Application For Accreditation as a Training Site in the FRANZCOG Training Program



Consultation with Relevant State/Territory/Aotearoa New Zealand Training Accreditation Committee (STANZ TAC)

Before submitting an application for accreditation, the training site representative must discuss the proposed application with and obtain support from the Chair of the relevant State/Territory/Aotearoa New Zealand Training Accreditation Committee (TAC), and from the Integrated Training Program (ITP) Coordinator of the ITP which the hospital intends to join. Contact details for the relevant STANZ TAC chair can be obtained [via](mailto:via) the [RANZCOG website](https://ranzcog.edu.au/our-college/where-we-work/).

Assessment of Applications

Assessment will be based on the information presented in this application form and a site visit conducted by a College accreditation panel, comprised of:

* A RANZCOG Fellow from a region other than the one in which the training site visit is being conducted; this Fellow is the panel chair.
* A trainee representative from a region other than the one in which the training site visit is being conducted.
* A member of the relevant State/Territory/Aotearoa New Zealand Training Accreditation Committee (if available).
* One or more senior members of RANZCOG Staff responsible for the administration of the accreditation process.

If satisfactory, a recommendation on the hospital’s accreditation is then considered at the next meeting of the RANZCOG Training Accreditation Committee (TAC), with a recommendation to the RANZCOG Board, as applicable. Please note that accreditation is not finalised until it has been fully approved.

A formal follow-up visit will be made by an accreditation panel at the end of the first year trainees are at the site to ensure the College’s accreditation standards are being met. Ongoing reaccreditations will take place on a five-yearly basis.

RANZCOG Accreditation Standards

The document titled [*Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program*](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Training%20and%20Assessment/Specialist%20Training/Hospitals/Accreditation-Standards-and-Guidelines-2016-v1-2.pdf)  outlines the accreditation and reaccreditation processes and the Standards and Criteria considered essential to ensure FRANZCOG trainees develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently, and as part of a Multidisciplinary Team (MDT), across the O&G scope of practice. This document is available on the College website [FRANZCOG-Accreditation-Standards-and-Guidelines-for-Hospitals](https://ranzcog.edu.au/wp-content/uploads/2022/05/FRANZCOG-Accreditation-Standards-and-Guidelines-for-Hospitals.pdf)

Application Checklist

Please complete all sections and ensure that copies of the following documents are attached when returning the completed application to the College.

* Indication of endorsement by relevant STANZ TAC (including ITP Coordinator).
* Proof of proposed Training Supervisors enrolment in (or completion of) the RANZCOG Training Supervisors Workshop.
* A recent copy of the consultant/senior medical staff clinical and after-hours rosters.
* Proposed FRANZCOG trainees’ daily clinical and after-hours rosters.
* Consultant Position Description/Statement of Duties.
* Proposed Education Program for FRANZCOG trainees.
* Current/Proposed in-hospital credentialing document for O&G Department.

Submission of Application

Please email the completed application to the Accreditation team at [accreditation@ranzcog.edu.au](mailto:accreditation@ranzcog.edu.au)

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| **TRAINING SITE DETAILS** | | | |
| Name of training site: | | Click or tap here to enter text. | |
| Training site address: | | Click or tap here to enter text. | |
| Training site website: | | Click or tap here to enter text. | |
| Name of Area Health Service/District Health Board: | | Click or tap here to enter text. | |
| Name of RANZCOG Integrated Training Program (ITP) which hospital seeks to join: | | Click or tap here to enter text. | |
| Type of Rotation within the above ITP (Home or Base/Peripheral/Rural) | | Click or tap here to enter text. | |
| Size of population in catchment area served: | | Click or tap here to enter text. | |
| Number of deliveries per year: | | Click or tap here to enter text. | |
| Number of beds in Birthing Suite: | | Click or tap here to enter text. | |
| Number of dedicated Gynaecology beds: | | Click or tap here to enter text. | |
| **CONTACTS** | | | |
| **Chief Executive Officer** (*or equivalent*) | | **Director of Medical Services / Chief Medical Officer** (*or equivalent*) | |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Position/Title: | Click or tap here to enter text. | Position/Title: | Click or tap here to enter text. |
| FTE Appointment: | Click or tap here to enter text. | FTE Appointment: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |
| **Divisional Head of Obstetrics and Gynaecology** (*or equivalent; if applicable*) | | | |
| Name: | Click or tap here to enter text. | | |
| Position/Title: | Click or tap here to enter text. | | |
| FTE Appointment: | Click or tap here to enter text. | | |
| Email: | Click or tap here to enter text. | | |
| Phone: | Click or tap here to enter text. | | |
| **Head of Obstetrics** (*or equivalent if applicable*) | | **Head of Gynaecology** (*or equivalent if applicable*) | |
| Name: | Click or tap here to enter text. | Name: | Click or tap here to enter text. |
| Position/Title: | Click or tap here to enter text. | Position/Title: | Click or tap here to enter text. |
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| **Shared Training Arrangements** *(if applicable)* | |
| Will the department have any shared training arrangements with other hospitals?  (i.e. a portion of training is planned to take place at an additional site) | Choose an item. |
| If yes, please specify | Click or tap here to enter text. |
| Will RANZCOG trainees undertake any sessional training at other sites? (e.g. Ultrasound, surgical lists, private settings) | Choose an item. |
| If yes, please specify | Click or tap here to enter text. |

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| **PROPOSED NUMBER OF FRANZCOG ACCREDITED POSTS BY YEAR LEVEL**  *While we do not accredit sites for a set number of positions, it is useful to know what level(s) the hospital believe is suited to the experience onsite, and in relation to the rest of the ITP.* | | | |
| **Year 1** | Click or tap here to enter text. | **Year 4** | Click or tap here to enter text. |
| **Year 2** | Click or tap here to enter text. | **Year 5** | Click or tap here to enter text. |
| **Year 3** | Click or tap here to enter text. | **Year 6** | Click or tap here to enter text. |

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| **OPERATING AND OTHER PROCEDURES** | |
| *List the total number of operative procedures during the most recent year for which data is available. If data for a specific procedure is unavailable, please make a note.* | |
| **OBSTETRICS** | |
| Procedure | Total number available |
| Vaginal birth | Click or tap here to enter text. |
| Vaginal birth complex (e.g. multiple birth, vaginal birth with breech, face or compound presentation) | Click or tap here to enter text. |
| Instrumental vaginal birth – any combination vacuum/forceps | Click or tap here to enter text. |
| Instrumental vaginal birth – mid- cavity/rotational | Click or tap here to enter text. |
| Basic caesarean section | Click or tap here to enter text. |
| Fully dilated caesarean section | Click or tap here to enter text. |
| Complex caesarean section | Click or tap here to enter text. |
| Third & fourth degree tears | Click or tap here to enter text. |
| **GYNAECOLOGY** | |
| Procedure | Total number available |
| Laparotomy - basic | Click or tap here to enter text. |
| Laparotomy – intermediate | Click or tap here to enter text. |
| Vaginal surgery – simple | Click or tap here to enter text. |
| Vaginal surgery – intermediate (hysterectomy) | Click or tap here to enter text. |
| Continence surgery | Click or tap here to enter text. |
| Laparoscopic surgery – level 1 & 2 | Click or tap here to enter text. |
| Laparoscopic surgery – level 3 | Click or tap here to enter text. |
| Colposcopies | Click or tap here to enter text. |

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| STANDARD 2 – APPOINTMENT AND SUPPORT OF TRAINING SUPERVISORS | | | | | |
| CRITERIA | | | | | |
| 2.1  2.2 | **An appropriate number of Training Supervisors has been appointed to ensure FRANZCOG trainees receive effective education and clinical supervision.**  **Training Supervisors receive support from the hospital to undertake their supervisory roles.** | | | | |
|  | **Proposed Training Supervisors** | | | | |
| **Name** | **Training Supervisor Workshop Completion** | **FTE and Permanent or Fixed Term Status** | **Proposed Hours of Paid and Protected Time Per Month** | **Email Address** |
| Click or tap here to enter text. | Choose an item. | FTE | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Choose an item. | FTE | Click or tap here to enter text. | Click or tap here to enter text. |
| PLEASE SUBMIT PROOF OF TRAINING SUPERVISOR’S ENROLMENT IN/ATTENDANCE AT A RANZCOG TRAINING SUPERVISOR’S WORKSHOP | | | | | |

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| STANDARD 3 – CONSULTANT INVOLVEMENT WITH AND SUPPORT FOR FRANZCOG TRAINEES | | | | | |
| CRITERIA | | | | | |
| 3.1 | **There is an adequate number of senior medical staff to provide effective training, support and supervision of FRANZCOG trainees.** | | | | |
|  | **O&G Consultants** (Proposed Training Supervisors *do not* need to be repeated here) | | | | |
| **Name** | **Job Title** (e.g. Staff Specialist, Visiting Medical Officer, Senior Medical Officer) | **Area of Specialty** | **FTE and Permanent or Fixed Term Status** | **Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| PLEASE SUBMIT A COPY OF A RECENT CONSULTANT/SENIOR MEDICAL OFFICER ROSTER (CLINICAL AND AFTER-HOURS) | | | | | |

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| 3.2 | FRANZCOG Consultants are actively involved and engaged in the teaching and training of Registrars in theatre, clinics and on the wards and birthing suite. |
| |  | | --- | | PLEASE SUBMIT A CONSULTANT POSITION DESCRIPTION/STATEMENT OF DUTIES | | |
| 3.2.4 | **On-call Arrangement** |
| Number of consultants that participate in on-call roster: Click or tap here to enter text. |
| Are all on-call consultants available within 30 minutes: Choose an item. |
| If consultants are not available within 30 minutes, are consultants contractually required to stay overnight at the hospital: Choose an item. |
| If yes, please describe the accommodation provided: Click or tap here to enter text. |
| 3.2.5 | **Team Structure** |
| Is there currently a team structure in place: Choose an item. |
| If yes, please describe: Click or tap here to enter text. |

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| STANDARD 4 – PROVISION OF CLINICAL SUPERVISION AND EXPERIENCE | | |
| 4A: GENERAL | | |
| CRITERIA | | |
| 4A.1.1 | **Clinical Experience** | |
|  | **Subspecialty Disciplines Available to FRANZCOG Trainees**  *Please provide a brief description of FRANZCOG Trainees access to training experience in Subspecialist/special interest disciplines* | |
| **Gynaecology Oncology:** Click or tap here to enter text. | |
| **Maternal Fetal Medicine:** Click or tap here to enter text. | |
| **Reproductive Endocrinology and Infertility:** Click or tap here to enter text. | |
| **Urogynaecology:** Click or tap here to enter text. | |
| **Obstetrical and Gynaecological Ultrasound:** Click or tap here to enter text.  **Other (if applicable):** Click or tap here to enter text. | |
| **Others in the Department Undergoing Training** (at Specialist or Pre-Vocational Training Level) | |
| **Specialist International Medical Graduates (SIMG) undergoing a period of oversight** | |
| **Name** | **Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| **Non-Accredited Registrars** (e.g. Principal House Officers/Service Registrars/Certificate, Diploma and Subspecialty Trainees) | |
| **Name** (Training Program, if applicable) | **FTE** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. |
| 4A.1.4 | **Roster Requirements – Basic Trainees** | |
| **Notice given of daily clinical roster:** Click or tap here to enter text. | |
| **Notice given of after-hours roster:** Click or tap here to enter text. | |
| PLEASE SUBMIT COPIES OF PROPOSED TRAINEES DAILY CLINICAL ROSTERS AND AFTER HOURS ROSTERS | | |

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| 4A.1.9 | Training in Expanded Settings |
| **Will FRANZCOG trainees utilise training in an expanded setting (e.g. consultants’ private rooms):** Choose an item.  **If yes, will there be a process for obtaining informed patient consent for all procedures in which FRANZCOG trainees are involved?** Choose an item.  **If yes, please describe:** Click or tap here to enter text. |
| **Will the hospital ensure medical indemnity insurance is in place for the FRANZCOG trainee and the consultant:** Choose an item. |
| 4A.1.10 | **FRANZCOG Trainee In-Hospital Credentialing** |
| **Who will be responsible for maintaining credentialing documentation:** Click or tap here to enter text. |
| **Who will be involved in credentialing processes:** Click or tap here to enter text. |
| **What departments/personnel will credentialing documentation be distributed to:** Click or tap here to enter text. |
| PLEASE SUBMIT A COPY OF THE CURRENT/PROPOSED IN-HOSPITAL CREDENTIALING DOCUMENT FOR THE O&G DEPARTMENT | |

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| 4A.2 | Advanced Training (if not applicable, skip to 4A.3) |
|  | **Are/will there be Advanced trainees undertaking training on site:** Choose an item. |
|  | **If yes, which ATMs can be completed on site**  [**(Information on Advanced Training Modules is available here)**](https://ranzcog.edu.au/training-topics/current-trainees-franzcog-training-and-assessments/#waypoint=advanced-training-pathway-atp-requirements)  Click or tap here to enter text. |
| 4A.3 | Training Sites have processes in place that allow trainees to access patient information for training purposes. |
| 4A.3.1 | **Patient Consent** |
|  | **Does the hospital have Patient Privacy/Consent processes and associated forms that include a statement acknowledging that patient information can be used for training purposes:** Click or tap here to enter text. |
| 4C: ULTRASOUND | |
| CRITERIA | |
| 4C.1 | **Structured ultrasound training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Ultrasound Assessment of Procedural and Surgical Skills (APSS)** |
| 4C.1.1 | **Ultrasound** |
| **Briefly describe Ultrasound training available at the training site (with reference to the criteria in the Standards):** |
| Click or tap here to enter text. |
| 4D: COLPOSCOPY | |
| CRITERIA | |
| 4D.1 | **Structured colposcopy training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Colposcopy In-Hospital Clinical Assessments (IHCA)** |
| 4D.1.1 | **Colposcopy** |
| **Briefly describe Colposcopy training available at the training site (with reference to the criteria in the Standards):** |
| Click or tap here to enter text. |
| 4E: FAMILY PLANNING | |
| CRITERIA | |
| 4E.1 | **FRANZCOG trainees are provided with a range of opportunities and experiences in family planning, including clinics and relevant surgical opportunities** |
| 4E.1.1 | **Family Planning Clinics:** |
|  | **What exposure do trainees have to family planning training:** Click or tap here to enter text. |
| 4E.1.2 | **Long Acting Reversible Contraception (LARC):** |
|  | **Briefly describe LARC training available at the training site:** |
| Click or tap here to enter text. |

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| STANDARD 5 – PROVISION OF STRUCTURED EDUCATION PROGRAMS, TEACHING SESSIONS AND LEARNING OPPORTUNITIES | |
| CRITERIA | |
| 5.1 | **A comprehensive education program is provided that includes Consultant-led hospital teaching, rounds, lectures, case presentations, ultrasound teaching, mortality and morbidity meetings, journal club, discussions, audits and reviews is provided.** |
| 5.1.1 | **Coordination of Education Program** |
|  | **Name of designated consultant coordinating/overseeing educational program:** Click or tap here to enter text. |
| 5.1.2 | **Education Program Content** |
| **Briefly describe the proposed education program (with reference to the criteria in the Standards):**  Click or tap here to enter text. |
| PLEASE SUBMIT A COPY OF THE PROPOSED EDUCATION PROGRAM FOR FRANZCOG TRAINEES | |

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| 5.1.3 | Safety and Quality; Governance Participation |
| **Are there opportunities for trainees to participate in the following hospital committees:** |
| **Occupational Health and Safety (OH&S, also known as WHS):** Choose an item. |
| **Clinical Audits:** Choose an item. |
| **Morbidity and Mortality:** Choose an item. |
| **Quality Assurance:** Choose an item. |
| **Clinical Governance:** Choose an item. |
| **Other:** Click or tap here to enter text. |
| 5.2 | **Rostering arrangements and strategies are in place to ensure that all FRANZCOG trainees have protected time to attend education sessions. FRANZCOG trainees are not rostered for other duties when education sessions are scheduled, except for the provision of emergency cover.** |
| 5.2.1 | **Paid and Protected Non-Clinical Time** |
| **Amount of paid and protected training/teaching time for trainees per fortnight:** Click or tap here to enter text. |
| **Amount of paid and protected research/study/clinical audit time for trainees per fortnight:** Click or tap here to enter text. |
| **Amount of paid administrative time for trainees per fortnight:** Click or tap here to enter text. |
| 5.4 | Simulation training is offered to all FRANZCOG trainees. |
| 5.4.1 | **Simulation Training** |
| **Briefly describe simulation training opportunities available to trainees (with reference to the criteria in the Standards):**  Click or tap here to enter text. |
| 5.5 | **FRANZCOG trainees have the opportunity to attend external education activities, meetings, courses and workshops.** |
| 5.5.1 | **External Education Program** |
| **Will FRANZCOG trainees be able to attend external education activities, meetings, courses and workshops:**  Choose an item. |
| **Will trainees’ costs associated with external education be reimbursed:**  Choose an item. |
| 5.6 | **FRANZCOG trainees are provided with regular opportunities to teach prevocational medical staff and medical students.** |
| 5.6.1 | **Teaching Residents and Medical Students** |
| **Will FRANZCOG trainees be involved in one-on-one teaching with Residents on the ward and in theatre:**  Choose an item. |
| 5.8 | **In hospitals with five consultants or more, at least one Consultant is a FRANZCOG Examiner, or has been within the last 10 years.** |
| 5.8.1 | **FRANZCOG Examiners** |
| **Are there any FRANZCOG Examiners in consultant group (including those who have been an Examiner within the last 10 years)?** Choose an item.  **If yes, please name:** Click or tap here to enter text. |
| 5.9 | **The O&G Department provides an adequate range of education resources to support the learning environment.** |
| 5.9.1 | **Facilities for FRANZCOG trainees** |
| **Are the following facilities available:** |
| **Reliable Internet access:** Choose an item. |
| **Medical software/databases (with passwords):** Choose an item. |
| **Online access to journals and/or up-to-date library:** Choose an item. |
| **Dedicated registrars’ room:**  Choose an item.  **Appropriate space for the purpose of breastfeeding/expressing:**  Choose an item. |
| 5.10 | **Research opportunities and support and protected research/study time are provided to FRANZCOG trainees to undertake private study and their compulsory research project.** |
| 5.10.1 | **Research Support and Commitment to Research** |
| **Briefly describe the research opportunities and access to mentoring/guidance for research available on site (with reference to the criteria in the Standards):**  Click or tap here to enter text. |
| 5.11 | **The hospital provides an easily accessible obstetric database to assist FRANZCOG trainees with audit and research.** |
| 5.11.1 | **Obstetric Database** |
| **Will FRANZCOG trainees have access to an obstetric database to assist with audit and research:** Choose an item. |
| 5.12 | **The O&G Department conducts regular minuted Consultant meetings.** |
| 5.12.1 | **Consultant Meetings** |
| **Does the O&G Department hold regular meetings with Consultants and Registrars:** Click or tap here to enter text. |
| **Are these meetings minuted:**  Choose an item. |
| **Does the O&G Department hold regular inter-professional meetings:** Click or tap here to enter text. |
| **Are these meetings minuted:**  Choose an item. |

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| STANDARD 6 – WORKPLACE CULTURE, REGISTRAR STAFFING, SAFE WORKING HOURS, LEAVE ARRANGEMENTS AND ASSISTANCE FOR RURAL ROTATIONS | |
| CRITERIA | |
| 6.1 | **A supportive, harmonious workforce culture and team environment is evident.** |
| 6.1.1 & 6.1.2 | **Briefly describe the culture within the workplace at a departmental and organisational level (with reference to the criteria in the Standards):**  Click or tap here to enter text. |
| 6.1.3 | **Bullying, harassment and discrimination** |
|  | **Briefly outline the policies in place to identify, investigate and resolve any instances of workplace bullying, harassment and discrimination (with reference to the criteria in the Standards):**  Click or tap here to enter text. |
| 6.3 | **The hospital complies with award conditions relating to working hours and shift work relevant to the region in which it is located.** |
| 6.3.2 | **Guide to Appropriate Hours**  **(refer to:** [***Appropriate Working Hours for a FRANZCOG Trainee***](https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Training%20and%20Assessment/Specialist%20Training/Hospitals/appropriate-working-hours-for-a-FRANZCOG-trainee-v1.pdf)**)** |
| **Proposed daily working hours (e.g. 7.5, 10, 12):** Click or tap here to enter text. |
| **Proposed ratio of rostered weekends (e.g. 1:3, 1:4):** Click or tap here to enter text. |
| **Will 24-hour shifts be undertaken:** Choose an item. |
| **If yes to 24-hour shifts, please answer below questions** |
| **Will 24-hour shifts be followed by a day off:** Choose an item. |
| **Will trainees be supported by 24-hour resident cover and readily available consultant support:**  Click or tap here to enter text. |
| **Number of dedicated O&G residents:** Click or tap here to enter text. |
| 6.3.3 | **Physical Safety and Security** |
| **Are security arrangements available with regards to physical safety for those leaving work outside of normal business hours:** Choose an item.  **Briefly outline the fatigue management policies in place:**  Click or tap here to enter text. |
| 6.3.4 | **Arrangements for FRANZCOG trainees After Hours** |
| **Will FRANZCOG trainees participate in an on-call from home arrangement:** Choose an item. |
| **What on-site rest facilities will be available:** Click or tap here to enter text. |
| 6.4 | **The hospital permits FRANZCOG trainees to undertake fractional training subject to the requirements of the hospital and prospective approval by the Chair of the relevant State/Territory/New Zealand TAC.** |
| 6.4.1 | **Fractional Training** |
| **Will fractional/part-time training be available/facilitated:** Click or tap here to enter text. |
| 6.4.2 | **Leave Arrangements** |
| **Will FRANZCOG trainees have access to two weeks of study/conference leave per year, which is recognised as part of active clinical service:** Choose an item. |
| 6.4.3 | **Training Whilst Pregnant** |
| **Will arrangements be in place to support trainees that are pregnant:** Choose an item. |
| 6.4.4 | **Training After Taking Leave** |
| **Will there be a return to work program available to trainees returning after extended leave:**  Choose an item. |

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| 6.5 | A mentor is offered and available if requested or recommended, in addition to the Training Supervisor. |
| 6.5.1 | **Mentor** |
| **Will formal and/or informal mentorship be available to trainees:** Choose an item. |
| 6.6 | The hospital, if providing a *rural* *rotation*, provides appropriate accommodation for the duration of the rotation.  ONLY TO BE COMPLETED IF THE HOSPITAL IS TO BE A RURAL TRAINING SITE |
| 6.6.1 | **Accommodation** |
| **Will the following be available to FRANZCOG trainees:** |
| **Accommodation, whether on-site or subsidised, or assistance in obtaining suitable accommodation:** Click or tap here to enter text. |
| **Removal expenses to and from:** Click or tap here to enter text. |
| **Travel expenses to and from:** Click or tap here to enter text. |
| **Funding (equating to not less than 50%) for at least two home-visits:** Click or tap here to enter text. |
| 6.7 | **The hospital has in place a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or peri-natal outcomes.** |
| 6.7.1 | **Critical Incident Management:** |
| **Describe the critical incident management policies in place:**  Click or tap here to enter text. |

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| **GENERAL COMMENTS** |
| **Please comment on any aspect of training at the hospital. In particular, your thoughts on strengths, challenges and areas for improvement.** |
| **Strengths** |
| Click or tap here to enter text. |
| **Areas for Improvement** |
| Click or tap here to enter text. |
| **Challenges** |
| Click or tap here to enter text. |
| **Additional Comments** |
| Click or tap here to enter text. |

**Application completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Application completed on: [date] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you for completing this Application.**

The Royal Australian and  
Aotearoa New Zealand College of  
Obstetricians and Gynaecologists

AUSTRALIA

College Place  
1 Bowen Crescent  
Melbourne  
Victoria 3004  
Australia  
t: +61 3 9417 1699  
f: +61 3 9419 0672  
e: [ranzcog@ranzcog.edu.au](mailto:ranzcog@ranzcog.edu.au)

AOTEAROA NEW ZEALAND

Level 6 Featherston Tower  
23 Waring Taylor Street  
Wellington 6011  
Aotearoa New Zealand  
t: +64 4 472 4608  
e: [ranzcog@ranzcog.org.nz](mailto:ranzcog@ranzcog.org.nz)

[ranzcog.edu.au](http://www.ranzcog.edu.au)