee and should be permanently retained in their Training Assessment Record (TAR).

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

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

RIGHTS

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

In particular, I understand that:

1. I will receive clear directions from my Training Supervisor about what is expected in each training post, including identification of training goals. This will be in the form of an initial meeting with my Supervisor

(generally at the beginning of a new training year) and will include an opportunity for me to identify training needs relevant to my training and career goals.

2. I will receive appropriate supervision and training from the supervisors and consultants with whom I work. This will include constructive formal and informal feedback, guiding me through each clinical procedure and providing time to practise my skills under supervision, providing appropriate after hours support, listening to my concerns about training, and treating me with respect and courtesy.
3. I will receive regular Three-monthly Formative Appraisals and Six-monthly Summative Assessments on my performance and progress from my Training Supervisor. These reports will clearly identify my strengths and any areas for improvement, and will be accompanied by a confidential face-to-face discussion of performance and progress with my supervisor. My Training Supervisor will arrange for appropriate remedial assistance to be provided where necessary.
4. In line with College policy, I may request feedback or counselling following any of the compulsory assessments, including the MRANZCOG Written and/or Oral Examination, or the relevant Subspecialty Written and/or Oral Examinations.
5. I will have the opportunity to discuss issues of concern about any aspect of my training and assessment with my Training Supervisor, the Chair of the Regional/New Zealand Training Accreditation Committee or the Chair of the SIMG Assessment Committee. If I do not feel comfortable discussing an issue with any of the above, I can contact the local Trainees' Committee representative or a relevant College staff member (as appropriate) for confidential advice.
6. I acknowledge having read and understood the following documents, which identify the relevant processes and procedures should I not be happy with a College decision:
 - RANZCOG Exceptional Circumstances, Special Consideration and Reconsideration Policy
 - RANZCOG Appeals Procedures
 - Bullying, Harassment and Discrimination in the Workforce Policy

RESPONSIBILITIES

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

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

- reflecting and building on my own experience;
- identifying my learning needs;
- being involved in planning and documenting my own education and training; and
- evaluating the effectiveness of my learning experiences.

2. I acknowledge that it is my responsibility to meet all administrative and assessment requirements of my training program by the stipulated deadlines. This includes annual registration and application for prospective approval of training, payment of all required fees, completion of assessment requirements, and submission of required assessment documentation.
3. I understand that it is my responsibility to be fully informed of, and to abide by, all current RANZCOG regulations and policies governing my training program and any other relevant guidelines and policies. I also understand that it is my responsibility to familiarise myself with any changes or additions to these regulations, guidelines and policies as advised by the College via the relevant training program handbook or e-mail bulletin. Should I seek exemption from any of these regulations, guidelines and policies on the basis of what I believe are exceptional circumstances, I must consult with the appropriate staff member at College House; I understand that no Fellow of the College, including my Training Supervisor, is empowered to authorise such exemptions. Any change or variation relating to regulations, guidelines and policies, or any extension of time, will be confirmed to me in writing after appropriate approval has been received.
4. I release my Training Supervisor and the College (and its representatives) from all claims or liability arising from advice and assistance given in good faith.
5. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these concerns addressed by my Training Supervisor, or a relevant staff member of the College.
6. I understand that it is my responsibility to maintain appropriate documentary evidence of my training experiences and provide these to the relevant training authorities as required.
7. I agree to participate in College review processes in relation to any unsatisfactory performance or progress which is identified through the College assessment processes relevant to my training program.
8. I understand that I am employed by the hospital (employing authority) and not the College, and that issues relating to employment are the responsibility of the employing authority, not the College. I acknowledge that a decision whether or not to employ me is made by the employing authority, and that the College cannot guarantee employment.
9. I understand that I have a responsibility to treat my Training Supervisors and the consultants with whom I work with respect and courtesy.
10. I accept that it is my duty to notify the College immediately of any changes to my contact details or training arrangements, including extended leave, parental or special leave, and prolonged illness which affects my ability to undertake training.
11. I undertake to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration, or if I receive notice of any complaint to any medical registration authority, within 7 days.

12. I acknowledge that the documentation and materials that will be provided to me during the course of the training program is owned by the College, is subject to intellectual property protection and therefore cannot be used by me for purposes other than training, without the College's prior consent.
13. I understand that I will be issued with a College e-mail address and that it will be the primary mechanism by which the College will communicate with me. I agree to abide by the terms and conditions for the use of that account.
14. In order to assist the College to evaluate and improve the training program, I undertake to complete relevant feedback forms and other relevant surveys.

ACCEPTANCE OF RIGHTS & RESPONSIBILITIES CONTAINED IN THIS STATEMENT

First Name: _____ Surname: _____
(Trainee: Please PRINT both first name & surname)

(Signature of trainee) Date: _____

Acknowledged by the College:

First Name: _____ Surname: _____
(Supervisor: Please PRINT both first name & surname)

(Signature of Training Supervisor) Date: _____

First Name: _____ Surname: _____
(SIMG Assessment Committee Chair: Please PRINT both first name & surname)

(Signature of SIMG Assessment Committee Chair) Date: _____

Please forward completed form to:
SIMG Training Co-ordinator
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East Melbourne VIC 3002
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