

ROYAL AUSTRALIAN & NEW ZEALAND
COLLEGE OF OBSTETRICIANS & GYNAECOLOGISTS

ACCREDITATION & RE-ACCREDITATION OF CERTIFICATE OF WOMEN'S HEALTH, RANZCOG ASSOCIATE TRAINING PROGRAM (PROCEDURAL) AND RANZCOG ASSOCIATE TRAINING PROGRAM (ADV. PROCEDURAL) TRAINING SITES



STANDARDS AND PROCEDURES

July 2014

Item 1 – TAR – Site Accreditation

RANZCOG 2011

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OBJECTIVES

1.0 OBJECTIVES OF ACCREDITATION and RE-ACCREDITATION

The objectives of accreditation and re-accreditation of Certificate of Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP) & RANZCOG Associate Training Program (Adv. Procedural) (APTP) training sites are:

- o To ensure that the core requirements for clinical and educational experience as defined in the CWH/PTP/APTP curricula are being met for all trainees.
- o To assist the accredited sites in their role as training providers – not just service providers – by identifying factors that are adversely affecting their capacity to deliver effective and supported training to CWH/PTP/APTP trainees.
- o To work with the sites and the Training, Accreditation and Recertification (TAR) Subcommittee of the Conjoint Committee for Associate Procedural Training (CCAPT) to formulate strategies which will maximise training opportunities and ensure efficient and safe service delivery provision by CWH/PTP/APTP trainees.

Note re 'site' responsibilities (including hospitals):

The College appreciates that given the different potential settings for all or part of CWH/PTP/APTP training (as applicable) and the different organisational structures involved, responsibility for the implementation of these standards may vary from **site to site**. This will invariably result in individual or shared action on the part of the hospital and/or clinic administration and, in the case of hospitals, the departments or divisions within a hospital responsible for obstetric and gynaecological care. Reference in the document to 'sites' should be read as acknowledgement of that shared responsibility.

ESSENTIAL COMPONENTS

2.0 ESSENTIAL COMPONENTS OF THE TRAINING PROGRAMS

The CWH/PTP/APTP are structured, post-graduate programs which lead to either the Certificate of Women's Health (CWH), RANZCOG Associate (Procedural) or the RANZCOG Associate (Adv. Procedural) qualification. Each qualification builds upon the knowledge and skills developed in the preceding qualification; that is, the PTP builds upon the CWH, the APTP upon the PTP.

Training in any one of the training programs may be undertaken at a single or at multiple sites (see Section 3.0 Accreditation and Supervision in this document). Approved clinics and accredited hospitals must be able to provide the range of core O&G experiences stipulated in the relevant curriculum so that trainees may be able to satisfy all training and assessment requirements within the maximum period of training allowed for the program they are undertaking. The CWH, PTP and APTP training and assessment requirements are outlined in Table 1 below, however, these are subject to change and reference should be made to the appropriate curriculum document.

Table 1: Training and assessment requirements for the CWH, PTP and APTP

	CWH	PTP	APTP
Pre/co-requisites		CWH training and assessment requirements	PTP training and assessment requirements
Minimum number of consultations	12 in family planning 70 in antenatal care 70 in gynaecology	70 in antenatal care* 70 in gynaecology*	
Logbook	CWH Logbook	PTP Logbook	APTP Logbook
Workplace-based assessments (WBAs)	<ol style="list-style-type: none"> 1. Communication skills 2. Antenatal examination 3. Cervical smears 	<ol style="list-style-type: none"> 1. Low instrumental delivery 2. Episiotomy/tear repair 3. Examination of a neonate 4. Management of obstetric emergencies 5. CPR of a pregnant woman 6. Neonatal resuscitation 	<ol style="list-style-type: none"> 1. Caesarean deliveries 2. Management of full dilatation at Caesarean section 3. Pelvic laparotomy 4. Management of first trimester termination of pregnancy and/or miscarriage 5. Management and uterine evacuation following second trimester pregnancy loss and/or mid trimester termination
Examinations	100 multiple choice question written examination	<ol style="list-style-type: none"> 1. 50 multiple choice question written examination* 2. Oral examination 	
Other			Five (5) case syntheses on a range of obstetric conditions

* In addition to the requirements of the CWH

ACCREDITATION & SUPERVISION

3.0 ACCREDITATION and SUPERVISION

3.1 Certificate of Women's Health

Certificate of Women's Health (CWH) training may be undertaken in a number of settings:

- solely in appropriate clinics (e.g.; general practice, gynaecological, family planning and antenatal);
- in hospitals accredited for CWH training*; or
- a combination of clinics and accredited hospitals.

*These hospitals may be rural/smaller metropolitan hospitals, country base/metropolitan district hospitals or tertiary hospitals.

All training must be prospectively approved. That is, hospitals must apply for accreditation before a trainee is to commence training. Training undertaken prior to accreditation will not be credited.

When CWH training occurs solely in one or more clinics, the clinic(s) are not required to apply for accreditation. The suitability of clinic-only training will be assessed when a trainee submits their *CWH Application for Training* form. The Training Mentor for clinic-only training may be located at another site but must meet with the trainee on a regular basis (i.e. at least monthly) to review the trainee's logbook, discuss cases and the trainee's training progress.

When CWH training is to be undertaken in a hospital or a combination of hospital(s) and clinic(s), an application for accreditation must be submitted by the hospital at which the trainee will be undertaking the majority of his/her training. The Training Mentor must be located at the hospital at which the trainee is undertaking their training and must meet with the trainee on a regular basis (i.e. at least monthly) to review the trainee's logbook, discuss cases and the trainee's training progress.

Irrespective of whether training is hospital- and/or clinic-based, Training Mentors must hold the CWH, PTP, APTP, DipRACOG or Fellowship of the RANZCOG.

3.2 PTP and APTP

While CWH components of the PTP and APTP programs may be completed in appropriate clinics, the procedural and surgical components of the PTP and APTP training programs must be completed in hospitals accredited for such training by the RANZCOG.

Individual hospitals can apply for accreditation for either or both of the Procedural training programs. Alternatively, combinations of hospitals, or hospitals together with appropriate clinics, could form a consortium and become jointly accredited. When clinics form part of a consortium of hospitals to be accredited, details of these clinics and the training to be undertaken in them must be provided in the accreditation application. In this 'consortium model', trainees could receive their procedural and surgical training at a single hospital or may rotate to hospitals in a consortium and gain their office-based obstetric and gynaecological experience in clinics. Collectively, the accredited hospitals (and clinics, if applicable), must be able to provide, over the relevant training program, the range of core O&G experiences stipulated in the PTP and/or APTP curricula.

All training must be prospectively approved. That is, hospitals must apply for accreditation before a trainee is to commence training. Training undertaken prior to accreditation will not be credited.

Training Supervisors for the PTP training program must be located and actively engaged in obstetric practice at the hospital to be accredited. When a consortium of hospitals is applying for accreditation, the Training Supervisor must be located and actively engaged in obstetric practice at the hospital in which the trainee will be undertaking the majority of his/her training. The Training Supervisor must also meet with the trainee on a regular basis (i.e. at least monthly) to review the trainee's logbook, discuss cases and the trainee's training progress. Training Supervisors of PTP trainees must hold the PTP, APTP or Fellowship of the RANZCOG.

APTP trainees must have two Training Supervisors, one of whom must be located and actively engaged in obstetric practice at the hospital to be accredited. When a consortium of hospitals is applying for accreditation, the on-site Training Supervisor must be located and actively engaged in obstetric practice at the hospital in which the trainee will be undertaking the majority of his/her training. Both Training Supervisors must meet with the trainee on a regular basis (i.e. at least monthly) to review the trainee's logbook, discuss cases and the trainee's training progress. Training Supervisors of APTP trainees must hold the APTP or Fellowship of the RANZCOG.

As the sites for the training of GP Obstetricians, the role and responsibilities of accredited CWH, PTP and APTP hospitals cannot be overestimated. The Certificate and Procedural curricula emphasise that competency is achieved through an incremental process of learning and development in the key areas of clinical expertise, academic abilities and professional qualities. The Training Mentors, Training Supervisors, consultants, senior O&G registrars, midwifery staff and other health professionals involved in the training of Certificate and Procedural trainees – and the clinic and hospital environments in which they work – are crucial to this process in guiding day-to-day learning and ensuring robust growth of the profession. The standards detailed in this document specify what each hospital must provide as part of its obligations as a RANZCOG-accredited CWH, PTP and/or APTP training site.

ACCREDITATION PROCESS

4.0 ACCREDITATION PROCESS (NEW CWH/PTP SITES)

4.1 Applications for accreditation

A detailed application from hospitals for accreditation as an individual training site or as a consortium (which may involve appropriate clinics) must be submitted to the Training, Accreditation and Recertification (TAR) Subcommittee of CCAPT using the [Certificate Procedural Training Site Accreditation Reaccreditation Application](#) form.

Sites already accredited by the RANZCOG for PTP and/or APTP training will be required to undergo re-accreditation (see Section 5.0).

All applications are considered first by the TAR Subcommittee, which is responsible for the accreditation and re-accreditation of CWH/PTP/APTP hospitals. If the TAR Subcommittee approves the application, it then refers their recommendation to the CCAPT Executive for further approval. CCAPT Executive then forwards its recommendations to the RANZCOG Board for formal ratification. Accreditation is not finalised until formally ratified by the RANZCOG Board.

In most instances, applications are considered at the next scheduled meeting of the TAR Subcommittee. In exceptional circumstances, training sites may be granted provisional accreditation by the Chair of the TAR Subcommittee until the next TAR Subcommittee meeting, at which time the application will be considered for full accreditation.

4.2 Site Visits - Principles and Process

Principles

Accreditation of CWH/PTP/APTP training sites does not normally require a site visit. Instead, it is based on information collected by means of the *Accreditation/Reaccreditation Application* form, trainee logbooks and feedback from trainees by means of a detailed questionnaire.

However, the RANZCOG reserves the right to conduct a site visit as part of the accreditation process in the event that there are concerns about the training site's effectiveness as a training unit.

The purpose of site visits, conducted by RANZCOG representatives, is to make balanced and objective assessments of each hospital's suitability for accreditation in accordance with curriculum requirements and the defined accreditation standards as specified in this document. In doing this, the TAR Subcommittee will gather and analyse a range of information and viewpoints at each site, including feedback from Fellows of the RANZCOG, RANZCOG Associates (Procedural and Advanced Procedural), trainees, senior midwifery staff, other health professionals, and hospital/area health service management.

1. Implement the accreditation process in an open and equitable manner.
2. Regularly review the standards and processes of hospital accreditation.
3. Ensure that all site visit teams (i.e. in those instances where a site visit is deemed necessary) and relevant College staff involved with the accreditation/reaccreditation process act in accordance with the above principles and are appropriately trained for their role in the process.

Notification of Site Visit

In the event that a site visit is required, the relevant training site will be given adequate notice of the visit, which will be scheduled for a mutually convenient date. A timetable for the visit will be prepared by relevant staff in the Training Services Department in consultation with the training site Head of Department or his/her nominee.

Site Visit Teams

Each team will comprise:

- a Fellow or RANZCOG Associate (Procedural and Advanced Procedural) of the RANZCOG from a state other than the one in which the site visit is being conducted;
- a senior member of the RANZCOG Education and Training staff;
- a trainee representative from CWH/PTP/APTP.

Conduct of the Site Visit

Site visits will usually be of one half-day's duration and will comprise most, but not necessarily all, of the following:

- confidential interviews with Head of Department, Fellows and/or RANZCOG Associates (Procedural and Advanced Procedural) on staff, senior midwifery staff, appropriate trainees from other programs (e.g. the RANZCOG's Integrated Training Program, if applicable), other appropriate health professionals and hospital management;
- tour of O&G department;
- attendance at a formal birthing suite handover;
- attendance at relevant clinics;
- visit to theatre;
- visit to the library and room to be set aside for the use of trainees;
- other areas as suggested by the hospital.

Site Visit Report

In collaboration with relevant Training Services Department staff, the site visit team will complete a report on the visit using the RANZCOG-approved template. This report will be submitted to the TAR Subcommittee when it considers the training site's application for accreditation. In the event that further information is needed from the site in order to complete the report, the relevant Head of Department will be contacted by an appropriate member of the site visit team.

4.3 Notification of Change of Staffing or Services

Training sites must inform the RANZCOG immediately if there is a change in staffing or services provided as detailed in the *Accreditation/Reaccreditation Application* form.

4.4 Periods of accreditation and accreditation ratings

A single site or consortium of sites may be granted accreditation for a maximum period of four (4) years, after which time they must apply for re-accreditation.

Training sites which have not previously been accredited as training sites are accredited for one year in the first instance, with further extension of the period of accreditation being dependent upon satisfactory trainee logbook data and, in the case of APTP training, a trainee exit interview.

In cases where an application for accreditation falls short of meeting all of the standards described in this document, the TAR Subcommittee may either grant provisional accreditation for a period of one (1) year or reject the application. In both cases, the TAR Subcommittee will provide the training site(s) reasons for the provisional accreditation or rejection of the application in writing. The training site(s) will be invited to reapply for full accreditation once all criteria for accreditation can be met. Where provisional accreditation has been granted, the TAR Subcommittee will make recommendations which must be addressed within a specified period if accreditation is to continue.

5.0 RE-ACCREDITATION PROCESS (EXISTING CWH/PTP SITES)

5.1 PAPER-BASED COMPONENT

Application Form

Sites already accredited for CWH/PTP/APTP training and which are due for re-accreditation will be sent an electronic version of the accreditation/re-accreditation application form relevant for that site, depending on whether it has been accredited for CWH, PTP or APTP training. The application form requires the site to indicate how it has met the agreed standards, ranging from clinical experience, staffing and facilities to education programs, protocols and professional development.

Each site is given six weeks to complete the application form and submit it to RANZCOG Certificate and Procedural Training Programs cptp@ranzcoг.edu.au, together with required supporting documentation (e.g. rosters, in-hospital education program outline/timetable, etc.).

Trainee Evaluation of Training Site

To ensure that the College obtains a wide range of feedback about a site, the assessment also includes information about the site compiled from the Exit Questionnaire which all CWH/PTP trainees are required to complete at the end of their training. Data on procedural numbers at a site provided by the trainees' logbooks will also be included in the paper-based assessment. (The College retains a scanned electronic copy of each trainee's completed logbook in its records, as well as tabulated procedural numbers for each trainee on the RANZCOG database.)

Evaluation of Documentation

The documentation and data outlined above are evaluated according to the agreed standards as detailed in the *Accreditation/Re-accreditation Standards and Procedures* document. The evaluation of the information relating to each site is done by two assessors: a Fellow or RANZCOG Associate (Procedural and Advanced Procedural) who is a member of the TAR Subcommittee and a senior member of the RANZCOG Education & Training staff.

To facilitate the evaluation process, a short template report document is used which asks the assessors to rate the site according to each standard: Satisfactory – with No Recommendations; Satisfactory – with Recommendations; and Not Satisfactory.

In the event of disagreement about the most appropriate re-accreditation rating, the final decision is made by the TAR Subcommittee Chair, in consultation with the TAR Subcommittee where necessary.

Re-accreditation Ratings

In accordance with the current *Standards and Procedures*, the evaluation of the documentation results in one of the following decisions:

- Site meets all the agreed standards – granted full accreditation for the maximum period of four years.
- Site falls short of meeting all the standards – granted provisional accreditation for a period of one year OR (in extreme cases) application for re-accreditation rejected.

IMPORTANT NOTE: Where provisional accreditation has been granted, the site is advised of recommendations for improvement which must be addressed within a specified period if accreditation is to continue.

Where the application for re-accreditation has been rejected, a site visit is conducted to investigate the site further before a final decision is made about loss of College accreditation (see Section 5.2 below).

Informing the Site of Re-accreditation Decisions

The site receives a brief template report document which indicates the re-accreditation rating, the reasons for that rating, the recommendations, and the timeframe for addressing those recommendations (where applicable).

In the event that a hospital is dissatisfied with a re-accreditation rating, it may write to the Chair of the CCAPT requesting a review of the rating. The Chair, in consultation with the CCAPT, will make the final decision as to whether or not to revise the re-accreditation rating.

5.2 SITE VISIT COMPONENT (WHERE APPLICABLE)

Notification of Site Visit

In the event that a site visit is deemed necessary due to significant concerns about a training site, the unit will be given a minimum of eight weeks' notice of the visit, which will be scheduled for a mutually convenient date. A timetable for the visit is prepared by relevant staff in the Training Services Department, in consultation with the Head of Department at the site, or his/her nominee.

Site Visit Teams

As per the process for initial accreditation of a training site (see Section 4.2 above).

Conduct of the Site Visit

As per the process for initial accreditation of a training site (see Section 4.2 above).

Site Visit Report

In collaboration with the relevant Education and Training staff, the site visit team completes a report on the visit. This report will make recommendations for substantial improvements, which must be addressed within a specified timeframe.

In the event that these recommendations are not met, the site is advised that it faces possible loss of accreditation. The matter will then be referred to the TAR Subcommittee for further discussion.

Loss of Accreditation

Because of the implications for trainees at sites that lose accreditation, the final decision on whether or not to withdraw accreditation is made by the entire TAR Subcommittee. The TAR Subcommittee could decide that a second site visit is required to further assess the site's performance as a training unit before a final decision is made.

If the TAR Subcommittee agrees that loss of accreditation is appropriate, their recommendation will be referred to the CCAPT Executive and the RANZCOG Board. The final decision on withdrawing accreditation is made by the Board. The hospital and trainees at the relevant site will be given a minimum of six months' notice of loss of accreditation, so that trainees can make other training arrangements.

A site that has lost accreditation may write to the Chair of the TAR Subcommittee requesting re-consideration of the decision. The final decision on whether or not to uphold the loss of accreditation is made by the Board, in consultation with the TAR Subcommittee and the CCAPT Executive.

Regaining Accreditation

A site that has lost accreditation may re-apply for re-accreditation at a later date, if it believes it is now in a position to meet the agreed standards.

6.0 ACCREDITATION/RE-ACCREDITATION STANDARDS

The following standards identify what the RANZCOG regards as the criteria for effective training and support for CWH, PTP and APTP trainees. Accreditation and re-accreditation of training sites is dependent on their ability to meet these standards.

6.1 Certificate of Women's Health

Clinical Experience:

Training should be matched with the trainee's perceived needs but, as a minimum, hospitals offering CWH training must be able to provide or arrange the following supervised experience:

- **Family Planning consultations.** A *minimum* of 12 Family Planning consultations. This can be arranged in a number of ways, either within the hospital or by a local clinic.
- **Antenatal consultations.** A *minimum* of 70 antenatal consultations. This can be arranged in a number of ways, either within the hospital antenatal clinic or in a local clinic (e.g. Obstetrician's or GP's consulting rooms).
- **Gynaecological consultations.** A *minimum* of 70 gynaecological consultations. This can be arranged in a number of ways, either within the hospital gynaecological clinic or in a local clinic (e.g. Obstetrician's or GP's consulting rooms, menopause clinics, STD clinics, Well-woman clinics).

In order to ensure the provision of appropriate clinical experience to trainees, hospitals should also fulfil the following criteria with respect to rostering.

- **Accessing educational/training opportunities.** Rosters must not be designed solely with the objective of service delivery; there must be recognition that it is essential that trainees have regular access to key educational/training opportunities.
- **Night duty.** Trainees should not be rostered on for protracted periods of night duty where there is less opportunity for training and teaching.
- **Accredited vs non-accredited trainees.** Rosters should differentiate between accredited and non-accredited trainees. While the College acknowledges the important service role of non-accredited trainees and their training needs, it is expected that the primary obligations is to accredited CWH/PTP/APTP trainees (as applicable).
- **Responsibility for rostering.** Rostering arrangements must not be left to hospital staff unaware of the specific training needs of RANZCOG trainees.

Staff (including appropriate supervision of the trainee):

- **Training Mentor.** Have a staff member with the PTP, APTP or Fellowship of the RANZCOG who will act as the Training Mentor. The Training Mentor must be located on-site. The Training Mentor must meet the defined role and responsibilities for Training Mentors as specified in Section 6.0 below.
- **Educational program coordinator.** Have a staff member with the PTP, APTP, Membership or Fellowship of the RANZCOG who will coordinate the educational program for trainees.

Facilities:

- **Resource facilities.** Have adequate library and other resources to support CWH work and training, over and above that required for the recognition of undergraduate training positions.
- **Trainees' room.** This may be shared with medical undergraduates, etc. The room must contain basic furniture (chairs, desk) and at least one permanently located PC with access to the internet and medical databases.
- **Rest/on-call room.** Provide a rest/on-call room for trainees when they are on night duty.

Activities:

- **Deliveries.** Normally deliver at least 300 babies per year.
- **GP Obstetricians.** Have provision for GP Obstetricians.
- **Quality Assurance program.** Have an active Quality Assurance program in obstetrics and gynaecology.
- **Educational program.** Have a structured educational program for trainees, and allow time for trainees to attend such activities. The program should include the following on a regular basis:
 - tutorial/trainee meetings with the requirement for trainees to give presentations on a rotating basis;
 - journal club;
 - lectures;
 - gynaecology clinic case review;
 - gynaecology teaching round; and
 - perinatal and neonatal morbidity/mortality meetings.
- **Birthing suite handover.** This should be seen as an important educational opportunity for trainees, as well as an essential time for proactive planning (triaging for the birthing suite). The consultant on duty, the senior registrar and the team leader/midwife should be present at handovers in a Level 3 hospital.
- **Protocols.** As part of the implementation of consistent, up-to-date and safe training practices, the hospital should ensure that all birthing suite and gynaecology protocols are regularly reviewed and revised, and consistently followed by all consultants.

6.2 RANZCOG Associate Training Program (Procedural) (PTP)

In addition to the standards stated above required for hospitals offering CWH training, hospitals offering PTP training must be able to meet the following requirements:

Clinical Experience:

The training which a trainee receives should be matched with that trainee's perceived needs, but, as a minimum, hospitals offering PTP training must be able to provide or arrange the following supervised experience:

- **Antenatal consultations.** A *minimum* of 70 antenatal consultations. This can be arranged in a number of ways, either within the hospital antenatal clinic or in a local clinic (eg. Obstetrician's or GP's consulting rooms).
- **Gynaecological consultations.** A *minimum* of 70 gynaecological consultations. This can be arranged in a number of ways, either within the hospital gynaecology clinic or in a local clinic (eg. Obstetrician's or GP's consulting rooms, menopause clinics, STD clinics, Well-woman clinics).
- **Labour and delivery.** Personal conduct of the management of labour and delivery for **at least** 25 women.
- **First trimester miscarriage.** Personal conduct of the management of first trimester miscarriage for **at least** 10 women.
- **Retained placenta.** Personal conduct of the management of retained placenta for **at least** 3 women.
- **Dilatation and curettage.** Performance of dilatation and curettage for **at least** 10 women.
- **Bartholin's cyst/abscess.** Performance of marsupialisation of Bartholin's cyst/abscess for **at least** 10 women.

In order to ensure the provision of appropriate clinical experience to trainees, hospitals should also fulfil the following:

- **Birthing suite rostering.** PTP trainees must always be rostered on with either a senior registrar or a consultant who is dedicated to the birthing suite, except where the in-house credentialing process has identified a trainee as proficient enough not to require such supervision
- **After hours support by appropriate hospital medical officers.** Hospital rosters must ensure that after hours support for trainees on the birthing suite by hospital medical officers is sufficient to enable them to perform their service responsibilities effectively and safely. The officers should be available to perform the following functions:
 - insert cannulas;
 - perform vaginal examinations;
 - conduct initial assessments;
 - perform episiotomy repairs;
 - cover emergency;

- handle drug orders/prescriptions; and
- clerking in and out.

Staff (including appropriate supervision of the trainee):

- **Training Supervisor.** Have a staff member with the PTP or APTP or Fellowship of the RANZCOG, who will act as the Training Supervisor. The Training Supervisor must be located on-site. The Training Supervisor must also meet the defined role and responsibilities for Training Supervisors as defined in Section 6.0 below.
- **Educational program co-ordinator.** Have a staff member with the PTP, APTP, Membership or Fellowship of the RANZCOG who will co-ordinate the education program for the trainees.

Facilities (i.e. in addition to those specified above for CWH training posts) :

- Normally have paediatric support.

Activities:

- **Professional development.** Offer in-house training, conducted by a suitably credentialed facilitator, or allow for off-site attendance for professional development, in the following:
 - Neonatal resuscitation
 - CPR of pregnant woman
 - Management of obstetric emergencies
- **Educational program.** Have a structured educational program for trainees, and allow time for trainees to attend such activities. In addition to activities listed for CWH hospitals, the program should also include the following on a regular basis:
 - CTG meeting;
 - combined case review meeting looking at LUSCS and any vaginal delivery needing evaluation (e.g. instrumental deliveries), and
 - intrapartum management tutorials.

As part of the hospital's responsibility to ensure the attainment of clinical competency by PTP trainees at the appropriate level, and to ensure that they are provided with the necessary level of consultant/senior registrar support, the hospital should satisfy the following criteria with respect to credentialing:

- **Documented credentialing process for accredited and non-accredited registrars.** Have an active and documented credentialing process which identifies each trainee's competence in core obstetric and gynaecological procedures.
- **Procedures covered by credentialing.** The credentialing document, prepared by appropriate O&G department staff, should cover all those procedures in which the trainee will be assessed by means of the Clinical Procedures Log in the PTP Logbook:

1. Management of labour and delivery;
 2. Management of first trimester miscarriage (may/may not include ERPOC);
 3. Management of retained placenta;
 4. Dilatation and curettage;
 5. Masupialisation of Bartholin's cyst/abscess.
- **Acting in accordance with credentialing process.** The document should be distributed to all consultants, senior registrars and senior midwifery staff, and reviewed and updated for each trainee every six months. It must be clearly understood by trainees, supervisors, consultants, midwifery staff and senior registrars which procedures a trainee requires supervision.
 - **Responsibility of consultants.** The credentialing document should indicate whether each trainee is competent to perform a specific procedure supervised or unsupervised, particularly after hours. If a trainee is listed as requiring after hours supervision for a procedure, it is a high priority expectation that the on-call consultant come in for that trainee and that procedure until such time as the trainee is signed off as being competent in the procedure. Even in the event that a trainee is considered competent in a procedure, this does not preclude him/her from seeking assistance from a consultant/senior registrar should the trainee feel that assistance is needed, nor does this preclude the consultant/senior registrar providing such support when requested.

IMPORTANT NOTE: The credentialing process is intended to identify each trainee's level of competency and confidence for various key procedures and is a guide for the consultants and other staff at that particular training site; it must not be confused with, or regarded as a substitute for, the RANZCOG process of formal assessment of trainee competency for accredited trainees in the CWH/PTP/APTP Training Programs. The in-hospital credentialing process is the responsibility of the Training Supervisor in collaboration with consultants and senior registrars.

6.3 RANZCOG Associate Training Program (Adv. Procedural) APTP

In addition to the standards stated above required for hospitals offering CWH and PTP training, hospitals must meet the following requirements:

Clinical Experience:

The training that a trainee receives should be matched with that trainee's perceived needs, but, as a minimum, hospitals offering APTP training must be able to provide or arrange the following supervised experience at a registrar level (all of which is assessed by means of the Workplace-based Validations for the APTP):

Obstetrics

- Elective Caesarean section for **at least** 10 women, of which a minimum of 3 must be repeat
- Emergency Caesarean section for **at least** 10 women
- Personal conduct of the management of full dilatation at Caesarean section for **at least** 5 women
- Personal conduct of the management of postpartum haemorrhage for **at least** 5 women
- Personal conduct of the management and performance of uterine evacuation following second trimester pregnancy loss and/or mid trimester termination for **at least** 5 women
- Personal conduct of first trimester ultrasound scanning, including both transvaginal and transabdominal, for **at least** 15 women
- Personal conduct of third trimester ultrasound scanning for **at least** 15 women

Gynaecology

- Personal performance of exploratory laparotomy for gynaecological emergency (e.g. ectopic pregnancy, ovarian cyst) for **at least** 1 woman
- Personal performance of hysteroscopy and dilatation and curettage for **at least** 10 women
- Personal conduct of the management of first trimester termination of pregnancy/missed miscarriage for **at least** 5 women

NB: Attainment of these gynaecological skills may require extra time/rotation through gynaecological or surgical registrar posts.

IMPORTANT NOTE RE PROVISION OF CLINICAL EXPERIENCE BY A HOSPITAL OR OTHER UNIT:

If a site is unable to provide a trainee with access to stipulated clinical experience or insufficient clinical experience in a particular area (e.g. in ultrasound), arrangements should be made for the trainee to access this experience at another accredited site.

In order to ensure the provision of appropriate clinical experience to trainees, hospitals must also satisfy the following:

Access to clinical experience: planning of hospital rosters and theatre lists.

- **FRANZCOG Registrars and other trainees.** Trainee access to relevant gynaecological surgical experience, laparoscopy and intrapartum management should not be limited because FRANZCOG registrars at the hospital may be given priority access to this experience.

NOTE: The College acknowledges that giving priority access to FRANZCOG registrars is a widespread practice. However, if an accredited site made no effort to address this problem it would be viewed with concern and could affect that hospital's re-accreditation rating.

- **Importance of primary operator experience.** Trainee experience as the primary operator when in theatre should be maximised, although this will be at the consultant's/senior registrar's discretion, based on an accurate assessment of the trainees' abilities. A situation where on a regular basis particular consultants/registrars do virtually all the operating and leave the trainee to assist or simply observe is not appropriate training.

Staff (including appropriate supervision of the trainee):

- **Training Supervisors.** Have two Training Supervisors available, both of whom must hold either the APTP qualification or Fellowship of the RANZCOG. At least one of these supervisors must be located on-site; the other may be located at another site but must be in regular contact with both the trainee and the on-site supervisor. Both Training Supervisors must meet the defined role and responsibilities for Training Supervisors as specified in Section 6.0 below.

Activities:

In addition to those credentialing requirements listed above for hospitals offering PTP training, hospitals offering APTP training must also satisfy the following:

- **Procedures covered by credentialing.** The credentialing document for APTP trainees, prepared by appropriate O&G department staff, should cover at least the following procedures:
 1. lower uterine segment Caesarean section;
 2. rotational vacuum delivery;
 3. non-rotational vacuum delivery;
 4. exploratory laparotomy for gynaecological emergencies;
 5. hysteroscopy and D&C.

In the event of an emergency, however, it may be necessary for a trainee to commence a procedure for which they are not credentialed. In these situations, the responsible consultant/senior registrar should be notified by the trainee or next available senior staff member and attendance in theatre requested urgently.

TRAINING SUPERVISORS/MENTORS

7.0 ROLES & RESPONSIBILITIES OF TRAINING MENTORS & TRAINING SUPERVISORS

The primary role of the Training Mentor and Training Supervisor(s) is to oversee, in close consultation with the Chair of the State Reference Committee (SRC) and the CCAPT TAR Subcommittee, all aspects of training of a CWH/PTP/APTP trainee or group of trainees. This includes ensuring trainees are provided with the practical instruction, ongoing support and appropriate assessment to enable them to meet the professional and educational requirements specified in the relevant curriculum.

REMINDER: CWH trainees have Training Mentors. PTP and APTP trainees have Training Supervisors.

7.1 Responsibilities of the Training Mentor (CWH Trainees ONLY)

NOTE: Only the following practitioners can be Training Mentors – Fellows of the RANZCOG, PTP or APTP holders, or holders of the old DipRACOG who are in current medical practice.

1. **Mentorship/Support:** To provide support and mentoring to trainees. This mentoring includes:
 - creating a climate of trust to allow trainees to share and reflect on their experiences;
 - regular constructive formal and informal feedback through meetings with the trainee, preferably at the time of the monthly checking/signing of the Logbook (see Assessment section below);
 - encouraging trainees to improve their communication, decision-making and critical thinking skills; and
 - listening to trainees' concerns about training and respecting their right to be assertive and questioning.

For trainees undertaking hospital-based training, this mentoring also includes:

- assisting in creating the opportunities for trainees to be taken through new procedures, as necessary, by a consultant, senior registrar or RANZCOG Associates (Procedural and Advanced Procedural) (as applicable) and to practise their skills under supervision;
- facilitating, when required, the regular rostering of trainees so they can access key in-hospital educational/training opportunities such as trainees'/registrars' meetings, perinatal mortality/morbidity sessions, and any clinics conducted at the hospital (fertility, menopause, etc.);
- encouraging trainees to use ward rounds as vital training opportunities with appropriate consultant and senior registrar involvement; and
- making every reasonable effort to ensure that trainees have appropriate support from on-call consultants after hours.

2. Dedicated time: To set aside dedicated time each week to teach/mentor trainees. (Note: This includes time spent giving feedback to trainees or contributing to the planning of their O&G educational program.)

3. Signing Logbook: To review and sign each trainee's Logbook every month to ensure the trainee is completing the training and assessment requirements and to ensure that the trainee is not leaving the completion of Workplace-based Assessments until the end of their training period.

4. Assessment:

- i) To act as an Assessor of the trainee's competence in skills listed in the *In-Training Skills Log* of the trainee's Logbook,
- ii) To act as an Assessor for the trainee completing the requisite Workplace-based Assessments (WBAs),
- iii) Sign off on the *Training Experience Log* in the trainee's Logbook for each area of Training Experience required,
- iv) Signing the *Certificate of Satisfactory Completion of Training* in the Logbook once satisfied that the trainee has met the requirements listed in the Logbook.

5. Knowledge of curriculum, regulations, etc.: To be fully informed of the requirements of the CWH curriculum and the current regulations governing training and assessment by consulting the following:

- *CWH, PTP & APTP Curricula* document,
- *CWH, PTP & APTP Handbook*, and
- *RANZCOG Regulations*.

These documents are available on the College website.

6. Liaison with Chair of the relevant SRC and TAR Subcommittee Chair: To liaise closely with the Chair of the relevant State Reference Committee (SRC) and CCAPT Training, Accreditation and Recertification (TAR) Subcommittee (including attending TAR Subcommittee meetings when required) in order to discuss training issues and problems, particularly where the hospital is having difficulty providing trainees undertaking hospital-based training with relevant clinical experience and support.

7.2 Responsibilities of Training Supervisors (PTP/APTP Trainees ONLY)

NOTE: The following practitioners can be PTP Training Supervisors – Fellows of the RANZCOG or holders of the PTP or APTP. APTP Training Supervisors must be Fellows of the RANZCOG or RANZCOG Associates (Procedural and Advanced Procedural).

1. Supervision/Support: To provide support to trainees and ensure hands-on supervision and training. This supervision must include:

- regular constructive formal and informal feedback through meetings with the trainee, preferably at the time of the monthly checking/signing of the Logbook (see 5. Assessment section below);
 - ensuring trainees are taken through each new procedure by a consultant, senior registrar or RANZCOG Associate (Procedural and Advanced Procedural) (as applicable) and are given adequate opportunities to practise their skills under supervision;
 - ensuring ward rounds are treated as vital training opportunities with appropriate consultant and senior registrar involvement;
 - ensuring, or making every reasonable effort to ensure, that trainees have appropriate support from on-call consultants after hours;
 - encouraging trainees to improve their communication and decision-making skills;
 - listening to trainees' concerns about training and respecting their right to be assertive and questioning.
- 2. Dedicated time:** To set aside dedicated time each week to teach/supervise/mentor trainees. (Note: This includes time spent giving feedback to trainees or contributing to the planning of the in-hospital O&G educational program, not simply time spent in hands-on teaching.)
- 3. Trainee access to educational opportunities:** To ensure, or make every reasonable effort to ensure, that trainees are rostered on a regular basis so they can access key in-hospital educational/training opportunities such as trainees'/registrars' meetings, perinatal mortality/morbidity sessions, ultrasound experience (APTP trainees ONLY), and any clinics conducted at the hospital (fertility, menopause, etc.).
- 4. Signing Logbook:** To review and sign each trainee's Logbook every month to ensure the trainee is completing the required clinical procedures and to ensure that the trainee is not leaving the completion of Workplace-based Assessments until the end of their training period.
- 5. Assessment:**
1. To either act as an Assessor of the trainee's competence in skills listed in the *In-Training Skills Log* of the trainee's Logbook, **or** approve an appropriate consultant or senior O&G registrar to act as an Assessor*.
 2. Sign-off on each procedure listed in the *Clinical Procedures Log* in the trainee's Logbook, or approve an appropriate consultant or senior O&G registrar to sign off on each procedure as it is conducted.
 3. To either act as an Assessor for the trainee completing the requisite Workplace-based Assessments (WBAs) or approve an appropriate consultant or senior O&G registrar to act as an Assessor.
 4. Sign off on the *Training Experience Log* in the trainee's Logbook for each area of Training Experience required.
- * An Assessor must be a medical practitioner expert enough to make a reliable assessment of the

relevant skill and who has directly observed the trainee performing the skill.

5. Signing the *Certificate of Satisfactory Completion of Training* in the Logbook once satisfied that the trainee has met the competency requirements listed in the Logbook.

6. **Knowledge of curriculum, regulations, etc.:** To be fully informed of the requirements of the PTP/APTP curricula and the current regulations governing training and assessment by consulting the following:

- CWH, PTP & APTP Curricula document,
- CWH, PTP & APTP Training Handbook, and
- RANZCOG Regulations.

These documents are available on the RANZCOG website.

7. **Liaison with Chair of the relevant SRC and TAR Subcommittee Chair.** To liaise closely with the Chair of the relevant State Reference Committee (SRC) and/or CCAPT Training, Accreditation and Recertification (TAR) Subcommittee (including attending TAR Subcommittee meetings when required) in order to discuss training issues and problems, particularly where the hospital is having difficulty providing trainees with the clinical experience and support outlined above.

APPENDICES

APPENDICES

Appendix 1: **Hospitals Currently Accredited by RANZCOG for PTP & APTP Training (2014)**

Appendix 2: **Abbreviations**

Appendix 3: **Glossary of Terms**

APPENDIX ONE:

HOSPITALS CURRENTLY ACCREDITED BY RANZCOG PTP & APTP TRAINING (2012)

State/Territory	Hospital	Accredited for	
		PTP training	APTP training
Queensland	Bundaberg General Hospital	✓	✓
	Caboolture Hospital	✓	✓
	Cairns Base Hospital	✓	✓
	Gladstone Hospital	✓	✓
	Gold Coast Hospital	✓	✓
	Hervey Bay Hospital	✓	✓
	Ipswich General Hospital	✓	✓
	Logan Hospital	✓	✓
	Mackay Base Hospital	✓	✓
	Maryborough Hospital	✓	
	Mater Mothers' Hospital	✓	✓
	Mt Isa Hospital	✓	✓
	Nambour Hospital	✓	
	Redcliffe Hospital (with Caboolture Hospital)	✓	✓
	Redland Hospital	✓	✓
	Rockhampton Base Hospital	✓	✓
	Roma Hospital (with Toowoomba Hospital)	✓	
	Royal Brisbane & Women's Hospital	✓	
	Toowoomba Hospital	✓	✓
	Townsville Hospital	✓	✓
Western Australia	Albany Hospital	✓	✓
	Armadale Health Service		✓
	Broome Hospital	✓	
	Bunbury Regional Hospital	✓	✓
	Geraldton Hospital	✓	✓
	Hedland Health Campus		✓
	Joondalup Health Care Campus	✓	✓
	Kalgoorlie Hospital	✓	✓
	Kind Edward Memorial Hospital for Women	✓	✓
	Nickol Bay Hospital*		✓
	Osborne Park Hospital	✓	✓
	Peel Health Campus		✓
	Rockingham General Hospital	✓	✓
	Swan District Hospital	✓	✓
South Australia & Northern Territory	Alice Springs Hospital	✓	✓
	Flinders Medical Centre	✓	✓
	Gawler Hospital	✓	✓
	Katherine Base Hospital	✓	
	Lyell McEwin Hospital	✓	✓
	Mt Gambier Hospital	✓	✓
	Murray Bridge Hospital		✓
	Port Augusta Hospital	✓	
	Queen Elizabeth Hospital	✓	
	Royal Darwin Hospital	✓	✓
	Women's & Children's Hospital	✓	✓

State/Territory	Hospital	Accredited for	
		PTP training	ATTP training
New South Wales & Australian Capital Territory	Armidale & New England District Hospital	✓	✓
	Auburn District Hospital	✓	
	Bankstown-Lidcombe Hospital	✓	✓
	Bathurst Hospital	✓	✓
	Bega District Hospital		✓
	Belmont Hospital	✓	✓
	Blacktown Hospital	✓	
	Bowral District Hospital	✓	✓
	Camden District Hospital	✓	
	Campbelltown Hospital	✓	✓
	Canberra Hospital	✓	✓
	Canterbury Hospital	✓	
	Coffs Harbour Hospital		✓
	Dubbo Base Hospital	✓	✓
	Fairfield District Hospital	✓	
	Gosford District Hospital	✓	
	Goulburn Base Hospital	✓	✓
	Griffiths Hospital	✓	✓
	Hornsby & Ku-Ring-Gai Hospital	✓	✓
	John Hunter Hospital	✓	✓
	Kempsey District Hospital		✓
	Lismore Base Hospital	✓	✓
	Liverpool Hospital	✓	✓
	Maitland Hospital	✓	✓
	Manly Hospital (Northern Beaches)	✓	
	Manning Base Hospital	✓	✓
	Mona Vale Hospital (Northern Beaches)	✓	✓
	Moruya Hospital	✓	✓
	Murwillumbah District Hospital	✓	
	Nepean District Hospital	✓	✓
	Orange Base Hospital	✓	✓
	Port Macquarie Hospital	✓	✓
	Royal Hospital for Women	✓	
	Royal North Shore Hospital	✓	
	Ryde Hospital	✓	
	St George Hospital	✓	
	Shoalhaven District Memorial Hospital	✓	
	Sutherland Hospital	✓	✓
	Tamworth Base Hospital	✓	✓
	Tweed Heads District Hospital	✓	✓
	Wagga Wagga Base Hospital	✓	✓
	Westmead Hospital	✓	
	Wollongong/Port Kembla Hospital	✓	

State/Territory	Hospital	Accredited for	
		PTP training	APTP training
Tasmania	Launceston General Hospital	✓	✓
	Mersey Community Hospital	✓	
	Royal Hobart Hospital	✓	
	North West Regional Hospital	✓	
Victoria	Angliss Hospital	✓	✓
	Ballarat Base Hospital	✓	✓
	Bass Coast Regional Health	✓	
	Bendigo & Northern District Base Hospital	✓	✓
	Box Hill Hospital	✓	
	Casey Hospital	✓	
	Central Gippsland Health Service	✓	✓
	Dandenong & District Hospital	✓	✓
	Geelong Hospital	✓	✓
	Goulburn Valley Hospital	✓	✓
	La Trobe Regional Hospital (LRH)	✓	✓
	Mercy Hospital for Women	✓	
	Mildura Base Hospital	✓	✓
	Monash Medical Centre Hospital	✓	
	Moorabbin Hospital	✓	
	Mornington Peninsula (Frankston) Hospital	✓	
	Northern Hospital	✓	✓
	Northeast Health Wangaratta	✓	✓
	Royal Women's Hospital	✓	
	Sandringham & District Memorial Hospital	✓	✓
	Swan Hill Hospital*	✓	
	Warrnambool Hospital	✓	✓
	West Gippsland Hospital	✓	✓
	Western Hospital Sunshine	✓	✓
	Wimmera Base Hospital*	✓	✓
	Wodonga Hospital	✓	✓

***Conditions apply – please contact Training Services, College House**

APPENDICES

APPENDIX TWO: ABBREVIATIONS

Abbreviations used/accepted in CWH, PTP & APTP Training Documentation and Examinations.

AC	Abdominal circumference
AFP	Alphafetoprotein
APH	Antepartum haemorrhage
ARM	Artificial rupture of membranes
BP	Blood pressure
BPD	Biparietal diameter
CRL	Crown rump length
CSU	Catheter specimen of urine
CTG	Cardiotocograph
D&C	Dilatation and curettage
ECG	Electrocardiograph
EUA	Examination under anaesthesia
FBC	Full blood count
FBE	Full blood examination
FHR	Fetal heart rate
FL	Femur length
FSH	Follicle stimulating hormone
GTT	Glucose tolerance test
Hb	Haemoglobin
HC	Head circumference
hCG	Human Chorionic Gonadotrophin
IUCD	Intrauterine contraceptive device
LFTs	Liver function tests
LH	Luteinising hormone
LMP	Last menstrual period
LNMP	Last normal menstrual period
LSCS	Lower segment Caesarean section
LUSCS	Lower uterine segment Caesarean section
MSU	Midstream specimen of urine
NAD	Nothing abnormal detected
NVD	Normal vaginal delivery
PPH	Postpartum haemorrhage
PR	Per rectum
PV	Per vaginum
RBC	Red blood cells
TAH	Total abdominal hysterectomy
TA imaging	Transabdominal imaging (ultrasound)
TV imaging	Transvaginal imaging (ultrasound)
U&Es	Urea and electrolytes
VDRL	Venereal disease reference laboratory test
WBC	White blood cells

APPENDIX THREE: GLOSSARY OF TERMS

Accreditation	The formal process by which a hospital obtains recognition and approval from the RANZCOG as a training site for CWH, PTP or APTP training. Re- accreditation is the formal process by which the College determines if this recognition and approval should continue, based on the effectiveness of the training, supervision and support provided to the trainees at the hospital.
Accredited Hospital	A hospital which has been accredited by the RANZCOG as a training site for CWH, PTP or APTP training.
Assessor	A medical practitioner expert enough to make a reliable assessment of the relevant skill and who has directly observed the trainee performing the skill.
CWH	Certificate of Women's Health
CCAPT	Conjoint Committee for Associate Procedural Training
Consortium	A group of 2 or more hospitals, or hospitals and appropriate clinics, who are jointly accredited to provide CWH/PTP or APTP training
Consultant	A full-time or sessional specialist in obstetrics/gynaecology and a Fellow Of the College with whom a trainee works and trains in an accredited RANZCOG training site.
Credentialing	A documented in-hospital process where the appropriate O&G department staff working with and overseeing trainees assess their competency in a range of procedures and determines from that assessment the degree of supervision required, particularly after hours.
RANZCOG Associate (Procedural)/(Adv. Procedural)	A medical practitioner who has completed the RANZCOG Associate Training Program (Procedural)/(Adv. Procedural).
PTP	RANZCOG Associate (Procedural) Training Program
APTP	RANZCOG Associate (Adv. Procedural) Training Program
Fellowship (FRANZCOG)	The qualification awarded to a trainee, subject to approval by the RANZCOG Board, who has satisfactorily completed all assessment and administrative requirements for the designated 72 months of MRANZCOG/FRANZCOG training.
Membership (MRANZCOG)	The qualification awarded to a trainee, subject to approval by Council, who has satisfactorily completed all assessment requirements for the 48 months of prospectively approved MRANZCOG training, including the Distance Education

	Program, the In- hospital Clinical Assessment modules and workshops requirements, and the MRANZCOG Written and Oral Examinations.
O & G	Obstetrics and gynaecology
SRC	State Reference Committee, which is responsible for overseeing the CWH/PTP/APTP training in their state.
TAR Subcommittee	Training, Accreditation & Recertification Subcommittee of the CCAPT covering Australian states and territories and responsible for the development and maintenance of the training and assessment requirements for the PTP/APTP including approval of training hospitals and posts, appointment of Training Mentors and Supervisors, review of the training documentation and progress of said trainees and consideration of applications for certification.
Tertiary unit	A major hospital accredited for the purposes of O&G training. As a minimum, the unit should provide trainees with rostered access to all available experience in relevant obstetrics and gynaecology, either within the same hospital or in an allied facility. The hospital should deal with low, moderate and high-risk pregnancies and, ideally, have a Neonatal Intensive Care Unit (NICU), which provides high dependency, specialist nursing and medical care for all newborn infants, including sustained life support, such as mechanical ventilation. A tertiary unit is also expected to undertake research and provide structured undergraduate/postgraduate teaching as an integral part of its service provision, governance and models of care.
Training Post	A hospital position in an accredited hospital, which has been accredited by the RANZCOG as suitable for training towards the CWH/PTP/APTP
Training Supervisor	A holder of the RANZCOG Associate Procedural or RANZCOG Associate Procedural Adv or Fellowship of RANZCOG, who is a member of staff in an accredited hospital, responsible for the co-ordination and ongoing supervision of CWH/PTP/APTP trainees in that hospital, including the regular formative and summative assessments of the trainee/trainees for whom he or she is responsible.
WBA	Workplace-based Assessment. Paper-based assessments of clinical skills that take place during a trainee's normal working day in real patient clinical encounters.