

Certificate and Procedural Training Site Accreditation/Reaccreditation Application Form

This form must be completed as part of the RANZCOG's approval process for the accreditation of the Certificate of Women's Health (CWH) RANZCOG Associate Training Program (Procedural) (PTP) and RANZCOG Associate Training Program (Adv. Procedural) (APTP) training sites.

As circumstances at training site(s) change over the accreditation period, this form must also be completed as part of the RANZCOG's re-accreditation of the training site(s).

NB: All information requested in this application must be provided. If the application is incomplete, it will be returned with a request to provide the missing information. THIS WILL DELAY THE PROCESSING OF THE APPLICATION.

Please forward this application to:

Chair, Conjoint Committee for Associate Procedural Training (CCAPT) c/o RANZCOG Certificate and Procedural Training Programs cptp@ranzcog.edu.au

Accreditation will be based on the information presented in this application form. However, the College reserves the right to also conduct a site visit as part of the accreditation process if this is deemed necessary after reviewing the information provided. Applicants must complete the application form in accordance with the standards outlined in the [Accreditation and Reaccreditation of Certificate of Women's Health, RANZCOG Associate Training Program \(Procedural\) and RANZCOG Associate Training Program \(Adv. Procedural\) Sites: Standards and Procedures](#). This document is available, with the application form, on the RANZCOG website. Applicants should also familiarise themselves with the regulations governing Certificate and Procedural training, which are also available on the website.

(*NB: A training site may comprise a number of hospitals, clinics or other allied facilities jointly offering training.)

Application for Accreditation as a Certificate / Procedural Training Site

This form is to be completed by the current or proposed staff member at the site who will be responsible for overseeing training (e.g., Head of Department, Educational Coordinator, etc.)

Training Site Information	
Name of Site/s:	
Area Health Service:	
Hospital Type (select one if already a FRANZCOG training site):	<input type="checkbox"/> Rural <input type="checkbox"/> Outer metropolitan <input type="checkbox"/> Tertiary <input type="checkbox"/> Metropolitan <input type="checkbox"/> Country base
Training Site 1	
Address:	
Telephone:	
Website:	
Training Site 2	
Address:	
Telephone:	
Website:	
Training Site 3	
Address:	
Telephone:	
Website:	
Training Site 4	
Address:	
Telephone:	
Website:	
Education Program Coordinator (or equivalent)	
Name:	
Title:	
Address:	
Email:	
Telephone:	
Application date:	

Clinical Experience				
1. Family Planning, Antenatal and Gynaecological experience				
Provide details of the cases managed in the training site(s) in the last 12 months, with details of current or anticipated trainee participation (N/A if not applicable)				
Types of cases	Details of the nature of cases managed	No. of cases	No. of cases managed by trainees	No. of cases managed by unaccredited trainees
Family Planning (CWH)			<input type="checkbox"/> CWH _____cases <input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Antenatal (CWH/PTP)			<input type="checkbox"/> CWH _____cases <input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Gynaecological experience/clinic (CWH/PTP)			<input type="checkbox"/> CWH _____cases <input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Labour and delivery (PTP)		<input type="checkbox"/> Public _____cases <input type="checkbox"/> Private _____cases	<input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
First-trimester miscarriage (PTP)			<input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Retained placenta (PTP)			<input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Dilatation & curettage (PTP)			<input type="checkbox"/> PTP _____cases <input type="checkbox"/> APTP _____cases	
Elective Caesarean section (APTP)			<input type="checkbox"/> APTP _____cases	

Clinical Experience

1. Family Planning, Antenatal and Gynaecological experience

Provide details of the cases managed in the training site(s) in the last 12 months, with details of current or anticipated trainee participation (N/A if not applicable)

Types of cases	Details of the nature of cases managed	No. of cases	No. of cases managed by trainees	No. of cases managed by unaccredited trainees
Emergency Caesarean section (AFTP)			<input type="checkbox"/> AFTP _____cases	
Instrumental deliveries (AFTP)			<input type="checkbox"/> AFTP _____cases	
Mgt of postpartum haemorrhage (AFTP)			<input type="checkbox"/> AFTP _____cases	
First-trimester ultrasound scanning – transabdominal (AFTP)			<input type="checkbox"/> AFTP _____cases	
First-trimester ultrasound scanning – transvaginal (AFTP)			<input type="checkbox"/> AFTP _____cases	
Third-trimester ultrasound scanning (AFTP)			<input type="checkbox"/> AFTP _____cases	
Mgt of 1st-trimester termination/missed miscarriage (AFTP)			<input type="checkbox"/> AFTP _____cases	
Repair of Second and Third Degree Perineal and Vaginal tears (AFTP)			<input type="checkbox"/> AFTP _____cases	

2. Registrars and Trainees		
Type of Registrar/Trainee	Current Number	Name of Site (if more than one is included in application)
Midwifery trainees		
Non-accredited registrars		
CWH Trainees		
PTP Trainees		
APTP Trainees		
FRANZCOG Trainees - Basic		
FRANZCOG Trainees - Advanced		
Residents		
Other		

3. Trainee Numbers		
Current number of CWH Trainees:_____	Proposed number of CWH Trainees:_____	<input type="checkbox"/> Same as current <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> N/A
Current number of PTP Trainees:_____	Proposed number of PTP Trainees:_____	<input type="checkbox"/> Same as current <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> N/A
Current number of APTP Trainees:_____	Proposed number of APTP Trainees:_____	<input type="checkbox"/> Same as current <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> N/A

Rostering
<p>1. Access to Educational / Training opportunities</p> <p>Provide details of current or proposed CWH/PTP/APTP trainee access to education/training opportunities:</p>
<p>2. Night Duty</p> <p>Provide details of night duty requirements for current or proposed CWH/PTP/APTP trainees (as applicable) over 6 months:</p>

3. Birthing suite rostering

Provide details of current or proposed PTP/APTP trainee access (as applicable) to birthing suite experience:

4. Theatre list rostering

Provide details of current or proposed APTP trainee access (as applicable) to theatre lists, including primary operator experience:

5. After-hours support by appropriate HMOs

Provide details of after-hours support for current or proposed PTP/APTP trainees (as applicable) in the birthing suite by hospital medical officers:

6. Responsibility for rostering – current or proposed (as applicable)

Rostering arrangements must not be left to hospital staff unaware of the specific trainee needs of RANZCOG trainees.

Staff responsible for rostering	Steps taken to ensure staff are aware of RANZCOG trainee needs

Staff

1. Training Mentors/Supervisors

CWH Training Mentor(s)* must hold the Dip RACOG, PTP, APTP or FRANZCOG

* If more than one site is part of the training unit, there must be a Training Mentor at each site, with one having overall responsibility as Educational Program Director

PTP/APTP Training Supervisors must hold the PTP (as a minimum qualification for PTP trainees) & APTP or Fellowship of RANZCOG (if supervising APTP trainees)

Training Mentors/Supervisors must be approved as a FRANZCOG Training Supervisor or by the Conjoint Committee for Associate Procedural Training (CCAPT).

Name	Qualification (select all that apply)	The site at which the Training Mentor* practices	Proportion of time spent at this site	Responsibility for trainees in the past 5 years	Major teaching responsibilities?
	<input type="checkbox"/> RANZCOG Associate (Procedural) <input type="checkbox"/> RANZCOG Associate (Adv. Procedural) <input type="checkbox"/> FRANZCOG/SIMG <input type="checkbox"/> Subspecialty <input type="checkbox"/> DipRACOG + RACGP or ACRRM Membership				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> RANZCOG Associate (Procedural) <input type="checkbox"/> RANZCOG Associate (Adv. Procedural) <input type="checkbox"/> FRANZCOG/SIMG <input type="checkbox"/> Subspecialty <input type="checkbox"/> DipRACOG + RACGP or ACRRM Membership				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> RANZCOG Associate (Procedural) <input type="checkbox"/> RANZCOG Associate (Adv. Procedural) <input type="checkbox"/> FRANZCOG/SIMG <input type="checkbox"/> Subspecialty <input type="checkbox"/> DipRACOG + RACGP or ACRRM Membership				<input type="checkbox"/> Yes <input type="checkbox"/> No

Facilities

1. Resource Facilities

Describe the library and other resource facilities within the training site(s). Resource facilities must support CWH/ PTP/APTP work and training, over and above that required for the recognition of undergraduate training positions:

2. Trainees Room

Does the trainees' room have adequate furniture and computer facilities, as stipulated in the *Accreditation and Reaccreditation of Certificate of Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP) and RANZCOG Associate Training Program (Adv. Procedural) (APTP) Training Sites: Standards and Procedures?*: ☐ Yes ☐ No

3. Rest / On-call Room

Do trainees have access to a rest/on-call room when they are on night duty?: ☐ Yes ☐ No

4. Paediatric support

Describe the paediatric support available within the training site(s):

Activities

1. Deliveries

Number of deliveries in the last 12 months:

2. GP Obstetrician Presence

Describe the extent of GP obstetrician presence at the training site(s), if any:

Name of Training Site/s	Extent of GP Obstetrician presence at the site (if any)
Training site 1	
Training site 2	
Training site 3	
Training site 4	

3. Quality Assurance program

Describe the Quality Assurance program in obstetrics and gynaecology within the training site(s) and the involvement of CWH/PTP/APTP trainees in this program:

4. Educational program

Provide details of the structured educational program in which CWH/PTP/APTP trainees participate or will participate (as applicable), including the following:

Activity	Details
Tutorials	
Journal club	
Lectures	
Gynaecology clinic case review	
Gynaecology teaching round	
Perinatal morbidity/mortality meetings	
CTG meetings	
LUSCS & vaginal delivery case review meetings	
Intrapartum management tutorials	
Other (please specify)	

5. Professional Development

Describe the provision of professional development, including the details of suitably credentialed facilitators, in the following:

Professional Development	Offered onsite or offsite?	Details of suitably credentialed facilitator
Neonatal Resuscitation	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
CPR of a pregnant woman	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
Management of obstetric emergencies	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
Fetal Surveillance Education Program (FSEP)	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
Obstetrical Anal Sphincter Injuries (OASIS)	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	
Basic Obstetric Skills (BOS)	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite	

6. Birthing suite handover

Provide details of the birthing suite handover at the training site(s) and current or proposed CWH/PTP/APTP trainee involvement (as applicable).

Details of birthing suite handover	CWH/PTP/APTP trainee involvement

7. Credentialing of procedures

Describe the credentialing process conducted at the training site(s), as described in the *Accreditation and Reaccreditation of Certificate of Women's Health (CWH), RANZCOG Associate Training Program (Procedural) (PTP) and RANZCOG Associate Training Program (Adv. Procedural) (APTP) Training Sites: Standards and Procedures*.

Indicate which of the following procedures are covered in the credentialing process:

- | | |
|--|--|
| <input type="checkbox"/> Management of labour and delivery (PTP) | <input type="checkbox"/> LUSCS (APTP) |
| <input type="checkbox"/> Management of retained placenta (PTP) | <input type="checkbox"/> Non-rotational vacuum delivery (APTP) |
| <input type="checkbox"/> Management of first-trimester miscarriage (PTP) | <input type="checkbox"/> Rotational vacuum delivery (APTP) |
| <input type="checkbox"/> Dilatation and curettage (PTP) | |

8. Protocols

List the birthing suite and gynaecology protocols relevant to CWH/PTP/APTP training in the training site(s):

Protocol title	Name(s) of developer(s)	Date Approved	Date to be Reviewed

Email your completed application to RANZCOG Certificate and Procedural Training Programs cptp@ranzcog.edu.au
Your application will be reviewed at the next scheduled Conjoint Committee for Associate Procedural Training (CCAPT) meeting