

THE ROYAL AUSTRALIAN AND
NEW ZEALAND COLLEGE OF
OBSTETRICIANS & GYNAECOLOGISTS



SIMG

TRAINING

ASSESSMENT

RECORD

FOR SIMG TRAINING
(FRANZCOG TRAINING PROGRAM)

KEEP YOUR TAR UP TO DATE AT ALL TIMES.
YOU MUST SHOW YOUR COMPLETE TAR
TO YOUR SUPERVISOR ON COMMENCING
IN A NEW TRAINING POST.

PERSONAL INFORMATION

NAME	
ID NUMBER	
ADDRESS	
MOBILE	
RANZCOG E-MAIL	

Important:

You must maintain an updated copy of your TAR at all times - it is an essential record of your training and assessment experiences for the duration of your training.

Program Co-ordinators/SIMG Training Supervisors may ask to see your TAR at any time. An updated copy should always be available.

Your entire TAR must be submitted (when requested) to the relevant Regional/NZ Training Accreditation Committee (TAC) Chair along with your logbooks as part of the final assessment requirements for Membership and Fellowship.

If your address details change, please update on the College website at:
<http://www.ranzcog.edu.au/members-services/change-of-address.html>.

Contacts:

Please contact staff in the Specialist IMG (SIMG) Department at College House if you have any questions:



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+61 3 9412 2956



simg@ranzcog.edu.au

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SECTION 1 - IMPORTANT INSTRUCTIONS

Every 3 months

- (1) Complete a self-assessment of your strengths and challenges, using the Three-monthly Formative Appraisal form.
- (2) Meet with your Training Supervisor (TS) to discuss your performance during the relevant training period. Have your TS sign your Formative Appraisal (Three-monthly report).
- (3) Submit the signed report to the SIMG Co-ordinator Committee **WITHIN FOUR WEEKS** of completion of the three-month period. You will be informed of the due dates at the beginning of each training year. If a report is submitted more than 4 weeks after the deadline, the relevant training period will be assessed as Not Satisfactory. If this happens a second time, you will face removal from the training program.

Every 6 months

- (1) Meet with your TS for a summative assessment of performance and progress.
- (2) You will be given a Six-monthly Summative Assessment Report & Clinical Training Summary. **Ensure that you discuss and sign the form.**
- (3) Submit your Six-monthly Summative Assessment Report & Clinical Training Summary **WITHIN SIX WEEKS** of completion of the six-month training period. You will be informed of the due dates at the beginning of each training year. If the report is submitted more than 6 weeks after the deadline, the relevant training period will be assessed as Not Satisfactory. If this happens a second time, you will be removed from the training program.

Submit your signed documentation as soon as possible to avoid losing credit for training.

- ↪ Incomplete or unsigned documentation will be returned to you without being processed.
- ↪ Logbooks are not to be sent to the TA Chairs or College house unless requested.
- ↪ **YOU ARE RESPONSIBLE FOR SENDING YOUR ASSESSMENT REPORTS.**

THIS IS NOT THE RESPONSIBILITY OF YOUR TRAINING SUPERVISOR.

SECTION 1 - IMPORTANT INSTRUCTIONS continued

Maintain one TAR throughout your training program

1. You are issued with your TAR at the beginning of the first year of your training.
2. You must maintain the TAR for the duration of your SIMG training program.
3. If you require replacement pages for your TAR, download these from the RANZCOG website.
4. **IMPORTANT: TRAINING SUPERVISORS CAN AND WILL REQUEST TO SEE YOUR TAR AT ANY TIME, PARTICULARLY WHEN YOU ARE COMPLETING OR COMMENCING A TRAINING POST. ALWAYS KEEP AN UPDATED COPY OF YOUR COMPLETE TAR WITH YOU.**
5. The original Six-monthly Summative Assessment Report and Clinical Training Summary will be retained in your file at College House. A processed copy will be sent to your RANZCOG email address.
6. If you will be changing hospitals at the end of your period of training, inform your Training Supervisor and ask that your Six-monthly Summative Assessment Report be completed before you leave the hospital.
7. A period of training CANNOT be credited to you until the SIMG Department at College House receives the complete and satisfactory Six-monthly Summative Assessment Report & Clinical Training Summaries for that period.
8. Trainees who receive a Referred for Review rating on their Six-Monthly Summative Assessment Reports/Clinical Training Summaries will be referred to the SIMG Assessment Committee for a final assessment rating (i.e. either Satisfactory or Not Satisfactory).

Maintain copies of training documentation at all times

- ⇒ You should always have access to your training documentation, including old Logbooks, copies of Six-monthly Reports and other relevant forms

SECTION 2

TRAINING HISTORY

- ➔ The training history section is a summary of completed training
- ➔ It should be updated as necessary each year
- ➔ Periods of leave should be recorded in this section

All extended leave must be prospectively approved by the Chair of the SIMG Assessment Committee. Different types of leave are as follows:

STANDARD LEAVE

- ➔ Holiday/Annual Leave
- ➔ Long Service Leave
- ➔ Sick Leave

EXTENDED LEAVE

(2 YEARS' MAXIMUM)

- ➔ Parental/Family Leave
- ➔ Research Leave
- ➔ Leave Without Pay
- ➔ Unexpected/Special Circumstances Leave
- ➔ Extended Sick Leave

STUDY/PROFESSIONAL DEVELOPMENT LEAVE (2 WEEKS MAXIMUM P.A.)

- ➔ To attend courses, workshops and study for examinations. Counts as part of training.

Important Note: MINIMUM TRAINING REQUIREMENTS

In any one year trainees can do a maximum of 46 weeks of full-time training or a minimum of 20 weeks of fractional training.

For current regulations on SIMG trainees' leave entitlements, refer to Section E of the RANZCOG Regulations. <http://www.ranzcog.edu.au/partially-comparable/ranzcog-regulations.html>

If in doubt about leave entitlements, contact the SIMG Department. Requests for extended leave must be approved by the Chair of the SIMG Assessment Committee. using the relevant application form on the website. <http://www.ranzcog.edu.au/leave-and-transfers.html>

LEAVE

Please note: All **extended** leave must be prospectively approved by the Chair of the relevant NZ/Regional TA Committee. You must list the type of leave taken each year in the table below.

STANDARD LEAVE

- Holiday/Annual Leave
- Long Service Leave
- Sick Leave
- Parental Leave

EXTENDED LEAVE

- Parental/Family Leave
- Research Leave
- Leave Without Pay
- Unexpected/Special Circumstances Leave
- Extended Sick Leave

STUDY/PROFESSIONAL DEVELOPMENT LEAVE

- To attend courses, workshops and study for examinations. Counts as part of training.

YEAR 1

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/ WEEKS
TOTAL STANDARD LEAVE TAKEN		TOTAL EXTENDED LEAVE TAKEN	

YEAR 2

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
TOTAL STANDARD LEAVE TAKEN		TOTAL EXTENDED LEAVE TAKEN	

LEAVE

Please note: All **extended** leave must be prospectively approved by the Chair of the relevant NZ/Regional TA Committee. You must list the type of leave taken each year in the table below.

STANDARD LEAVE

- Holiday/Annual Leave
- Long Service Leave
- Sick Leave
- Parental Leave

EXTENDED LEAVE

- Parental/Family Leave
- Research Leave
- Leave Without Pay
- Unexpected/Special Circumstances Leave
- Extended Sick Leave

STUDY/PROFESSIONAL DEVELOPMENT LEAVE

- To attend courses, workshops and study for examinations. Counts as part of training.

YEAR 3

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/ WEEKS
TOTAL STANDARD LEAVE TAKEN		TOTAL EXTENDED LEAVE TAKEN	

YEAR 4

TYPE OF LEAVE	DATES OF LEAVE PERIOD	PROSPECTIVELY APPROVED BY	NO. OF DAYS/WEEKS
TOTAL STANDARD LEAVE TAKEN		TOTAL EXTENDED LEAVE TAKEN	

SECTION 3

WEEKLY TIMETABLE

- At the end of each six-month period, an average weekly timetable should be completed.
- If the training program altered significantly during the six months, please indicate the different training experiences by including an additional weekly timetable.

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 1**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 1**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 2**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 2**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 3**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 3**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 4**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 3 - WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical week of activities for the type of training being completed. If there was a significant change in the training program during the six-month period, please indicate this by producing an additional weekly timetable for the period.

LEVEL OF TRAINING: **SIMG Year 4**

FROM _____ To _____

DAY	MORNING	AFTERNOON
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday (if applicable)		
Sunday (if applicable)		

SECTION 4

TRAINING REQUIREMENTS PROGRESS RECORD

- ➔ Update the details of completion of the following RANZCOG requirements:
 - ➔ Signed STATEMENT OF UNDERSTANDING (see Section 8)
 - ➔ COMMUNICATION SKILLS WORKSHOP
 - ➔ IN-HOSPITAL CLINICAL ASSESSMENT (Ultrasound & Colposcopy)
 - ➔ MRANZCOG EXAMINATIONS
 - ➔ ASSESSMENT OF PROCEDURAL AND SURGICAL SKILLS (APSS) (see Section 9)
 - ➔ NEONATAL RESUSCITATION TRAINING (Optional for SIMGs)
 - ➔ FETAL SURVEILLANCE TRAINING (Optional for SIMGs)

SECTION 4– TRAINING REQUIREMENTS PROGRESS RECORD

DUE AT THE END OF TWO (2) YEARS IN TRAINING COMMUNICATION SKILLS WORKSHOP

	Date of Workshop attendance
Communication Skills Workshop	

DUE AT THE END OF TWO (2) YEARS TRAINING IN-HOSPITAL CLINICAL ASSESSMENTS

	Ultrasound	Colposcopy
Date of Assessment		
Approved Assessor		
Date of approval/payment		

MRANZCOG EXAMINATIONS

Please insert dates of satisfactory completion of the MRANZCOG Examinations. Please consult the Training Program Handbook for details on eligibility requirements and application procedures for examinations.

Name of Examination	Date Examination completed satisfactorily
MRANZCOG Written Examination	
MRANZCOG Oral Examination	

NEONATAL RESUSCITATION & FETAL SURVEILLANCE WORKSHOP (Optional for SIMGS)

Course	State	Hospital	Date completed	Documents forwarded
Neonatal Resuscitation				
Fetal Surveillance Workshop				

SECTION 5

THREE-MONTHLY FORMATIVE APPRAISAL

- ➔ Once each of your Three-monthly Formative Appraisals have been processed at College House, you will be emailed a copy.
- ➔ Please use the plastic pockets in this section to keep copies of each of your Three-monthly Formative Appraisals.

SECTION 6

SIX-MONTHLY SUMMATIVE ASSESSMENT REPORTS & CLINICAL TRAINING SUMMARIES

- ➔ Once each of your Six-monthly Summative Assessments Reports & Clinical Training Summaries has been processed at College House, you will be emailed a copy.
- ➔ Please use the plastic pockets in this section to keep copies of each of these reports for future reference.

SECTION 7

SECTION 7

TRAINEES' STATEMENT OF UNDERSTANDING

- ➔ The College is committed to ensuring that specialist training in obstetrics and gynaecology is undertaken in an appropriate environment and that trainees are fully informed of their rights and obligations. The Statement specifies those rights and responsibilities. All trainees entering the SIMG/FRANZCOG Training Program are required to sign the Statement, and get it co-signed by the Training Supervisor. The signed Statement should be submitted to the SIMG Co-ordinator within six (6) weeks of the date of commencement in the training program.

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

- ➔ **INSTRUCTIONS:** The trainee and their Training Supervisor must go through the Statement together prior to commencement of training. Both parties sign and date the document, which will then be sent to the SIMG Co-ordinator. The original document will be kept in the trainee's file at College House. A copy will be returned to the trainee and should be permanently retained in this Training Assessment Record.

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

SECTION 8

ASSESSMENT OF PROCEDURAL AND SURGICAL SKILLS (APSS)

- ➔ In the course of your training, your competence in performing key surgical procedures in obstetrics and gynaecology will be assessed.
- ➔ Competency assessments in the designated surgical procedures must be completed by the end your SIMG training.
- ➔ A College approved assessor will rate your competence in performing the key procedures.
- ➔ The Assessment of Procedural and Surgical Skills (APSS) form must be signed and dated by the assessor and must be shown to your SIMG Training Supervisor when you have your final Six-monthly assessment for that year so these assessment requirements can be signed off. Assessment forms must be sent to the SIMG Co-ordinator with the final Six-monthly report.
- ➔ Please use the plastic pocket in this section to keep copies of each of your assessment forms.
- ➔ Please refer to the College website for a list of the procedures <http://www.ranzcog.edu.au/partially-comparable/assessment-workshops-forms/apss.html>

SECTION 9

TRAINEE PARTICIPATION IN OTHER PROFESSIONAL ACTIVITIES

- ➔ Include any participation in other professional activities.
- ➔ Training Supervisors and Regional/NZ TAC Chairs will check this section in their reviews of your documentation.

SECTION 10

CERTIFICATE OF SATISFACTORY COMPLETION OF TRAINING (CSCT)

In order to have this certificate signed you must:

- ➔ Submit all Logbooks – signed by you, your SIMG Training Supervisor and the consultants
- ➔ Submit your Six-monthly Summative Assessment Report & Clinical Training Summary for the training period up to the Fellowship certification date.

Once your training supervisor has completed this form, send it to the SIMG Co-ordinator at College House who will forward it to the Regional TA Chair and the SIMG Committee Chair for review and signature.

CERTIFICATE OF SATISFACTORY COMPLETION OF THE FRANZCOG SIMG TRAINING REQUIREMENTS

This is to certify that:

Name: _____
(Sign and write name/date)

has satisfactorily completed the FRANZCOG SIMG training requirements

TRAINING	Dates of training period
A minimum 12 months supervised prospectively approved training (including completion of the SIMG Competencies form)	

ASSESSMENTS/WORKSHOPS	Date completed
IHCA: Diagnostic Ultrasound	
IHCA: Colposcopy	
Communication Skills Workshop	

EXAMINATIONS	Date Examination completed satisfactorily
MRANZCOG Written Examination	
MRANZCOG Oral Examination	

ASSESSMENT OF PROCEDURAL AND SURGICAL SKILLS	Date completed
APSS Assessments	

(Sign and write name/date)

SIMG Trainee _____

SIMG Training Supervisor _____

Chairman, NZ/Regional TA Committee _____

Chairman, SIMG Assessment Committee _____