



APPLICATION FOR ACCREDITATION/REACCREDITATION AS A Diploma of the RANZCOG (DRANZCOG) TRAINING SITE(S)*

This form must be completed as part of the RANZCOG's approval process for the accreditation of DRANZCOG training sites.

As circumstances at training sites 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 form to:

**Chair, Training Accreditation & Recertification (TAR) Subcommittee
c/o Maree Brislin, CWH/Diploma Co-ordinator, RANZCOG**

Email: mbrislin@ranzcof.edu.au

Tel: 03 9412 2911

Mailing address:

RANZCOG

254 Albert St

East Melbourne

VIC 3002

Each accredited DRANZCOG site is approved for an initial period of one year and up to a maximum of four years based on satisfactory performance as a training site. 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 document *Accreditation and Reaccreditation of Certificate of Women's Health, DRANZCOG and DRANZCOG Advanced Training 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 DRANZCOG 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 DRANZCOG TRAINING SITE

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

| | | | |
|---|---------------------------------------|---|-----------------------------------|
| NAME OF SITE(S) | | | |
| AREA HEALTH SERVICE | | | |
| HOSPITAL TYPE (select one ONLY) | Rural <input type="checkbox"/> | Outer metropolitan <input type="checkbox"/> | Tertiary <input type="checkbox"/> |
| | Metropolitan <input type="checkbox"/> | Country base <input type="checkbox"/> | |

| | | | |
|------------------------|--|------------------|--|
| TRAINING SITE 1 | | | |
| ADDRESS | | | |
| TELEPHONE | | FACSIMILE | |
| WEBSITE | | | |

| | | | |
|------------------------|--|------------------|--|
| TRAINING SITE 2 | | | |
| ADDRESS | | | |
| TELEPHONE | | FACSIMILE | |
| WEBSITE | | | |

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|------------------------|--|------------------|--|
| TRAINING SITE 3 | | | |
| ADDRESS | | | |
| TELEPHONE | | FACSIMILE | |
| WEBSITE | | | |

| | | | |
|------------------------|--|------------------|--|
| TRAINING SITE 4 | | | |
| ADDRESS | | | |
| TELEPHONE | | FACSIMILE | |
| WEBSITE | | | |

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|--|--------|------------------|--|
| EDUCATIONAL PROGRAM COORDINATOR (or equivalent) | Name: | | |
| | Title: | | |
| ADDRESS | | | |
| TELEPHONE | | FACSIMILE | |
| EMAIL | | | |
| Date: | | | |

CLINICAL EXPERIENCE

1. Family planning, antenatal, gynaecological and labour ward experience

Provide details of the family planning, antenatal, gynaecological and labour ward cases managed in the training site in the last 12 months, with details of current or proposed DRANZCOG trainee participation (as applicable).

| Types of cases | Details of nature of cases managed | No. of cases | | No. of cases managed by DRANZCOG trainees | No of cases managed by other trainees |
|-----------------------------|------------------------------------|--------------|---------|---|---------------------------------------|
| | | Public | Private | | |
| Family Planning | | | | | |
| Antenatal | | | | | |
| Gynaecological | | | | | |
| Labour and delivery | | | | | |
| First trimester miscarriage | | | | | |
| Retained placenta | | | | | |
| Dilatation & curettage | | | | | |
| Bartholin's cysts/abscesses | | | | | |

2. Registrars and trainees

Provide the current numbers of registrars and trainees at the training site(s).

| TYPE OF REGISTRAR/TRAINEE | CURRENT NUMBER | NAME OF SITE (if more than one is included in the application) |
|------------------------------|----------------|---|
| Midwifery trainees | | |
| Non-accredited registrars | | |
| CWH trainees | | |
| DRANZCOG Advanced trainees | | |
| FRANZCOG trainees - Core | | |
| FRANZCOG trainees - Advanced | | |
| Residents | | |
| Other | | |

3. DRANZCOG trainees

Current number of DRANZCOG trainees: _____

Proposed number of DRANZCOG trainees (same as current/more/less): _____

4. Rostering

a) Birthing suite rostering

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

b) Access to educational/training opportunities

Provide details of current or proposed trainee access (as applicable) to education/training opportunities: _____

c) Night duty

Provide details of night duty requirements for current or proposed DRANZCOG trainees (as applicable) over a 6-month period: _____

d) After-hours support by appropriate HMOs

Provide details of after-hours support for current or proposed DRANZCOG trainees (as applicable) on the birthing suite by hospital medical officers: _____

e) Responsibility for rostering

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

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

STAFF

1. Training Supervisor(s)

The CWH Training Mentor(s) must hold the Dip RACOG, DRANZCOG, DRANZCOG Advanced or Fellowship of the RANZCOG.

| Name | Qualification held (please circle) | Site at which Training Supervisor* practises | Proportion of time spent at this site | Responsibility for trainees in the past 5 years | Major teaching responsibilities? |
|------|--|---|--|--|--|
| | DRANZCOG / DRANZCOG Advanced / FRANZCOG | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | DRANZCOG / DRANZCOG Advanced / FRANZCOG | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | DRANZCOG / DRANZCOG Advanced / FRANZCOG | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| | DRANZCOG / DRANZCOG Advanced / FRANZCOG | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

* NB: - Training Supervisors must be approved by the CCDOG TAR Subcommittee
 - If more than one site is part of the training unit, there must be a Training Supervisor at each site, with one having overall responsibility as Educational Program Director.

FACILITIES

1. Paediatric support

Describe the **paediatric support** available within the training site(s). _____

2. Resource facilities

Describe the **library and other resource facilities** within the training site(s). Resource facilities must support DRANZCOG 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, DRANZCOG and DRANZCOG Advanced Training Sites: Standards and Procedures* document?

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

ACTIVITIES

1. 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 site (if any) |
|--------------------------|---|
| Training Site 1: | |
| Training Site 2: | |
| Training Site 3: | |
| Training Site 4: | |

4. Educational program

Provide details of the structured educational program in which DRANZCOG 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. Birthing suite handover

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

| Details of birthing suite handover | DRANZCOG trainee involvement |
|------------------------------------|------------------------------|
| | |

6. Credentialing of procedures

a) Describe the **credentialing process** conducted at the training site(s), as described in the *Accreditation and Reaccreditation of Certificate of Women's Health, DRANZCOG and DRANZCOG Advanced Training Sites: Standards and Procedures* document.

b) Indicate which of the following **procedures are covered in the credentialing process**.

Management of labour and delivery
Management of retained placenta

Management of first trimester miscarriage
Marsupialisation of Bartholin's cyst/abscess

Dilatation and curettage

7. Protocols

List the birthing suite and gynaecology protocols relevant to DRANZCOG training in the training site(s).

| Protocol title | Name(s) of developer(s) | Date approved | Date to be reviewed |
|----------------|-------------------------|---------------|---------------------|
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