

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

Excellence in Women's Health



ANNUAL REPORT

2017 – 2018

SECTION 01

THE COLLEGE VISION

**Excellence in women's health – to be the leading authority in
women's health in Australia and New Zealand.**

This year's annual report takes
'engaging with our community' as its theme.



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**PROFESSOR
STEVE ROBSON
PRESIDENT**



PRESIDENT'S REPORT

The financial year 2017-18 has seen an unprecedented level of activity for the College, and many of you will have noted this.

The College's core functions including training and examinations, providing guidance, and management of continuing professional development activities have continued. However, a number of external pressures have been placed on us.

In response to the Queensland Health Department's unsuccessful attempt at developing a so-called 'National Framework for Maternity Care,' our College released a cohesive, evidence-based view of how maternity care should be provided – Maternity care in Australia. Contributors to this project have included the Colleges of anaesthetists, psychiatrists, rural and remote medicine, general practitioners, pathologists, and many more.

Another attempt at a Government-mandated 'framework' for maternity care has begun, this time known as the 'National Strategic Approach to Maternity Services (NSAMS).' I am not sure why this venture is necessary – Australia has a wonderful record of safety for women and their babies, and we should be very proud of this. The key to good outcomes is collaboration between professional groups. Many Fellows and GP obstetricians have a private practice component to their work, and in Australia private care is fundamental to both obstetrics and gynaecology practice. Almost one third of births occur in private hospitals, and the majority of gynaecological operations and procedures take place in private settings. In Australia, a healthy balance between the public and private systems seems fundamental to the provision of good care to women.

Many Fellows will have used transvaginal mesh kits for the management of prolapse – the kits have been withdrawn from use – and may still use mid-urethral tapes for stress incontinence. After a long evidence-gathering process, and some delays, the Australian Senate Inquiry released its report into mesh in March this year. There are number of lessons for the College arising from the evolving mesh story, and I am going to be speaking about these at the College Annual Scientific Meeting in Adelaide later this year.

Many couples are relinquishing private health insurance, and this has the potential for a severe adverse downstream effect for the whole private health system. In response to this I have convened round table meetings at College House with key figures and organisations from across the spectrum of private health in Australia. Participants come from the anaesthetic College and Society, the AMA, NASOG, private health insurers and hospitals, and Private Health Australia, indemnity providers, and also Government and the Opposition.

The College has released a major overview of Pacific women's health that outlines key challenges and solutions. While the College's resources are limited we have an excellent ability to advocate for Pacific health and to partner with governments and NGOs. The College CEO and I met with the Minister for Pacific Development to discuss opportunities to work together. Also, for the first time, RANZCOG has signed an historic agreement with the American College of Obstetricians and Gynaecologists (ACOG) to work together on women's health issues in the Pacific.

The recent State election in Tasmania revealed that women's access to reproductive health services – safe termination of pregnancy in particular – is of enormous interest and importance in our communities. When safe services for termination of pregnancy are not available to women, the risk not only of morbidity increases, but also of maternal mortality. Globally, unsafe abortion contributes to almost one in eight maternal deaths. Thus, the College supports equitable access to termination services on the basis of health care need: such services should not be limited by age, socioeconomic disadvantage, or geographic isolation as can happen in many parts of both countries. Women have the right to access any medical services without their privacy being infringed or being subjected to harassment.

Ongoing work includes: the College House redevelopment; responding to and working with the Medical Board revalidation; Aboriginal and Torres Strait Islander women's health; promoting the rural workforce; responding to procedural training issues; the cervical screening renewal and changes to c-Quip.

I would like to thank all of the College staff, with wonderful leadership from our Chief Executive Officer Ms Alana Killen, for their hard work. Also, all of the College office bearers, councillors, committee members, and all those who provide pro bono services to aid and assist the mission of our College.

ALANA KILLEN
CEO



CEO'S REPORT

**It is with great pleasure that I present the
CEO's Report for the 2017-18 financial year.**

It has been a busy period for the College that has seen a great deal of activity in the areas of education and training, membership and advocacy as well as engagement with stakeholder groups and the community we serve.

Education and Training

Throughout this year, we have seen a number of initiatives introduced with the aim of ensuring that RANZCOG's training program remains contemporary, relevant and meets the needs of the community. The development of a pre-vocational program has been a work in progress for some time and this year has seen the successful completion of this program that will be available to prevocational doctors from the third quarter of 2018. This work would not have been possible without the leadership of Professor Steve Robson and Professor Ian Symonds, whose vision to create a prevocational pathway for obstetrics and gynaecology has been realised through the support of many including the talented and committed staff in Education and Training.

This year also saw the successful pilot of the DRANZCOG Advanced oral assessment held at the Adelaide Health Simulation Centre. This state-of-the-art facility provides an unparalleled opportunity to undertake assessments in a simulated clinical setting. The ability to create high-quality clinical scenarios in a realistic environment is an exciting initiative that has been positively received by the candidates and examiners attending the exam. We look forward to exploring opportunities to further utilise this world-class facility.

Training Support Unit (TSU)

The TSU has gone from strength to strength over the past year and we have been delighted to add a Supervisor Support role to the TSU Team. Feedback from trainees and supervisors has been overwhelmingly positive following the launch of this program at the ASM in 2017. The establishment of the unit and the addition of a confidential counselling service has been well-received by the many recipients of this service and an acknowledgement of the College's responsibility to provide a supportive and safe environment for both trainees and training supervisors.

National Women's Health Summit (NWHS)

The Summit was held in March of 2018 and while further information will be provided in this report, this event was the culmination of many months of work and saw a gathering of more than 100 influential women working in fields diverse as policing, politics and aged care. The resulting document will help inform the updated National Women's Health Strategy 2020–2030 that is currently under development.

Historical Collection

During the past year, the RANZCOG Museum Collection items have been digitised and uploaded to the Victorian Collections site, a free collections management system. Publishing our photographed holdings will allow online researchers to know what types of objects the College holds, as the majority of the Collection is now stored offsite. It will also allow the Fellows to view the Historical Collection online.

The collection can be viewed at the following site:

<https://victoriancollections.net.au/organisations/royal-australian-and-new-zealand-college-of-obstetricians-and-gynaecologists#collection-records>

Member Services and Engagement

This year saw significant growth in the O&G Magazine website, which showcases articles from the archives and has made them fully searchable. As awareness of this site has grown, so has the number of views and the site now provides an important resource for members as well as the wider community with an interest in women's health. There has also been a significant growth in the College's social media presence; reflective of the College's goal of raising awareness of RANZCOG's activities and engaging more proactively with our members and the community more broadly. If you have not yet visited RANZCOG's Facebook page or followed the College on Twitter I would encourage you to do so as our online presence is both professional and informative. The College's Annual Scientific Meeting in Auckland was the most successful to date, with more than 800 attendees. The Member Services team at College House, established in 2016, have concentrated on business process improvements to make members' lives easier.

Advocating for Women's Health

The suite of RANZCOG Patient Information Pamphlets continues to expand, with 32 topics now available. The new Pregnancy and Childbirth pack, containing 18 pamphlets on antenatal topics is also now available.

The RANZCOG Genomics Advisory Working Group has been convened to monitor trends in the use of genomics in healthcare, advise the College on current practice in genomic medicine nationally and internationally and recommend the development of new, or updates to existing, College guidance.

RANZCOG's commitment to women's health in our geographical region was highlighted with the launch of its global health strategic plan, Improving Women's Health in the Pacific.

The RANZCOG Women's Health Foundation (RWHF), (previously the RANZCOG Foundation Management Committee) was formed to support the wide-ranging philanthropic activities of the College. The RWHF includes at least five external members who bring vast experience and expertise from diverse fields. The RWHF aims to foster clinical and scientific research in women's health, support global health projects, Aboriginal and Torres Strait Islander and Māori women's health initiatives and other activities in line with the Foundation's strategic objectives.

In partnership with the Department of Health, RANZCOG updated the existing Colposcopy Online Learning Program to align with the renewed National Cervical Screening Program (NCSP). This was launched on 28 September 2017.

Annual Accreditation Report

At the end of 2017, RANZCOG received notification from the AMC that it had met all 10 sets of accreditation standards. The College also met the remaining three accreditation conditions. This is the fourth progress report following the accreditation assessment in 2013. The AMC commended the College on the quality of this report and commented that the College has made excellent progress in all areas. We are grateful to everyone who contributed to this report and look forward to another favourable outcome in 2018.

In reflecting on the past year, it is important to note that none of these achievements would have been possible without the ongoing support of the Board, Council, committees and dedicated staff. It is an honour to work for an organisation that strives for 'Excellence in Women's Health' and to contribute in some small way to the success of RANZCOG. On behalf of the staff, I would like to thank all those Fellows, Diplomates and Trainees who volunteer their valuable time to College activities. My special thanks to Steve Robson our current President and to Michael Permezel, our immediate past-President, for their generous support, insight and wisdom during my tenure as CEO.

A photograph of three surgeons in an operating room, wearing blue scrubs, masks, and hairnets, focused on a surgical procedure. The scene is dimly lit, with bright surgical lights overhead. The image is overlaid with a semi-transparent blue filter.

EDUCATION & TRAINING

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The Education and Training Directorate initiated a change management process over the 2017–18 financial year. The changes included a realignment of the Directorate structure and its key activities. There has been a renewed focus on technology and process improvement.

The Directorate began the roll-out of quality improvement processes with a focus on improving engagement with Trainees, Supervisors, ITP Coordinators, Examiners, Committee members and other relevant stakeholders. The Directorate also launched a range of new initiatives including the introduction of the Training Support Unit (TSU), a trial of the Advanced DRANZCOG Oral Examinations at a new fit-for-purpose facility at Adelaide Health Simulation, and the introduction of

a new online written examination system. Finally, the Directorate has commenced work on preparing for a comprehensive review of the current RANZCOG training programs, curricula and regulations. An expert Advisory Panel was appointed, chaired by Professor Ian Symonds, and includes a wide cross-section of representatives from the RANZCOG community to participate in the review. The outcomes of the first stage will be available in July 2019.

TRAINING

National Selection

The College trialled the use of Situational Judgement Testing (SJT) as a selection tool in New Zealand. SJTs were implemented as a formal component of the selection process in Australia after trialling their use in previous years. SJTs are designed to assess an individual's judgment regarding situations encountered in the workplace; applicants are presented with a set of hypothetical work-based scenarios.

RANZCOG recognises that engagement with hospital Specialists, ITP Coordinators and Training Supervisors is crucial to the success of the FRANZCOG Trainee selection process. They contribute to into the selection of applicants for FRANZCOG training through Institutional References.

RANZCOG Fellows are also major contributors to the selection process; this may be as members of interview panels, referees for applicants, and/or providing Institutional References. Their input is essential, as is the advice, commitment and support received from the Chairs of the Regional Training Accreditation Committees.

This year 100 applicants were successfully selected to a training position (21 in NZ and 79 in Australia) for the 2019 Training year.

The breakdown by region is provided below.

NSW/ ACT	QLD	SA/NT	VIC	WA	NZ
26	17	6	25	5	21

FRANZCOG

The College delivered a number of training workshops to support trainee skill development in the early part of training. Many College members have worked to review and update the workshop content and to deliver the workshops. The following were delivered:

- 3 Foundations of Surgery workshops
- 2 RANZCOG Ultrasound Workshops
- 2 Research Skills workshops
- 6 Communication Skills workshops

Subspecialist Training

The College continues to offer five subspecialty training programs for certification:

- Gynaecological Oncology (CGO)
- Maternal Fetal Health (CMFM)
- Obstetrical and Gynaecological Ultrasound (COGU)
- Reproductive Endocrinology and Infertility (CREI)
- Urogynaecology (CU)

Key metrics relating to subspecialties as of July 2018 include:

Subspecialty	Total trainees	Certified 2016–17	Total certified subspecialists
CGO	15	4	63
CMFM	27	3	58
COGU	8	1	45
CREI	26	4	74
CU	12	3	41
TOTAL	88	15	281



CWH, DRANZCOG and DRANZCOG Advanced

Interest in the Certificate and Diploma programs continues, with a total of 842 trainees undertaking training as at June 2018.

Training Support Unit

In September 2017, the Training Support Unit (TSU) was established and officially launched at the Annual Scientific Meeting in October. The unit has two staff, a Trainee Liaison and a Supervisor Liaison. The TSU online content was launched and provides information and resources to Trainees, Training Supervisors and College members. The College has engaged an external provider to deliver an Employee Assistance Program (EAP) for Trainees and Training Supervisors. The EAP provides counselling services and is accessible 24/7.

The TSU has facilitated 7 Respectful Workplaces workshops, 5 Mentoring workshops and 5 Training Supervisor workshops.

Hospital Accreditation

RANZCOG members are integral to the accreditation process.

For the financial year

- 11 Fellows were members of hospital accreditation teams
- 19 trainees were members of hospital accreditation teams
- 30 training (hospital) site visits were visited

A summary of accreditation visits are provided below:

	Australia								New Zealand	
	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	NZ	TOTAL
Hospital visits - Reaccreditation	-	4	1	4	2	1	4	5	7	28
Hospital visits – Follow up	-	1	-	-	-	-	-	-	1	2

Assessment

As part of the strategic goal to harness knowledge, infrastructure and systems to build a strong, sustainable organisation, RANZCOG has been considering all aspects of assessments and examinations. Objectives included improving candidate experience, enhancing security and efficiency across the end-to-end examination processes. Major initiatives include:

- Partnering with Pearson VUE to conduct computer-based testing for short answer and multiple choice question examinations for all RANZCOG training programs from 2018.
- Piloting the use of the facilities at facility at Adelaide Health Simulation for the DRANZCOG Advanced Oral Examination
- Implementing a point-based model for FRANZCOG Trainees to meet their Research Study requirements.

Snapshot of the 2017–18 year

- 13 written examinations were developed and delivered across the Fellowship, Diploma, Certificate of Women's Health and five Subspecialty Training Programs
- 8 oral examinations were developed and delivered across the Fellowship, Advanced Diploma and four Subspecialty Training Programs
- 467 written examination candidates were assessed in their field of training
- 208 oral examination candidates were assessed in their field of training
- 19 Examination Coordinators
- 203 Examiners

Education Programs

A number of Committees and Fellows have worked with the Education team to develop and update a variety of education resources. New resources created include the suite of Long Acting Reversible Contraception modules and the Feedback for Trainees module. The College collaborated with the Foundation for Alcohol Research & Education to review and update the Pregnancy and Alcohol Women Want to Know resource. The Operating with Respect module was launched. This module was developed by the Royal Australasian College of Surgeons and shared with RANZCOG. It supports the ongoing commitment to promoting appropriate behaviours in surgical practice and training.





CONTINUING PROFESSIONAL DEVELOPMENT

The Board approved the transition of all Fellows' CPD to a standard fixed triennium cycle, commencing 1 July 2019. The CPD online portal was updated to allow CPD Compliance Statements to be available to all Fellows online.

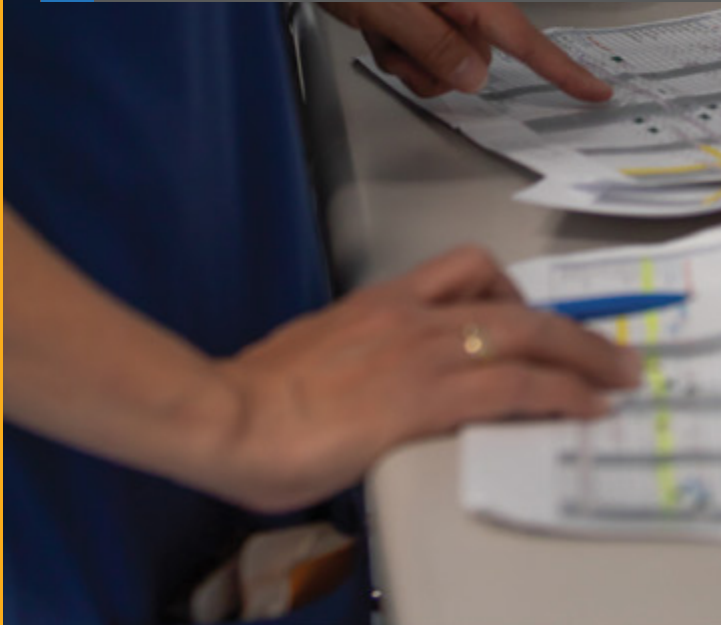
Specialist International Medical Graduates (SIMG)

A number of changes were implemented to allow SIMGs to elect one of three pathways to Fellowship: Generalist, Academic or Subspecialist.

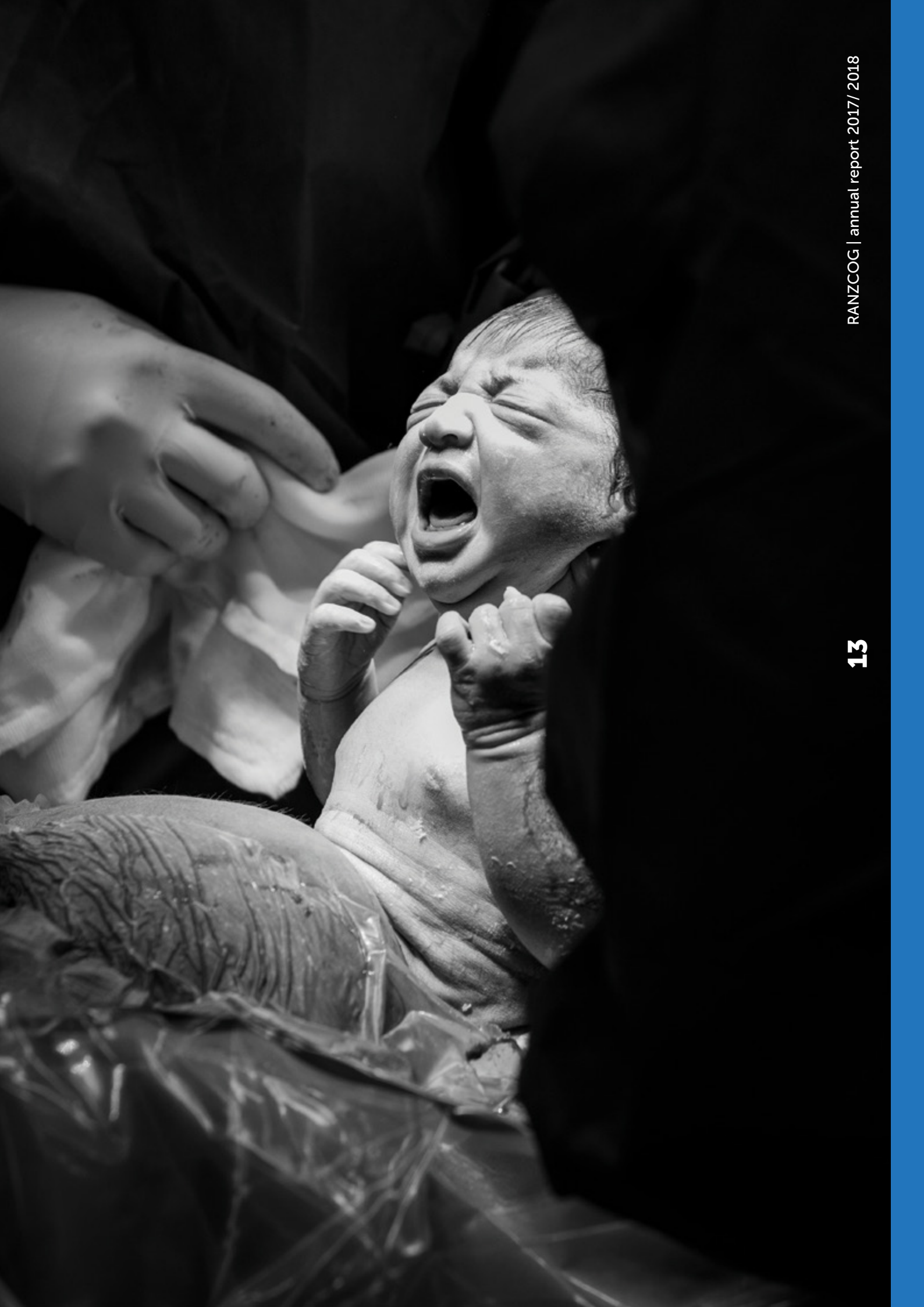
To achieve compliance with the Medical Board of Australia's 'Good Practice Guidelines for the specialist IMG assessment process', and the recommendations of the 'External review of the specialist medical colleges' performance – specialist international medical graduate assessment process' a review of regulations, policies and processes was undertaken.

SIMG applications

23 SIMGs were elevated to Fellowship, including 5 from New Zealand. There were 48 Short-Term Training positions approved for training in Australian hospitals.



Country	Applications received	Interviews conducted	Outcome		
			Substantially comparable	Partially comparable	Not comparable
Australia	32	22	13	5	4
New Zealand	7	7	5	0	2



SECTION 04

PRACTICE & ADVOCACY

Women's Health Committee

The Women's Health Committee (WHC) advocates for women's health issues on behalf of the College's Fellowship. It develops clinical advice on issues relating to many aspects of women's healthcare and is responsible for the ongoing revision of the College's suite of statements and guidelines. During this period, more than 40 College statements on a range of O&G topics have been revised. All College statements and guideline recommendations can be accessed on the College website and via the O&G Guidance App. The Guidance App immediately updates upon opening to ensure all statements are up to date.

The WHC has issued advice on topics such as 'Use of mesh for the surgical treatment of vaginal prolapse and urinary incontinence' and 'Domestic violence'.

Clinical expert input was provided to consultations and various requests from federal and jurisdictional government committees and other external organisations, including PSANZ, SANDS, COPE and the National Blood Authority.

The suite of RANZCOG Patient Information Pamphlets continues to be expanded with an additional six pamphlets published and the new Pregnancy and Childbirth pack, consisting of 18 topics is now available.

The RANZCOG Genomics Advisory Working Group has been convened to monitor trends in the use of genomics in healthcare, advise the College on current practice in genomic medicine nationally and internationally and recommend the development of new guidance or update existing College guidance.

Global Health Unit

For more than 20 years, RANZCOG has worked to improve women's health in the Pacific region through advocacy, partnerships and capacity-building via education, training and volunteering. In late 2017, RANZCOG's commitment to women's health in our geographical region was highlighted with the launch of its global health strategic plan, Improving Women's Health in the Pacific.

Collaboration has underpinned the College's global women's health initiatives. In 2017–2018, RANZCOG continued its collaboration with other Colleges and O&G societies, both within Australia and New Zealand and internationally, government bodies, non-government organisations and medical schools within the Pacific to optimise capacity-building in these countries.

Successful collaborations this year included:

- Pacific Midwifery Leadership Fellowship Program, funded by the DFAT Australia Awards, which aims to support leadership development of senior Pacific midwives. RANZCOG has implemented this program since 2000. This year, 8 midwives from Fiji, Papua New Guinea, Vanuatu and the Solomon Islands participated in the program, taking the total number of program alumni to 108
- CPD Program for Pacific Associate Members, which supported 55 O&G Specialists in the Pacific by providing improved access to professional development and networking opportunities
- Collaborations between RANZCOG and the University of Papua New Guinea and Fiji National University, which included providing 43 O&G trainees in the Pacific improved access to educational and network opportunities
- Collaboration between RANZCOG and the Pacific Society for Reproductive Health, the Fiji Obstetrics and Gynaecology Society and the Papua New Guinea Obstetrics and Gynaecology Society.

Provincial Fellows

The Western Australia/South Australia/ Northern Territory/ Provincial Fellows Regional Scientific Meeting was held in April. The theme of the meeting, Knowing Me, Knowing You highlighted the need to look after ourselves and look after others and tackled the challenges of creating healthy and supportive workplaces. The meeting included nine pre-meeting workshops, including a Diplomates Day and a one and a half day scientific program. The Keynote Address was delivered by President Elect, Dr Vijay Roach, on 'Looking after your mental wellbeing'. The meeting attracted 197 registrants.

The RANZCOG Provincial Training Pathway commenced in February 2015 with six trainees now registered in the program at the following hospitals, Dubbo (2), Orange (2) and Mackay (2).

During 2017–2018, 10 Provincial Fellows Clinical Webinar presentations were held; the sessions attracting the highest attendance were 'Management of Breech at Term' presented by Prof Andrew Bisits; 'Common Vaginal and Vulval Conditions and their Treatment' presented by A/Prof Jenny McCloskey and 'Management of Cardiac Disease in Pregnancy' presented by Dr Jennifer Johns. Recordings of the webinars are available via the CLIMATE elearning portal.



RANZCOG Women's Health Foundation

The RANZCOG Women's Health Foundation (RWHF) supports the wide-ranging philanthropic activities of the College. The Foundation aims to foster clinical and scientific research in women's health, support global health projects, Aboriginal and Torres Strait Islander and Māori women's health initiatives.

The Foundation works in partnership with various organisations to facilitate funding for cutting-edge research by promising early-career researchers from Australia and New Zealand.

The Foundation is grateful to all those who have so generously supported its philanthropic work in the past year. We acknowledge and thank our individual donors and partner organisations for their important contributions to the RANZCOG Women's Health Foundation scholarships.

RANZCOG Women's Health Foundation Scholarships & Fellowships

This year, 21 eligible applications were received for the 11 research scholarships and seven travel awards offered for application between April and June 2018.

Recipients of the scholarships commencing in 2018 were as follows:

Arthur Wilson Memorial Scholarship, 2018–2019

Recipient:	Dr Natasha Pritchard
Institution:	The University of Melbourne
Project:	<i>Novel therapeutic agents to treat pre-eclampsia in obese mice models.</i>

Fotheringham Research Scholarship, 2018–2019

Recipient:	Dr Maya Reddy
Institution:	Monash University
Project:	<i>The cardiovascular toll of pre-eclampsia: determining impacts on the maternal, fetal and placental vasculature.</i>

Norman Beischer Clinical Research Scholarship, 2018–2019

Recipient:	Dr Amanda Poprzeczny
Institution:	The University of Adelaide
Project:	<i>Maternal Overweight and Obesity and Gestational Diabetes: Effect on Fetal Growth and Adiposity.</i>

Recipient:	Dr Amy Goh
Institution:	Sydney West Advanced Pelvic Surgery
Project:	<i>The comparison of surgical outcomes using LigaSure and Gyrus PK in total laparoscopic hysterectomy.</i>

Recipient:	Dr Aiat Shamsa
Institution:	The University of New South Wales
Project:	<i>Novel Biomarkers in women with benign Gynaecological conditions and those undergoing IVF.</i>

Recipient:	Dr Daniella Susic
Institution:	St George Hospital, NSW
Project:	<i>The Microbiome in Pregnancy and Infancy: comprehensive assessment of its composition, and its relationship to health and disease.</i>

Robert Wrigley Pain Research Scholarship, 2018–2019

Recipient:	Dr Lauren Kite
Institution:	Women's Health and Research Institute of Australia (WHRIA)
Project:	<i>Randomised cross-over trial assessing the efficacy of adding hyaluronic acid to local anaesthetic in pudendal nerve blocks.</i>

Taylor Hammond Research Scholarship, 2018

Recipient:	Dr Aaron Budden
Institution:	The University of New South Wales
Project:	<i>Measuring Stress in Surgeons.</i>

UroGynaecological Society of Australasia (UGSA) Research Scholarship, 2018

Recipient:	Dr Alex Mowat
Institution:	Royal Brisbane and Women's Hospital
Project:	<i>Evaluation of Polycaprolactone (PCL) as a tissue engineering scaffold for the surgical treatment of pelvic organ prolapse in the sheep model.</i>

Travel Scholarships/Fellowships

Beresford Buttery Travel Grant, 2018

Recipient:	Dr Maya Reddy
Institution:	St George's University of London

Brown Craig Travel Fellowship, 2018

Recipient:	Dr Asha-Rhiannon Short
Institution:	University College London Hospital/ Great Ormond Street Hospital, London

Research Scholarships & Fellowships Continuing in 2018

The following projects also continue to be funded in 2018.

Arthur Wilson Memorial Scholarship, 2016–2017 (start date deferred)

Recipient:	Dr Lufee Wong
Institution:	Monash IVF
Project:	<i>Reproducibility of three-dimensional ultrasound of the junctional zone in myometrial pathology and their correlation with pregnancy rates.</i>

Glyn White Research Fellowship, 2017–2018

Recipient:	Dr Kirsten Palmer
Institution:	Monash University
Project:	<i>Targeting placental specific sFLT-1: enhancing the prediction and diagnosis of pre-eclampsia.</i>

Beischer Clinical Research Scholarship, 2017–2018

Recipient:	Dr Monica Zen
Institution:	Westmead Hospital
Project:	<i>The impacts of kidney disease in pregnancy.</i>

Mary Elizabeth Courier Research Scholarship, 2017–2018

Recipient:	Dr Rachael Rodgers
Institution:	University of New South Wales
Project:	<i>The administration of anti-Müllerian hormone to protect the ovaries during chemotherapy.</i>



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Aboriginal and Torres Strait Islander Women's Health Committee

The College continues to strengthen its commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander women and babies. It is actively involved with initiatives through its Aboriginal and Torres Strait Islander Women's Health Committee (ATSIWHC).

One of the College's priorities in this area is to build strong relationships and engage with Aboriginal and Torres Strait Islander health organisations. As such, the College signed an agreement, Partnering for Good Health and Wellbeing for Aboriginal and Torres Strait Islander Peoples, with the Australian Government, the Council of Presidents of Medical Colleges (CPMC) Australian Indigenous Doctors Association (AIDA) and the National Aboriginal Controlled Health Organisation (NACCHO). The aim being to Close the Gap in health outcomes between Aboriginal and Torres Strait Islander Peoples and non-Indigenous Australians. Following the signing of this Agreement, College representatives participated in the CPMC Partnership Forum on Indigenous Health held in Newcastle in August 2017.

- Other key activities in 2017–2018 include: A Council forum discussing Aboriginal and Torres Strait Islander workforce in Obstetrics and Gynaecology. RANZCOG Aboriginal Fellows, Dr Marilyn Clarke and Dr Kiarna Brown and Royal Australasian College of Surgeons (RACS) Aboriginal Fellow, Associate Professor Kelvin Kong, presented to College Board members, Councillors, Fellows, trainees and staff
- Commissioning of an Aboriginal and Torres Strait Islander stole for graduates to wear at their Fellowship ceremony. The artwork for the stole, the Birthing Tree, was developed by Aboriginal artist Deanne Gilson.
- Sponsoring a booth at the 2017 AIDA Symposium. Dr Clarke represented RANZCOG at the "Growing our Fellows" workshop held as part of this Symposium.
- Participation in the Australian Indigenous HealthInfoNet Roundtable in Melbourne
- Work began drafting the College's second Reconciliation Action Plan based on Reconciliation Australia's Innovate template.
- Funding was sought from the Australian Government under the Indigenous Australians Health Programme to support Aboriginal and Torres Strait Islander Health Workers to attend and/or present at the 2018 Aboriginal and Torres Strait Islander Women's Health Meeting. Grants were also funded by the RANZCOG Foundation and the Queensland Regional Committee for Aboriginal and Torres Strait Islander Trainees and medical students/ graduates to attend various RANZCOG scientific meetings 2018.

PRactical Obstetric Multi-Professional Training

The PRactical Obstetric Multi-Professional Training (PROMPT) Train the Trainer (T3) program in Australia and New Zealand is delivered by RANZCOG under license from the PROMPT Maternity Foundation (PMF) UK. The program has run in New Zealand since 2005 and Australia since 2011. PROMPT is a multi-professional emergency obstetric training program that teaches clinicians how to better handle obstetric emergencies through improved communication, teamwork and situational awareness with the goal of improving outcomes for mothers and babies.

During the 2017–2018 period, the RANZCOG Australian PROMPT Faculty delivered ten Train the Trainer Courses, involving 236 attendees from 59 hospitals across Australia. The program continues to maintain steady growth in New Zealand with all but two maternity facilities now running PROMPT.

Nuchal Translucency Ultrasound Education and Monitoring Program

The Nuchal Translucency Ultrasound, Education and Monitoring Program (NTUEMP) administer the certification process and perform annual audit for all certified operators performing the Nuchal Translucency (NT) scan in Australia. The program also provides education in the form of the Nuchal Translucency Online Learning Program (NTOLP), Uterine Artery Pulsatility Index (UAPI), Ductus Venosus (DV) and NT Teleconference Tutorials.

Audit

The NT Program performs annual audit for all certified operators in Australia. 1624 operators from 477 centres were audited in the past year.

Education

Course Type	Number of Participants
NTOLP	165
DV	81
UAPI	138
Teleconference Tutorials	33
Total	417

Certification

Certification type	Number of Applications Processed
NT	138
NB	75
UAPI	46
DV	5
Total	264

Cervical Quality Improvement Program

The Cervical Quality Improvement Program (C-QulP) aims to improve the quality of care and equity of access for women who are referred for colposcopy and treatment of screen-detected abnormalities.

In partnership with the Department of Health, RANZCOG updated the existing Colposcopy Online Learning Program (COLP) to align with the renewed National Cervical Screening Program (NCSP). This was launched on 28 September 2017.

The renewed National Cervical Screening Program (NCSP) launched on 1 December 2017. The National Cancer Screening Register Rules 2017 require practising colposcopists in Australia to submit information from every colposcopy performed to the National Cancer Screening Register (NCSR) with 14 days of the procedure. Due to NCSR still being under development, the data entry component for colposcopy is via paper based Colposcopy and Treatment Form. This is an interim measure until the electronic data entry format is finalised.

Fetal Surveillance Education Program

During the reporting period, 313 Fetal Surveillance Education Program (FSEP) workshops were delivered to over 7400 participants. There were additional sessions held at universities. The number of clinical educators has been increased to 12 to meet the growing demand.

The OFSEP remains an open access online resource to the public. The OFSEPlus is freely available to those with access to the my.RANZCOG portal, but payment is currently required for other users. Over 1500 users have enrolled in OFSEPlus and 879 have completed the program.

During the reporting period, 578 copies of The FSEP book, Assessing fetal wellbeing: a practical guide, have been sold. The e-book version was published in July 2017 on Amazon, GooglePlay, iTunes and Kobo platforms. The FSEP mobile apps continue to be sold through iTunes and Google Play. Other resources, including the RANZCOG IFS Clinical Guideline and FSEP Teaching and Assessment tools continue to be sold through the RANZCOG Online Store.

Database development

The first phase of the FSEP database development was completed and went live in January 2018, creating efficiencies for the program. The second phase, involving migration of historical data from 2004–2017 has also been completed.

Research and Development

The journal article “Graphical Item Maps: providing clearer feedback on professional exam performance” was published in June 2018 in MedEdPublish. The article highlights how the RANZCOG FSEP developed GIMs might provide insightful feedback for clinicians undertaking the FSEP assessment.

FSEP continues to be underpinned by detailed external analyses of the assessment tool results, participant results and feedback, as well as our clinical educators’ performance, to maintain the quality and direct future development of the program.

MEMBERSHIP & ENGAGEMENT

Improving how we engage with members, stakeholders and the community continues to be a strategic priority for the College.

Over the last year the focus has been to improve services for members, streamline existing communications channels, as well as raising the profile of RANZCOG in the women's health space.

Streamlining how we communicate

Across the College, efforts have been made to take a more strategic approach to how communications are delivered. Receiving a high volume of College emails has been associated with information fatigue and the potential to miss important announcements. The membership and communications teams, in consultation with the service delivery teams across the organisation have implemented a system to streamline the look and scheduling of RANZCOG emails to ensure that these are identifiable, add value and easy to read while minimising repeated information.

INVESTING IN PROFILE RAISING

Getting social on the socials

Social media assets continue to drive network building with members, the community and women's health influencers. One of the ways the College has leveraged the reach of social media is to promote key women's health messages and myth bust inaccurate information that misrepresents the specialty or is detrimental to women. Through targeted campaigns, social media has been a key driver to promote the safety of the flu vaccination during pregnancy and support and weigh in on topical issues such as decriminalising abortion.

Media: highlighting science and research

Responding to and engaging with the media continues to be a priority of the College. We have strengthened partnerships with key journalists in the women's health area through our Media Award of Excellence. Last year's winner, Gina Rushton, published an article in O&G Magazine that has proved central to abortion advocacy messaging.

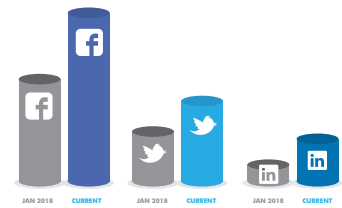
A new partnership worthy of note is the relationship the College has developed with the Australian and New Zealand Science Exchange media hub (Scimex). Through the partnership with Scimex the College is able to reach journalists interested in science while also promoting ANZJOG, RANZCOG Women's Health Foundation and our experts.

In addition, our small but growing cohort of media spokespersons play a key role in supporting how the College is promoted and perceived. This year we delivered two media training sessions for new spokespersons. We also took part in an ASM Breakfast Session 'Pathways to Publication' that focused on how to better communicate research with the media for awareness and profile raising purposes.

SOCIAL MEDIA RECAP

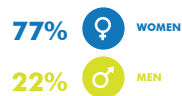
FOLLOWER GROWTH

	JANUARY	PRESENT
FACEBOOK	2,044	3,130
TWITTER	699	1,303
LINKEDIN	307	774

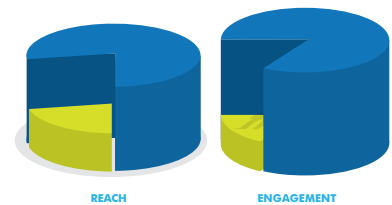
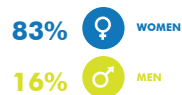


FOLLOWER GROWTH

WHO WE REACH:

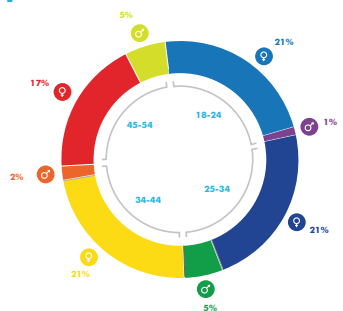


MOST ENGAGED:



AGE OF OUR COMMUNITY

18-24	Female 21%	
	Male 1%	
25-34	Female 21%	
	Male 5%	
34-44	Female 21%	
	Male 2%	
45-54	Female 17%	
	Male 5%	





MAXIMISING IMPACT & FORGING CONNECTIONS



Unlocking the archives

Since 1999, O&G Magazine has been publishing articles by leading practitioners in the field of women's health. While receiving the print magazine four times a year is a member benefit, until the launch of a dedicated website, there was no easy way to access previous magazines, search by keyword, author or issue.

In the months since site launch, the site has gone from strength to strength with more than 800 fully indexed and searchable articles now available to view. It is no surprise that visitor number have steadily increased, but even so, 12,000 monthly active users is a phenomenal testament to the quality of O&G Magazine and the dedication of the editorial advisory committee in securing the best authors. The monthly e-newsletter, highlighting articles from the archive or a new issue of the magazine, has more than 300 subscribers.

Make friends and influence with 'overs'

With a print run of 6000, RANZCOG always plans to have a small number of copies of O&G Magazine kept in stock after the members have received theirs. These 'overs' are used at numerous events to showcase the work of the College.

During 2017–2018, the publications and communications teams began offering a few 'overs' of thematically appropriate issues to stakeholder organisations for their benefit. Family Planning NSW were excited to receive 20 copies of the Contraception issue of O&G Magazine, while the ENDIA study group gave a copy of the Diabetes issue to each of their clinic sites.

"The O&G Magazine website has a global reach and is a vital resource for anyone with an interest in women's health."

Professor Steve Robson
President, RANZCOG

ogmagazine.org.au



Annual Scientific Meeting 2017

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2017 Annual Scientific Meeting (RANZCOG 2017 ASM) was held in Auckland, New Zealand between 29 October and 1 November 2017.

The theme for the ASM 'View from the Top' was inspired by Auckland's natural volcanic landscape, with Rangitoto Island dominating the harbour view. Taking account of the theme, the ASM Scientific Committee aimed high, making science a top priority for the program.

Each day of the program started with interactive breakfast masterclass sessions on topics ranging from surgical techniques to medico-legal challenges (from both New Zealand and Australian perspectives), the role of social media, the microbiome and more. A total of 12 breakfast masterclasses were held throughout the meeting.

Five plenary sessions highlighted the international Keynote speakers, who spoke on topics including: reducing caesarean section rates, reducing maternal deaths from suicide, rationalising technological and surgical advances and visions for the future of global women's health.

Each of the concurrent sessions had three streams aimed at the generalist, covering all the main subspecialist aspects of obstetrics and gynaecology. An entertaining debate on natural childbirth was especially vibrant.

Top international and local speakers who presented cutting-edge research to help conquer clinical challenges were invited to the meeting, and were asked to consider a highpoint or key learning point that the audience could take away to improve their clinical practice.

In addition to invited speakers, the meeting was delighted to receive more than 200 abstracts submitted for free communication. The top 19 were selected for oral presentation and 20 for static presentations. The remaining selected abstracts were displayed as e-posters.

Delegates enjoyed an exciting social program starting with the New Fellows Presentation Ceremony & Reception on Sunday 29 October 2017. An informal Welcome Function was held at the conclusion of Monday's program in the Exhibition Hall to allow delegates, speakers and industry partners to socialise in a relaxed setting. The main event of the social program was the Meeting Dinner: 'Dinner with a View' which was held in the evening of Tuesday 31 October at the Auckland War Memorial Museum in the Domain.

The media and communications focus for the 2017 ASM was to simulate 'real time' coverage of the event. The goal was to create an online community for attending delegates while also enabling those unable to attend the meeting to join in on conversations through social media. An intensive three-month social media campaign was delivered in the lead up to, during and after the ASM.

The meeting hashtag and ways of engaging were encouraged via different mediums including the meeting App, social media posts, the RANZCOG website and direct email communications to member cohorts. More than 30,000 users viewed content and close to 6,000 people liked, shared or commented on meeting related Facebook or Twitter posts.

To broaden awareness of the meeting hashtag this was registered with Symplur; a health tracking platform that connects health influencers with audiences interested in health. The #ranzcog17 hashtag was featured on the Symplur website making it easy for health professionals to track trending conversations occurring at the meeting.

A live twitter feed featured above the RANZCOG booth providing visibility of the online momentum generated throughout the event. It allowed participants a physical marker of how their comments and conversations were valued by moving these conversations outside of the social space and into the meeting space.

In addition to the social media efforts, daily media releases were disseminated to Auckland based media outlets. A media toolkit with event highlights, keynote speaker biographies and images from the event were uploaded to the media centre to make the reporting process easier for journalists.





NATIONAL WOMEN'S HEALTH SUMMIT 2018



On 2 March 2018, RANZCOG hosted the first National Women's Health Summit (NWSH). The summit united Australia's top 100 women's health influencers – from healthcare, industry, NGOs, community groups and government – in a unique collaboration to discuss and address the most pressing health challenges Australian women face today.

Keynote Speakers

The Hon Greg Hunt MP

Minister for Health

'It's time to commence the process of a second national women's health strategy. I'd like that to run from 2020 to 2030, and to think of today as the kick-off day in establishing it. [...] Thank you all for your leadership in this space. I thank you and acknowledge you.'

Greg Hunt was elected as the Federal Member for Flinders in 2001, and became Parliamentary Secretary to the Minister for the Environment and Heritage and then Parliamentary Secretary to the Minister for Foreign Affairs.

In January 2017, Greg was appointed Minister for Health. Greg has always had a strong connection with the medical profession and both his mother and wife worked as nurses. Greg will use his background in the Industry, Innovation and Science portfolio to build on Australia's track record for medical breakthroughs, turning what is done in the laboratory into better healthcare for patients.

The Hon Catherine King MP

Shadow Minister for Health

'While the temptation on focusing on women's health tends to be to focus on clinical issues, we must not overlook gender equity issues that affect it. The fact that Australian women pay 10% more for tampons and sanitary products is an issue of gender equity.'

Catherine King was first elected to Federal Parliament in 2001 to represent the electorate of Ballarat. Ms King was appointed Parliamentary Secretary in the portfolios of Health and Ageing and Infrastructure and Transport in the Gillard Government following the 2010 election. As such, she held responsibility in the Health portfolio for nine health regulatory agencies.

On 18 October 2013, Ms King was appointed to the role of Shadow Minister for Health in the Shadow Cabinet led by the Hon. Bill Shorten. She was reappointed as Shadow Minister for Health and Medicare after the 2016 election.

Brenda Gannon

'Women with lower wages than men in comparable jobs are 2.5 times more likely to have depression than other women and 4.5 times more likely than men'

Brenda Gannon is Professor of Health Economics at the University of Queensland and an international expert in the field of health and ageing economics, and health econometrics, and has won over \$21 million, as chief investigator, in collaborative research income with economics, medicine and social science in both academia and industry.

Patricia Turner

'Australia has a world-class system, but not for all of us. Health outcomes of Aboriginal and Torres Strait Islander women are a long way away from that of the wider population. One solution fits all is not the case... what we are about is putting Aboriginal health in Aboriginal hands.... We are the essence of Australia.'

The daughter of an Arrente man and a Gurdanji woman, as CEO of NACCHO Pat Turner is at the forefront of community efforts to Close the Gap in health outcomes for Aboriginal and Torres Strait Islander people. Pat has more than 40 years' experience in senior leadership positions in government, business and academia, including being the only Aboriginal person, only woman and longest serving CEO of the Aboriginal and Torres Strait Islanders Commission. Pat holds a Masters Degree in Public Administration from the University of Canberra.

Fran Baum

'If you want to improve health you need to improve daily living conditions such as food supply, housing, education and social protection. If we got the conditions of living right, then women wouldn't be turning up in our surgeries.'

Fran Baum is Matthew Flinders Distinguished Professor of Public Health and Foundation Director of the Southgate Institute for Health, Society and Equity at Flinders University. She was named in the Queen's Birthday 2016 Honours List as an Officer of the Order of Australia for "distinguished service to higher education as an academic and public health researcher, as an advocate for improved access to community health care, and to professional organisations". From 2009–14 she held a prestigious Australia Research Council Federation Fellowship.

Senator Janet Rice

'Resources and investments in community networks are small investments with big returns. Strong social connections and networks are so important.'

Janet Rice is a Senator for Victoria and is the Australian Greens spokesperson for Women, as well as LGBTIQ issues, agriculture and rural affairs, transport and forests.

Janet is passionate about supporting women's participation in their communities and in our democracy. The Greens believe that women have the right to equal participation in political, social, intellectual and economic decision-making processes Janet has been a campaigner, consultant, facilitator and activist for more than 30 years. She entered the federal parliament in 2014.

Carla Wilshire

'Australia settles 190,000 migrants per year. About 1.7 million people live here temporarily. Our demographics as a country are changing. How does this change health and healthcare needs?'

Carla Wilshire is the CEO of the Migration Council Australia: Australia's national research and policy institution on migration, settlement and social cohesion.

Carla has worked as a public servant and advisor to Government, principally in the area of migration and resettlement, including as Chief of Staff to the Minister for Multicultural Affairs. Carla is a member of the Judicial Council on Cultural Diversity, which provides policy advice to the Council of Chief Justices

of Australia on improving access to justice for culturally and linguistically diverse Australians and she is a Member of the Harmony Alliance Council. Carla is also a member of the National Anti-Racism Partnership and co-founded the Friendly Nation Initiative.

Anne Trimmer

'Women are over-represented in the unpaid economy. These stats make contributions almost equal between the genders. Supporting women to participate in the workforce is critical to securing their security and independence.'

Anne Trimmer was appointed Secretary General of the AMA in May 2013, commencing her appointment in August that year. Prior to her appointment she served as CEO of the Medical Technology Association of Australia.

In 2003, Ms Trimmer was awarded a Centenary Medal for services to law and society.

Carmel Tebbutt

Carmel Tebbutt is a former NSW Health Minister and the first woman to hold the position of Deputy Premier in NSW.

Carmel was a Member of the NSW Parliament for 17 years, serving in both the Legislative Council and as the Member for Marrickville. Carmel was appointed to the NSW Cabinet in 1998.

Since leaving Parliament, Carmel was employed as the CEO of Medical Deans Australia and New Zealand and is now CEO of NSW Mental Health Co-ordinating Council.

Streams

Migrant and Refugee Women

Co-chaired by Dr Talat Uppal and Ms Kate Aubusson

Social exclusion, health service accessibility and literacy, incompatible cultural norms, and mental health issues were discussed. Stream participants stated that healthcare cannot be effectively provided within detention centres and called for a Royal Commission on the issue. They indicated that the psychological and physical damage that retention within these facilities inflicts on migrant and refugee women is appalling and, furthermore, counterproductive for integration.

Participants highlighted the need to consult migrant and refugee women in any policy-making process so that informed decisions are based on this group's specific cultural needs. They stressed the need to provide services that empower refugee and migrant women beyond healthcare; that is, taking into account key social determinants of health. English language literacy, holistic GP care, access to religious and cultural communities, and the availability of interpreters are all necessary for the effective inclusion of migrant and refugee women in the broader Australian community.

GPs need culturally appropriate education resources so that lifelong migrant and refugee healthcare is effectively provided. They stressed that fragmented funding needs to be addressed, continuity of services guaranteed, and funding to key grassroots organisations provided for the suggestions to be successfully implemented.

Aboriginal and Torres Strait Islander Women

Co-chaired by Dr Kiarna Brown and Ms Bridget Brennan

Indigenous people are currently the least healthy population group in Australia. Racism and marginalisation still inhibit ease of access to fundamental services, such as healthcare and social welfare. It was also acknowledged that Indigenous people continue to suffer from the trauma of colonisation and the intergenerational impact of the Stolen Generation on their families.

The lack of funding safeguards to secure long-term delivery of health programs within Indigenous communities was high on the list of challenges. Short-term funding is assigned to programs expected to produce long-term solutions. Without secured funding, programs are almost setup to fail.

The focus on workforce upskilling in cultural competency needs to continue. Ensuring the health workforce comprises both Indigenous and non-Indigenous clinicians and healthcare workers that understand and are able to meet the health needs of this population group through an approach underpinned by respect, trust and collaboration was identified as key to addressing barriers of access.

Rural and Remote Women

Co-chaired by Dr Louise Sterling and Ms Gina Rushton

Low literacy levels, violence against women and accessibility issues were discussed. Participants highlighted the need to incorporate a nuanced analysis of local reporting on health services, stating that involving local stakeholders when developing or implementing new services, policies or guidelines is essential in order to improve the health of rural and remote women.

Telehealth services cannot be taken as substitute for on-the-ground services. Therefore, a framework for bringing stakeholders together across federal, state and local sectors when addressing particular health issues is necessary. Furthermore, participants highlighted the need to promote rural generalist pathways and expanding this to non-procedural areas of practice (e.g. mental health) would be a good way to address accessibility issues.

Finally, the need for health education, preventative health campaigns and access to social networks was touched upon, given the high rates of teen births in rural Australia. Participants stated that contraception education in all medical schools and appropriate speciality colleges is paramount, that rebates for provision of long-acting reversible contraception should be revisited and barriers to accessing termination services addressed.



Australia is home to almost 13 million women and girls and, in two decades, that number will increase to almost 16 million. Women and men experience wellbeing and illness unequally – disparities in health are present in Australia just as they are found across the world.

26

Women with Disability

Co-chaired by Dr Charlotte Elder and Dr Francis Geronimo

Research into the health of people with disabilities in Australia is limited, but available data show that people with disability have poorer mental and physical health than their non-disabled counterparts, in areas not related to their disability. In 2009, the National People with Disabilities and Carer Council stated: *"virtually every Australian with a disability encounters human rights violations at some point in their lives and very many experience it every day of their lives"*.

Women with disabilities fall into several policy gaps. Firstly, there is a lack of recognition on the contribution people with disability can make to society; and the approach by governments, the health sector and the wider community is often to apply value through the lens of a disability. As a result, policies across all sectors either do not reflect the complexities and agency of the individual, or don't exist at all. People with disability are not a homogenous group. An approach that reflects the complexities that exist within this population group is necessary to addressing barriers of access.

Mental Health and Wellbeing

Co-chaired by Dr Rachael Hickinbotham and Ms Ruby Prosser Scully

For Australian women, mental illness is the leading cause of disability, and a considerable disease burden among non-fatal conditions. Women and girls have higher rates of depression, anxiety and eating disorders, and are more likely to engage in self-harming behaviour than males.

There is evidence to suggest that mental health issues are underdiagnosed in younger women due to the stigma attached to mental health problems. Suicide and suicide ideation rates are also high among both younger and middle-aged women. In 2010, suicide was a leading cause of death among pregnant women and new mothers.

There have been many advances made, including a mental health suicide prevention plan; however, not enough has changed despite recommendations existing. To influence sustainable change, strategies must be implemented at the public policy, community and organisational levels. Programs should reinforce each other and connections between programs identified to strengthen the likelihood of achieving best outcomes while also increasing access.

Healthy Ageing

Co-chaired by A/Prof Janet Vaughan and Dr Sarah McKay

Economic insecurity issues, discrimination and accessibility to health services were discussed. There has been a 30% increase of hospital admission in people over 85 years of age in the last five years; however, many of the treatments could be provided in local clinics or at home; making services more accessible. They emphasised a need to shift back to community services and to recognise GPs as the main providers of holistic care.

Women's life expectancy is longer than men's; however, as they age, many women become caregivers; compromising their own health and financial security. Shifting healthcare to local community services and instating home visits could ensure these women have a better continuity in their healthcare. Furthermore, the delegates stated the need to create Health-Justice partnerships to address elderly abuse and the need to provide access to community hubs to prevent elderly discrimination and promote social inclusion; highlighting that social capital can provide resilience against poor health through social support and thus, increase overall well-being.

FACEBOOK

(18–24 Feb)



(21–27 Feb)

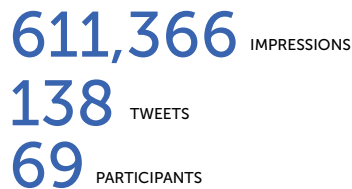


(25 Feb – 03 Mar)



TWITTER

Pre-Summit



During Summit



Post-Summit



TWEET HIGHLIGHTS

Congratulations to Royal Aust NZ College Obstetricians and Gynaes on holding the National Women's Health Summit @ranzcog and including the needs of women with intellectual disability in the discussion

Fantastic that @ranzcog led by @DrSteveRobson organized women's health summit with strong focus on #SDH You would have been impressed @MichaelMarmot ideas from #CSDH were very evident

#nwhs18 @janet_rice Secure housing is critical. Affordable #housing is a human right. We know there are women experiencing #homelessness and unstable living environments and this needs to be addressed.

#nwhs18 @GregHuntMP: one in ten women suffer from some form of #endometriosis. We are allocating funding for research, early diagnosis and treatment. #endoMarch

#nwhs18 @NACCHOAustralia Pat Turner: Australia has a world class system, but not for all of us. Health outcomes of Aboriginal and Torres Strait Islander women are a long way away from that of the wider population.

#nwhs18 @CatherineKingMP: Access to affordable, safe and legal termination is critical for governments to address.

Shadow health minister @CatherineKingMP says abortion access is one of the great areas of "unfinished business" in Australian women's health. Murmurs of agreement and a lot of nodding in the room #nwhs18

"The fact that Australian women pay 10% more for tampons and sanitary products is an issue of gender equity." @CatherineKingMP #NWHs18 #TamporTax

#nwhs18 @GregHuntMP Today's the kick-off day of establishing a women's health strategy from 2020-2030. #wrmnhealth

#nwhs18 @GregHuntMP: New national pregnancy guidelines have been released today.

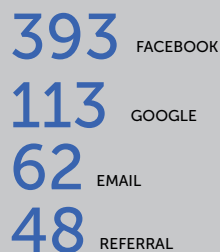
#nwhs18 @GregHuntMP: long-term research, women's health initiatives, and attention to endometriosis are key areas of focus for the future.

#nwhs18 @GregHuntMP: The importance and evolution of tele-health is fundamental to get more doctors into rural Australia.

#nwhs18 @GregHuntMP We've gone from a 74 years life expectancy for #women in the 60s to 84 years in 2015. We've got areas of great progress, but still great challenges to face.

WEBSITE

Acquisition



NWHS Webpage



MEDIA COVERAGE

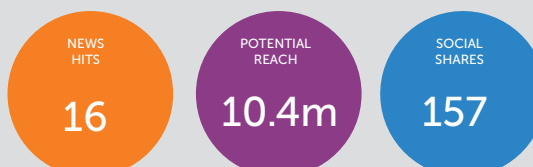
New medical guidelines for pregnancy care

This story has been picked up by 50 news outlets located in six countries and had 16,478 associated social media interactions in the first 47 hours after the original URL was published.



Weight gain core to new national pregnancy guidelines

This story has been picked up by 16 news outlets located in three countries and had 157 associated social media interactions in the first 46 hours after the original URL was published.



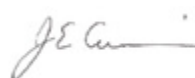
NEW ZEALAND

The New Zealand branch of RANZCOG advocates for excellence in women's health through training and standards, engagement with health groups based in New Zealand, advocacy through submissions and nominations, contributions to policy development and the provision of advice on clinical matters.

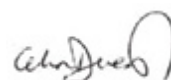
The New Zealand Committee's focus is to promote equitable access for all women to health services in New Zealand. The focus of He Hono Wāhine, a subcommittee of the New Zealand Committee, is to improve health outcomes for Māori women and their babies.

There was a change of Government and also leadership changes within the Ministry of Health during 2017, and the New Zealand Committee is fully engaged with the incoming administration. It contributed to the incoming Government's consultations on moving abortion from a justice to a health framework, made a submission about maternal mental health and suicide to the Mental Health and Addictions Inquiry and participated fully in maternity framework meetings with a range of maternity groups. This was also an election year for the New Zealand Committee, with Dr Celia Devenish appointed as chair in November 2017 to take over from Dr Ian Page.

The New Zealand branch of RANZCOG continues to work inclusively and collaboratively with members, stakeholders and the community to improve health outcomes for all New Zealand women and their babies and the NZ Committee warmly thanks everyone who has worked with it to advance women's health in Aotearoa New Zealand



Jane Cumming
NZ Manager



Dr Celia Devenish
NZ Committee chair

Engaging with members

The theme of the RANZCOG NZ 2018 ASM held in Nelson during April was Get Smart: Working better together, emphasising the importance of inter-professional team work in Fellows' and trainees' current practice. The programme was designed to keep abreast of the rapid advances in obstetrics and gynaecology and for the first time ever, ASM delegates were welcomed to a local marae as part of the ASM programme. Kia ora to members of He Hono Wāhine who facilitated the visit.

He Hono Wāhine's work in establishing a cultural training component for trainees culminated in a pilot course Utilising the Hui Process/Meihana Model in Clinical Practice being held in 2018 in collaboration with the Māori Indigenous Health Institute (MIHI) based at Otago University. The course, split into three Modules, will be launched for incoming trainees in 2019 and in time, will be made available to SIMGs and Fellows.

Recognising the contribution of early-career Fellows, the New Zealand Committee reviewed its Terms of Reference in 2017 to allow the co-option of an early career Fellow to the committee from 2018.

The NZ Committee of RANZCOG manages a practice visit programme and New Zealand Fellows had the opportunity again this year to receive a practice visit as part of their CPD. Practice visits are confidential and focus on improving the practice environment and risk mitigation to contribute to the delivery of safe, quality healthcare outcomes for patients, their families, health professionals and the broader community.

The NZ Committee ran two Fellowship clinical updates on pelvic mesh during 2017, and an update on pre-eclampsia and fetal growth restriction in May 2018.

Engaging with stakeholders

NZ Committee, He Hono Wāhine, other NZ Fellows and RANZCOG members engage regularly with the National Maternity Monitoring Group (NMMG) and a range of health sector stakeholders to work for the best possible health outcomes for all women and their babies.

The NZ office organises quarterly meetings for Clinical Directors from all District Health Boards (DHBs). The chair of NZ Committee also chairs this group.

A number of NZ Fellows are involved on the ACC-led Neonatal Encephalopathy (NE) Prevention Taskforce. In the past year there have been ongoing discussions about the three priorities – fetal surveillance, improved lactate testing and newborn observation charts. ACC released funding for GAP/GROW during 2018.

The Council of Medical Colleges (CMC) meets quarterly and has developed the Choosing Wisely programme in New Zealand in the past year. The NZ Committee finalised its own list in the first part of 2018.

The NZ Committee contributes to and all obstetricians benefit greatly from the work of the Perinatal and Maternal Mortality Review Committee (PMMRC), an independent committee that reviews the deaths of babies and mothers in New Zealand, and the Maternal Morbidity Working Group (MMWG) that reviews cases of maternal morbidity, with a view to reducing the incidence and severity of acute severe maternal morbidity.

During 2017, the NZ Committee signed a Memorandum of Understanding with the New Zealand Nurses' Organisation (NZNO) to assist the organisations work together on issues of mutual concern. NZ Committee continues to collaborate with the NZ College of Midwives, meeting six-monthly and addressing, together with the National Maternity Monitoring Group (NMMG), current maternity issues. Over the past year there have been concerns about serious midwifery shortages in some areas.



NEW ZEALAND COMMITTEE MEMBERS

Engaging with the community

Choosing Wisely

During the year NZ Committee compiled its own Choosing Wisely list for Obstetrics and Gynaecology in New Zealand and contributed to the Council of Medical Colleges' Choosing Wisely campaign, which aims to encourage both patients and doctors to think twice about treatments which are offered routinely, but which in fact could be unnecessary.

Pelvic Mesh

As well as responding to enquiries about mesh from members, the public and media, the New Zealand office maintains constructive contact with consumer groups and health organisations such as ACC and Medsafe on pelvic mesh. During October 2017, a meeting was convened by Ministry of Health which included Mesh Down Under, RANZCOG, RNZCGP, RACS, Urology chapter of RACS, ACC and HDC to discuss a range of mesh related issues. One of the resulting actions is a codesign process for patient information leaflets and consent forms which will be available from the Ministry of Health website.

Dr Celia Devenish	Chair (from Nov 17), Board member
Dr Sue Belgrave	Elected member (from Nov 17)
Dr Leigh Duncan	Chair of He Hono Wāhine, ex officio
Ms Sarah Free	Layperson representative
Dr Gillian Gibson	NZ Councillor
Dr Emma Jackson	Elected member
Dr Rebecca Mackenzie-Proctor	Trainee representative
Professor Lesley McCowan	Co-opted member, Academic Group representative
Dr Ian Page	Chair (to Nov 17), Elected member, NZ Councillor
Dr Helen Paterson	Elected member
Dr Craig Skidmore	NZ Councillor, Deputy Chair (from Nov 17)
Dr John Tait	NZ Vice President
Dr Sarah Tout	Chair NZTAC
Ms Joanne Morris	Layperson representative (until May 18)
Dr Karen Vaughan	Layperson representative (from May 18)

Committee representation/ external advice to external bodies

The NZ Committee nominates RANZCOG members to a wide range of working groups and responds to many consultation requests every year. Details are forwarded to the CEO and the Board as part of the quarterly New Zealand Regional Report.

ASM

The 2018 Annual Scientific Meeting, *Get Smart: Working better together*, was held 4–6 April in Nelson.

Sessions were held on HPV, Future of Training/Education, Abortion Care, Urogynaecology, Managing Risk, Pain Management and Obstetrics. A varied workshop programme included topics on chronic pelvic pain, manual vacuum aspirator and a marae visit.

The marae visit, facilitated by He Hono Wāhine and encompassing professional development from a Māori perspective, was a rich cultural experience for attendees. Due to the success of this inaugural workshop a marae visit will be part of the New Zealand ASM programme going forward.

A fundraising auction for the Mercia Barnes Trust was held as part of the 2018 ASM programme. The Trust is the only one specifically supporting young New Zealand researchers working in the women's health and reproductive area.

Education activities new to RANZCOG NZ

Cultural competence training

In accordance with our obligations under the Treaty of Waitangi, New Zealand law and direction from the Medical Council of New Zealand (MCNZ), RANZCOG NZ has developed a cultural competency course that will be mandatory for NZ trainees from December 2018. In 2018 sixteen trainees and 13 Fellows are participating in the postgraduate level pilot course, *Utilising the Hui Process/Meihana Model in Clinical Practice*, taught by the Māori Indigenous Health Institute (MIHI), based at Otago University.

The 'Hui Process' applies traditional principles of greeting, introducing, starting a relationship and closure of an encounter to the setting of a medical consultation with a Māori patient. The Meihana model is specifically designed to support health practitioners gain a fuller understanding of the presenting complaint and the context of the patient and whānau (family). The purpose of the framework is to encourage health practitioners to broaden their range of assessment to provide quality health care and reduce health disparities between Māori and non-Māori women.

As the course is delivered within the O&G context, attendees can immediately apply the Hui Process and the Meihana Model to their clinical practice.

Regional ultrasound training

To augment the ultrasound curriculum requirements, NZTAC developed a programme for regional ultrasound training for NZ trainees. Regional training sites book the RANZCOG owned mobile Sonosite scanner and fetal phantom for training purposes. Local trainees practise for several weeks at a time with training provided by the local ultrasound educator, overseen by the local ultrasound coordinator.

Scholarships/Awards/ Grants

ASM 2018 Pacific Scholar is Dr Deborah Panau of Papua New Guinea.

The 2018 Mercia Barnes Trust research grant recipients are Dr Lisa Dawes for her research on *Optimising the care of women at high risk of preterm birth* and Dr Kenny Chitcholtan for his research study 'An in vitro study investigating anti-tumour activity of a novel compound DpC in a mouse ovarian cancer cell line, ID-8'.

The Harvey Carey Medal was awarded to Dr Sam Lepine.

The Couvelaire Medal was awarded to Dr Alice Pan.





REGIONS

Regional Committees monitor and respond to local matters of interest to obstetricians and gynaecologists.

Each committee establishes a regional Training and Accreditation Committee, which delivers the FRANZCOG Training program. Committee members engage with stakeholders from the government, community and health sectors on issues relevant to obstetrics and gynaecology within the region.

Regional Committees plan Regional Scientific Meetings, Annual Scientific Meetings when they are held in their region, as well as education courses for members. Committees also make recommendations to the Board and Council on local initiatives that require College funding.

New South Wales

The NSW Regional Committee has 18 members:

- Eight elected members
- One elected Provincial Fellow representative
- One ex-officio Board member
- Four ex-officio Councillors
- The NSW Training Accreditation Committee Chair
- One Diplomate representative
- Two Trainee representatives

The NSW Regional Committee membership is as follows:

A/Prof Greg Jenkins	Chair
Dr Karen Mizia	Deputy Chair
Dr Vijay Roach	Board Member and Ex Officio
Dr Naim Arrage	College Councillor – Ex Officio
Dr Tanya Nippita	College Councillor – Ex Officio
A/Prof Louis Izzo	College Councillor – Ex Officio
A/Prof Janet Vaughan	College Councillor – Ex Officio
Dr Andrew Zuschmann	NSW Training Accreditation Committee Chair
Dr Supuni Kapurubandara	Chair NSW State Reference Committee
Dr Ying Li	Committee Member
Dr Emma Inglis	Committee Member
Dr Rachael Hickinbotham	Committee Member
Dr Jyothi Marry	Committee Member
Dr Mark Ruff	Committee Member
Dr Miguel Marquez	Provincial Fellow Representative
Dr Elizabeth Luxford	NSW Trainee Representative
Dr Sarah Chwah	NSW Trainee Representative
Dr Judith Gardiner	Diplomate Representative

Advocacy Activities

The NSW Regional Committee represented RANZCOG as follows:

- RANZCOG Representative attended Australian and New Zealand College of Anaesthetists Pain Medicine Meeting
- RANZCOG Representatives attended Royal Australian College of Surgeons “Women in Medicine” event and Convocation Ceremony
- RANZCOG NSW provided feedback to NSW Parliament Inquiry into Support for new parents and babies in NSW

- RANZCOG NSW nominee put forward for appointment to the Medical Council of NSW
- RANZCOG NSW provided advice to NSW Health re Consultation on SSoCPU Model Scopes of Clinical Practice Project – re obstetric and gynaecological ultrasound
- RANZCOG NSW Representative continued membership of CHASM (Audit of Surgical Mortality)
- RANZCOG NSW provided Representatives for Hospital selection panels

Education Activities (for trainees)

- Two FRANZCOG Oral Examination courses
- FRANZCOG Written Revision Course
- DRANZCOG Revision Course
- Three Registrar Education Days
- FSEP Workshops
- Research Project Workshop
- Orientation Evening for Year 1 Trainees

CPD Activities (for Fellows)

- Three Fellow Education Evenings
- Two Luncheon Meetings for Senior O&Gs

Regional Scientific Meeting

At the 2018 Qld/NSW Regional Scientific Meeting, the Crown Street Medal was won by Dr Vasukhi Sivagnanam. The Christopher Kohlenberg Memorial Medal was not awarded in 2018.

Scholarship and Grants

Various awards were funded by the NSW Investment Funds:

- Four NSW Regional Committee Research Grants of \$10,000 each are available annually to support research in obstetrics and gynaecology by two NSW Trainees and two NSW Fellows. These Grants are administered by the RANZCOG Foundation. The winners were Dr Aiat Shamsa, Dr Amy Zhi Hui Goh and Dr Daniella Susic. No Fellow Research Award was made.
- Two NSW Regional Committee Travelling Scholarships of \$10,000 each were established in 2017 for FRANZCOG Trainees to travel to a developing country in the Asia-Pacific region as part of their FRANZCOG training. No applications were received for these awards.
- RANZCOG NSW Pacific Scholarship valued at \$3,000 to attend the RANZCOG 2017 Annual Scientific Meeting in New Zealand was awarded to Dr Ailsa Benati, Lautoka Hospital, Fiji.
- A Media Training Workshop was held for NSW Regional Committee Members, funded by unallocated 2017/2018 NSW Travelling Scholarship funds.

A/Prof Greg Jenkins

Chair, New South Wales
Regional Committee

Lee Dawson

Executive Officer, New South Wales

Queensland

QLD Regional Committee

The QLD Regional Committee has 13 members:

- Four elected members
- One elected Provincial Fellow representative
- One co-opted member
- One ex-officio Board member
- Two ex-officio Councillors
- The QLD Training & Accreditation Committee Chair
- One Diplomat representative
- Two trainee representatives

The Queensland Regional Committee membership is as follows:

Dr William Milford	Chair
Dr Thangeswaran Rudra	Deputy Chair
Dr Tal Jacobson	College Councillor (ex officio)
Dr Ben Bopp	RANZCOG Board Member (ex officio)
Dr Carol Breeze	Committee Member
A/Prof. Edward Weaver	Committee Member
Dr Fatima Ashrafi	Committee Member
Dr Senaka Abeysundera	Committee Member
Dr Natalie Kiesey-Calding	Provincial Fellow Representative
Dr Grace Neely	Diplomat Representative
Dr Paul Conaghan	Queensland Training Accreditation Committee Chair
Dr Rebecca Ryder	Trainee Representative
Dr Samuel Newbury	Trainee Representative

Queensland would like to thank the following members who will not be returning to the Regional Committee for the next term:

Dr Samuel Newbury	Trainee Representative
Dr Rebecca Ryder	Trainee Representative





Advocacy Activities

The Qld Fellows continued to represent RANZCOG on a range of external committees and activities including:

- Qld Committee of Medical Specialist Colleges (QCoMSC)
- Queensland Maternal and Perinatal Quality Council
- Ministerial Rural Maternity Taskforce – Qld. Health
- Queensland Audit of Surgical Mortality (QASM) Management Committee
- Domestic and Family Violence Implementation Council
- Medical Practitioner Workforce Plan for Queensland

Education Activities (for trainees)

- Four Registrar Education Days
- Perineal Repair Workshop
- Urinary Incontinence Workshop
- Two FRANZCOG Oral Examination courses
- Orientation evening for year 1 trainees
- FRANZCOG Revision Course
- DRANZCOG Revision Course
- Subspeciality Information Evening
- Gynaecology & Fertility guide to RANZCOG examinations – O&G Registrar Workshop & Dinner Meeting

CPD Activities (for Fellows)

- Fellows Evening
- NSW/QLD Regional Scientific Meeting
- Examiners at FRANZCOG Oral Examination courses

Scholarships Awards and Grants

Pacific QLD Regional Committee Scholarship Awardees (Dr Henry Akuani and Dr Marilyn Morris from PNG) attending the RANZCOG 2018 ASM Adelaide, South Australia were awarded their certificates on Monday 17 September.

Dr William Milford

Chair, Queensland
Regional Committee

Sylvia Williamson

Executive Officer, Queensland

South Australia / Northern Territory

The SA/NT Regional Committee has 9 members:

- Two elected members
- One elected Northern Territory
- One Provincial Fellow representative
- One co-opted member
- One Ex Officio Board member
- Two Ex Officio Councillors
- One Trainee representative

The committee membership is as follows:

Dr Amita Singla	Chair
Dr Martin Ritossa	Deputy Chair
Dr Julie Grant	Committee Member
Prof Ian Symonds	Ex Officio Board Member
Assoc Prof Rosalie Grivell	College Councillor (ex officio)
Dr Roy Watson	College Councillor (ex officio)
Dr Jane Thorn	Northern Territory Representative
Dr David Simon	Provincial Representative
Dr Ellen Raghoudi	SA/NT RANZCOG Trainee Representative

Advocacy Activities

SA/NT Fellows continued to represent RANZCOG on a range of external committees, including:

- SA Committee of College Chairs
- AMA Committee of College Chairs
- SA Audit of Peri-operative Mortality
- SA IMET Medical Colleges Committee

The South Australian/Northern Territory (SA/NT) Branch of RANZCOG is an advocate for women's health within South Australia and the Northern Territory and our committee continue to build collaborative working relationships with other speciality health colleges, senior politicians and health representatives as well as relevant community organisations in order to support quality women's health services in our region.

Over the past 12 months, the South Australian/Northern Territory Regional committee have supported various activities and events which have provided opportunities to engage with key representatives for women's health across various platforms. Specifically, the SA/NT Regional Education dinner provided an opportunity for members to engage with key pain medicine specialists in relation to vaginal mesh and exploring solutions to a complex problem. This is one of the key challenges associated with women's healthcare and pain medicine, which is closely aligned with the National Women's Health Summit initiatives referring to the mental health and wellbeing of women – a focus for our committee going forward.

In March 2018, attended the South Australian Combined Colleges Careers Evening.

In April 2018, provided financial support to Insight Birthing Kit Foundation Australia for their Birthing Kits Workshop, designed for the use of women who give birth at home in remote regions of developing countries. Our support aim is to help transform the lives of many women and newborns

Education Activities

November 2017	Mentoring Workshop
November 2017	Respectful Workplaces Train the Trainer Workshop
February 2018	Induction evening for first-year FRANZCOG Trainees
April 2018	SA/NT Regional Education Dinner
April 2018	WA/SA/NT & Provincial Fellows Regional Scientific Meeting
May 2018	DRANZCOG Pre Exam and GP Refresher Course

Scholarship and Grants

The SA/NT Regional Committee funds several initiatives to support the next generation of O&G practitioners:

- Dr Victoria Snowball received the John O'Loughlin Prize for the best oral presentation at the 2018 WA/SA/NT & Provincial Fellows Regional Scientific Meeting.
- Dr Kennia Lotter received the SA/NT Regional Committee prize for the best overall presentation at the 2018 WA/SA/NT & Provincial Fellows Regional Scientific Meeting.
- Dr Jameson Boas received the Pacific Scholarship, which enabled him to attend the New Zealand Annual Scientific Meeting.
- Vinay Athreya – The University of Adelaide - Recipient of the RANZCOG O&G Award 2017

Dr Amita Singla	Chair, South Australia/Northern Territory Regional Committee
Tania Back	Executive Officer, South Australia/ Northern Territory

Western Australia

The WA Regional Committee has 12 members:

- Two elected members
- One elected Provincial Fellow representative
- Three members filling casual vacancies
- One Ex Officio Board member
- Two Ex Officio Councillors
- The WA Training Accreditation Committee Chair
- One Diplomat representative
- One Trainee representative.

The committee membership is as follows:

Dr Robyn Leake	Chair
Prof Yee Leung	Board member (ex officio)
Dr Kristy Milward	College Councillor (ex officio)
Dr Scott White	College Councillor (ex officio)
Dr Louise Farrell	WA Training Accreditation Committee Chair
Dr Jared Watts	Provincial Fellow representative
Dr Fiona Langdon	Trainee Representative
Dr Aseel Alkiaat	Committee member
Dr Jason Chin	Committee member
Dr George du Toit	Committee member
Dr Patty Edge	Committee member

The committee thanks the following outgoing members: Dr Sri Guruparan, Dr Liza Fowler and longstanding member and former Chair Dr Tamara Walters.

Advocacy Activities

WA Fellows continued to represent RANZCOG on a range of external state committees, including:

- Anaesthetic Mortality Committee
- Australia and New Zealand Audit of Surgical Mortality WA
- Clinical Senate of WA
- Doctors Health Advisory Service WA
- Maternal Mortality Committee
- Perinatal and Infant Mortality Committee
- Reproductive Technology Council
- Women and Newborn Health Network
- Women and Newborn Health Network Executive Advisory Group.

Regional Scientific Meeting

The RANZCOG 2018 WA/SA/NT/ Provincial Fellows regional scientific meeting was held in Bunker Bay, Western Australia, from 26 to 29 April 2018.

More than 170 Fellows, Diplomates, midwives, trainees and medical students from across Australia took part in the two-day scientific program. Attendees also participated in seven pre-conference workshops, including a dedicated 'Diplomates Day' for GPs.

The free communications sessions attracted 72 abstracts, with six Trainees delivering oral presentations on their research. Fifty e-posters were on electronic display; Dr Naomi Atkinson was awarded the e-poster prize. see the South Australia/Northern Territory update on previous page for the remaining prize winners. The theme, 'Knowing Me, Knowing You', centred on looking after ourselves and our colleagues, and creating healthy and supportive workplaces.

2017 Annual Dinner

The WA Annual Dinner was held on 11 August 2017 for Fellows, Trainees and partners. Dr Anne Karczub was honoured on the night, with College President Steve Robson presenting her with the RANZCOG Distinguished Service Medal.

Education activities

Fellows

Mentoring Workshop

Respectful Workplaces – Train the Trainer workshop

Two Training Supervisors workshops

Diplomates

Diplomates Day

Trainees

Workshops:

- Communication Skills
- Basic Obstetric Skills
- Foundations of Surgery

Scholarships and Awards

The WA Regional Committee funded the following initiatives to support the next generation of O&G practitioners:

- RANZCOG WA Pacific Scholarship (\$3000): Dr Sylvester Tati from Papua New Guinea was awarded this scholarship to attend the Anatomy of Complications Workshop in Perth in November 2017.
- The University of WA RANZCOG Women's Health Prize: \$1000* awarded to Ms Emma Roffey for achieving the highest aggregate mark for all obstetric and gynaecology components of the Doctor of Medicine in 2017.

**\$500 from the WA Regional Committee, \$500 from College House*

Dr Robyn Leake

Chair, Western Australia
Regional Committee

Carly Moorfield

Executive Officer, Western Australia

Australian Capital Territory

The ACT Regional Committee has 9 members:

- Three elected members
- One ex-officio Board member
- One ex-officio Councillor
- The NSW/ACT Training Accreditation Committee Chair
- One Diplomat representative
- One Trainee representative
- One co-opted member

The ACT Regional Committee membership is as follows:

Dr John Hehir	Chair
A/Prof Rodney Petersen	Deputy Chair
Prof Julie Quinlivan	Committee Member
Prof Stephen Robson	RANZCOG President (ex officio)
A/Prof Boon Lim	College Councillor (ex officio)
Dr Andrew Zuschmann	NSW/ACT Training Accreditation Committee Chair
Dr Ruth McCuaig	Trainee Representative
Dr Peter Scott	Co-opted member
Dr Martina Mende	Diplomat Representative

Advocacy Activities

The ACT Regional Committee represented RANZCOG as follows:

- RANZCOG ACT Representative nominated to membership of the RACS, ACT Audit of Surgical Mortality (ACTASM) Management Committee
- RANZCOG ACT provided a representative to attend the RANZCR ASM Ceremony

Education Activities (for trainees)

- Annual Registrar Research Day (Fellows may also attend)

CPD Activities (for Fellows)

- Education Evening for Fellows (and trainees)

Scholarship and Grants

The following award is funded by the ACT Investment Funds:

- One ACT Regional Committee Registrar Research Grant of \$1,000 is available annually to support an ACT Trainee to attend the RANZCOG Annual Scientific Meeting.



Dr John Hehir

Chair, Australian Capital Territory
Regional Committee

Victoria Peisley

Executive Officer,
Australian Capital Territory

The Victorian Regional Committee membership is as follows:

Dr Charlotte Elder	Chair
Dr Anthony Woodward	Deputy Chair
Dr Kathy Cook	College Councillor (ex officio)
Dr Alison Fung	Councillor
Dr John Regan	Councillor
Dr Joseph Sgroi	Councillor
Dr Bernadette White	Councillor
Dr Alon Talmor	(Co-opted)
Dr Malcolm Barnett	Chair, Victorian Regional TAC
Professor Michael Permezel	Immediate Past-President
Dr Laurel Bennett	Provincial Fellow
Dr Patricia Vosdoganes	Trainee Representative

VRC Representation/Expert Advice to External Bodies

This year the VRC has been approached by various external bodies for representation/expert advice and the committee is thankful to those who provide their valuable input and time participating in these activities.

Some of external committees/bodies that Victorian members have been involved in over the past year include:

- AMA Victoria
- Committee of Chairs of Victorian State Committees of Medical Colleges
- Department of Health and Human Services
- National Association of Specialist Obstetricians and Gynaecologists (NASOG)
- Royal Australasian College of Surgeons (RACS)
- Safer Care Victoria
- Sands Australia Professional Advisory Forum
- Victorian Audit of Surgical Mortality (VASM)

Education Activities (for trainees)

The following activities were held in Victoria:

DRANZCOG trainees and Diplomates

- DRANZCOG Written Examination Revision Course

FRANZCOG trainees

- Basic Obstetric Skills Workshop (conducted by ITP's)
- 1st and 3rd Trimester Ultrasound Workshop
- Foundations of Surgery Workshop
- Communication Skills Workshop
- Orientation Session (Level 1 trainees only)
- FRANZCOG Written Examination Revision Course
- FRANZCOG Trial Oral Examinations (May and October)

Fellows

- Respectful Workplaces Workshop
- Mentoring Workshop

Diplomates, Fellows, Trainees

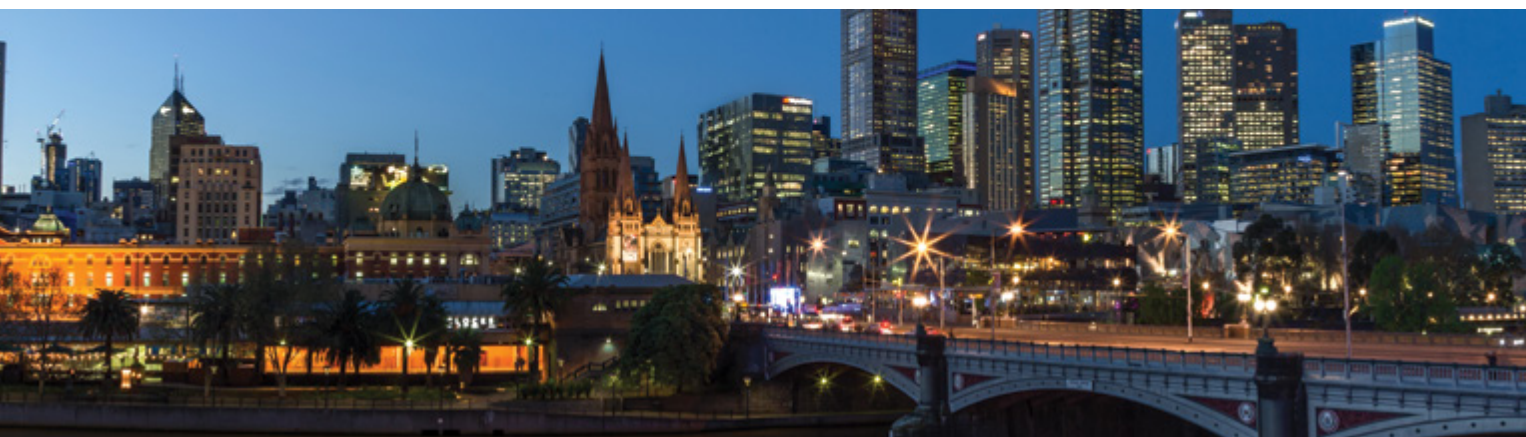
- Training Supervisor workshop
- Fetal Surveillance
- Trainee Research Symposium and VRC Dinner
- Doctors' Wellness and Wellbeing Evening

Annual Education Symposium Scholarships and Grants

The Victorian Regional Committee funds several initiatives to support the next generation of O&G practitioners:

- Miriam O'Connor Travelling Scholarship to provide support to trainees wishing to undertake training in a limited-resource setting country.
- Two Pacific Scholarships funding for two doctors from the Pacific to attend the Victorian DRANZCOG Revision Course.

Dr Charlotte Elder	Chair, Victoria Regional Committee
Lisa Del Din	Executive Officer, Victoria/Tasmania



The Tasmanian Regional Committee membership is as follows:

Dr Lindsay Edwards	Chair
Dr Emily Price	Deputy Chair
Dr Emily Hooper	Member
Dr Frank O'Keefe	Councillor
Dr Amanda Dennis	Chair, Tasmanian Regional TAC
Dr Kate Mitchell	Trainee Representative

TRC Representation/Expert Advice to External Bodies

This year the TRC has been approached by various external bodies for representation/expert advice and the committee is thankful to those who provide their valuable input and time participating in these activities.

Some of the external committees/organisations that Tasmanian members have been involved in over the past year include:

- University of Tasmania Medical Advisory Committee
- Tasmanian Council of Obstetric and Paediatric Mortality and Morbidity (COPMM)
- Tasmanian Audit of Surgical Mortality
- Australian Preterm Birth Prevention Alliance

Education and CPD activities

The following activities were held in Tasmania:

- Tasmanian Obstetric Symposium and Still Aware Workshop – March 2018
- Pre-meeting workshop facilitated by Claire Foord from Still Aware
- One-day workshop with update in key areas of obstetric practice.
- Incorporating trainee research presentations and award – Dr Sabiena van Es recipient of trainee research presentation on Cystic Fibrosis in Pregnancy – an audit of local data
- Fetal Surveillance Workshop
- Annual Dinner – held in Hobart following the Obstetric Symposium

Annual Education Symposium Scholarships and Grants

J F Correy Prize awarded to the UTAS Medical Student with the highest mark in the Obstetrics MCQ exam at the end of 5th Year.

Dr Lindsay Edwards	Chair, Tasmania Regional Committee
Lisa Del Din	Executive Officer, Victoria/Tasmania





Dr BEN BOPP
TREASURER



TREASURER'S REPORT

I am very pleased to present this report on the financial performance of the College for 2018.

The College has had another successful year and the efforts of my Fellow RANZCOG Councillors, members of the Finance, Audit and Risk Management Committee and College staff in particular Ms Alana Killen, CEO, and Mr Paul Stathis, Director of Corporate Services are greatly appreciated.

The annual financial statements of the College have been reviewed by the College's external auditors, BDO East Coast Partnership, and RANZCOG Board.

Statement of Profit or Loss and Other Comprehensive Income

RANZCOG achieved a surplus of \$489,282 in 2018 compared to \$678,164 in the previous year and the College continues to allocate resources to strategic initiatives aimed at improving services to its members and other key stakeholders.

A key source of income is from member subscriptions and services which totalled \$13,589,485 in 2018 and which represents 69% of total income. Government grants of \$4,768,298 represent 24% of income and these enable the College to achieve its objectives in relation to rural placements.

Primary expenses included \$9,695,238 for staffing which is line with the previous year, \$5,138,813 for member services and \$1,722,230 for travel and accommodation. It should be noted that travel and accommodation expenditure is directly associated with revenue generating and member activities including workshops and examinations and the administration of committee meetings.

College investments held with Crestone Wealth Management and Pitcher Partners continue to provide positive net returns of around 7.8%. Dividends and interest from investments totalled \$626,906 in 2018. The strong performance of the investment portfolios reflected the strategic reallocation of funds to more sustainable options in line with the College investments policy.

Statement of Financial Position

RANZCOG continues to be in a strong and secure financial position in 2018 with net assets increasing by 2% from the previous year.

College investments at 30 June 2018 were valued at \$11,864,144 an increase of 8.4% from 2017. Funds managed by the College as Trustee on behalf of various trusts totalled \$3,588,645 at 30 June 2018.

The development of the College membership database, my.RANZCOG, is almost complete and work to date is represented as an intangible asset with a net carrying amount of \$1,848,439 at 30 June 2018. This asset is amortised evenly over ten years representing its value to the College during this period.

Statement of Cash Flows

The College continues to be highly liquid with total cash holdings of \$4,130,553 at the end of 2018. The cash outflow of \$4,955,458 from investment activities is associated with the transfer of funds provided by the government for specific purposes.

In Summary

The College continues to maintain a strong Balance Sheet and is financially well positioned to meet its ongoing commitments and to continue investing in technology and solutions that improve services to all College members, stakeholders and government agencies.



Dr Benjamin Bopp
Treasurer
RANZCOG

FINANCIAL REPORTS 2018

Your directors present this report on the company for the financial year ended 30 June 2018.

Directors

The names of each person who has been a director during the year and to the date of this report are:

Dr B R Bopp
Dr C J Devenish
Dr Y C Leung
Dr V J Roach
Professor S J Robson
Professor I M Symonds
Dr J D Tait

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

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Principal Activities

The principal activities of the company during the financial year were:

Promoting and encouraging the study, research and advancement of the science and practice of obstetrics and gynaecology.

Promoting excellence in healthcare services for women and their families and cultivating and encouraging high principles of practice, ethics and professional integrity in relation to obstetric and gynaecological practice, education, training and research.

Determining and maintaining professional standards for the practice of obstetrics and gynaecology in Australia and New Zealand.

Conducting and supporting programs of training and education leading to the issue of a certificate, diploma or other certification attesting to the attainment/maintenance of appropriate levels of skills, knowledge and competencies commensurate with specialist and sub-specialist practice in obstetrics and gynaecology in Australia and New Zealand.

Ensuring college members undertake continuous professional improvement and participate in effective, ongoing professional development activities.

Short-term and Long-term Objectives

The company's short-term objectives are to:

- Increase membership participation rates; Identify potential alignment with stakeholder groups; Ensure information is managed effectively; Establish a risk management program; Develop an IT strategy; Develop leadership capability and

effectiveness; Establish succession planning process; Raise awareness of the College's position regarding women's health; Develop marketing strategy and plan; Improve trainee procedural training; and, Optimise prevocational training; Develop CPD strategic plan – specifically as it pertains to re-validation.

The company's long-term objectives are to:

- Create strong engagement with our key stakeholders, including members, partners, the community and government; Harness our knowledge, infrastructure and systems to build a strong, sustainable organisation; Build strong community awareness of RANZCOG's purpose and develop advocacy capability; and, ensure our programs continue to meet the needs of our community and offer quality and diversity.

Strategies

To achieve its stated objectives, the company has adopted the following strategies:

- Develop an engagement plan;
- Develop a communications plan;
- Annual member engagement surveys;
- Engagement level metrics;
- Development of a centralised database;
- Network drive project;
- Develop a RANZCOG Leadership Framework;
- Develop a useful performance appraisal framework;
- Create a brand strategy;
- Develop series of patient information resources;
- Rebuild website;
- Create audit tool;
- Develop an Education Strategy;
- Develop a plan for improving access to procedural training;
- and, Develop and implement e-portfolio for trainees.

Key Performance Measures

The company measures its own performance through the use of both quantitative and qualitative benchmarks. The benchmarks are used by the directors to assess the financial sustainability of the company and whether the company's short-term and long-term objectives are being achieved.

Information on Directors

Dr B R Bopp	Treasurer
Qualifications	MBBS FRANZCOG
Experience	RANZCOG Councillor 2010-2016; RANZCOG Board Member 2016-current
Special Responsibilities	College Finances, Specialist IMG Assessments

Dr C J Devenish	Board Member
Qualifications	FRCOG FRANZCOG
Experience	RANZCOG Councillor 2012-2016; RANZCOG Board Member 2016-current
Special Responsibilities	Subspecialties

Dr Y C Leung	Board Member
Qualifications	MBBS FRANZCOG CGO
Experience	RANZCOG Councillor 2010-2016; RANZCOG Board Member 2016-current
Special Responsibilities	RANZCOG Statements and Guidelines, Women's Health Committee

Dr V J Roach	Vice-President, President-Elect (from 16 March 2018)
Qualifications	MBBS MRCOG FRANZCOG
Experience	RANZCOG Councillor 2010-2012; RANZCOG Board Member 2012-current
Special Responsibilities	Training and Accreditation, Selection

Professor S J Robson	President
Qualifications	MPH MMed MD FRCOG FACOG FRANZCOG
Experience	RANZCOG Councillor 2007-2010; RANZCOG Board Member 2010-current
Special Responsibilities	Governance, Legal, Standards, Global Health, Engagement, Honours

Professor I M Symond	Vice President
Qualifications	MMedSci MD FRCOG FRANZCOG
Experience	RANZCOG Councillor 2008-2014; RANZCOG Board Member 2014-current
Special Responsibilities	Education and Assessment

Dr J D Tait	Vice President
Qualifications	MBBS FRCOG FRANZCOG
Experience	RANZCOG Councillor 2010-2014; RANZCOG Board Member 2014-current
Special Responsibilities	Continuing Professional Development & Revalidation, RANZCOG Foundation

Note: the special responsibilities detailed reflect those relating to the directorship position most recently held by the individual director.

Meetings of Directors

During the financial year, seven meetings of directors were held. Attendances by each director were as follows:

	Number eligible to attend	Number attended
Dr B R Bopp	7	7
Dr C J Devenish	7	7
Dr Y C Leung	7	7
Dr V J Roach	7	7
Professor S J Robson	7	7
Professor I M Symonds	7	7
Dr J D Tait	7	7

Indemnification of Officer or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 5 of the financial report.

This directors' report is signed in accordance with a resolution of the Board of Directors.



Director

Dr Benjamin Bopp
Treasurer



Director

Professor Stephen Robson
President

Dated this 18th day of October 2018

DECLARATION OF INDEPENDENCE

BY JAMES MOONEY TO THE DIRECTORS OF THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

As lead auditor of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2018, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.



James Mooney

Partner

BDO East Coast Partnership
Melbourne, 6 November 2017

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2018

	Note	2018	2017
Revenue			
Subscriptions and services	2	13,589,485	13,131,366
Grants and donations	2	4,768,298	6,983,398
Other income	2	1,378,843	1,334,017
Employee benefits expense		(9,695,238)	(9,156,480)
Depreciation and amortisation expense		(267,333)	(261,009)
Member services expense		(5,138,813)	(7,053,722)
Travel and accommodation expense		(1,722,230)	(1,605,059)
Occupancy expense		(663,786)	(626,736)
Other expenses		(2,029,534)	(2,042,885)
Foreign exchange loss		-	(24,726)
Profit before income tax		219,692	678,164
Income tax expense		-	-
Profit for the year		219,692	678,164
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss			
Revaluation of freehold land	9	-	90,000
Items that may be reclassified subsequently to profit or loss:			
Currency translation adjustment		(47,259)	46,727
Unrealised gain on investments		316,849	387,047
Other comprehensive income for the year		269,590	523,774
Total comprehensive income for the year		489,282	1,201,938

The accompanying notes form part of these financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2018

	Note	2018	2017
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,130,553	4,081,312
Trade and other receivables	5	990,992	909,184
Other financial assets	6	7,709,364	4,197,841
TOTAL CURRENT ASSETS		12,830,909	9,188,337
NON-CURRENT ASSETS			
Intangible assets	8	1,848,439	1,739,488
Property, plant and equipment	9	11,905,481	11,945,187
Other financial assets	6	14,514,916	13,407,559
TOTAL NON-CURRENT ASSETS		28,268,836	27,092,234
TOTAL ASSETS		41,099,745	13,348,925
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	2,191,792	1,473,493
Deferred revenue	11	10,958,723	7,542,085
Due to Trust	12	3,588,645	3,438,497
Employee related provisions	13	898,035	894,850
TOTAL CURRENT LIABILITIES		17,637,195	13,348,925
NON-CURRENT LIABILITIES			
Employee related provisions	13	120,267	78,645
TOTAL NON-CURRENT LIABILITIES		120,267	78,645
TOTAL LIABILITIES		17,757,462	13,427,570
NET ASSETS		23,342,283	22,853,001
EQUITY			
Retained earnings		18,766,531	18,546,839
Accumulated other comprehensive income			
Foreign currency translation reserve		1,069	48,328
Asset revaluation reserve		3,694,042	3,694,042
Financial asset revaluation reserve		880,641	563,792
TOTAL EQUITY		23,342,283	22,853,001

The accompanying notes form part of these financial statements.

STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2018

ASSETS	Other Comprehensive Income				Total
	Retained Earnings	Foreign Currency Translation Reserve	Assets Revaluation Reserve	Financial Asset Revaluation Reserve	
	\$	\$	\$	\$	\$
Balance at 1 July 2016					
Comprehensive income	17,868,675	1,601	3,604,042	176,745	21,651,063
Profit for the year	678,164	-	-	-	678,164
Other comprehensive income for the year:					
• Foreign currency translation - reserve adjustments		46,727	-	-	46,727
• Gain on revaluation of land and buildings	-	-	90,000	-	90,000
• Net fair value gain on available-for-sale financial assets	-	-	-	387,047	387,047
Total comprehensive income for the year	-	48,328	3,694,042	563,792	4,306,162
Balance at 30 June 2017	18,546,839	48,328	3,694,042	563,792	22,853,001
Balance at 1 July 2017	18,546,839	48,328	3,694,042	563,792	22,853,001
Comprehensive income					
Profit for the year	219,692	-	-	-	219,692
Other comprehensive income for the year:					
• Foreign currency translation - reserve adjustments		(47,259)	-	-	(47,259)
• Gain on revaluation of land and buildings	-	-	-	-	-
• Net fair value gain on available-for-sale financial assets	-	-	-	316,849	316,849
Total comprehensive income for the year	219,692	(47,259)	-	316,849	489,282
Balance at 30 June 2018	18,766,531	1,069	3,694,042	880,641	23,342,283

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2018

	2018	2017
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from members and grant providers	22,509,978	18,765,751
Payments to suppliers and employees	(18,049,207)	(21,190,710)
Interest and dividends received	543,928	84,023
Net cash provided by / (used in) operating activities	5,004,699	(2,340,936)
CASH FLOWS FROM INVESTING ACTIVITIES		
(Payments) / proceeds for investments	(4,618,880)	1,938,970
Payments for development of internally developed software	(310,200)	(880,541)
Purchase of property, plant and equipment	(26,378)	-
Net cash (used in) / provided by investing activities	(4,955,458)	1,058,429
Net increase / (decrease) in cash held	49,241	(1,282,507)
Cash and cash equivalents at beginning of financial year	4,081,312	5,363,819
Cash and cash equivalents at end of financial year 4	4,130,553	4,081,312

The accompanying notes form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profit Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 18th October 2018 by the directors of the company.

New or Amended Accounting Standards and Interpretations Adopted

The entity has adopted all of the new or amended Accounting Standards and interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the

grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss. Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. If revenue in relation to rendering of services cannot be measured reliably, then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured, then revenue is recognised to the extent of expenses recognised that are recoverable.

Member fees and subscriptions are payable annually in advance. Revenue is recognised upon the receipt of the annual fees that are attributable to the current financial year.

All revenue is stated net of the amount of goods and services tax.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at their fair value based on periodic valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(e) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Office furniture and equipment	25-33%
Furniture and fittings	20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

c. Leases

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

The entity did not hold any finance leases during the 2017/2018 financial year.

d. Financial Instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (i.e. trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value (refer to Note 1(o)), amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

(i) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(ii) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any re-measurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(iii) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised when the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (e.g. in accordance with the revaluation model in AASB 116: Property, Plant and Equipment). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

f. Employee Benefits

Short-term employee benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are entitled to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries, annual leave and long service leave. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer settlement of these amounts in the event employees wish to use their leave entitlements. Short-term employee benefits are

measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries, annual leave and long service leave are recognised as part of current employee related provisions in the statement of financial position.

Other long-term employee benefits

The company classifies employees' long service leave entitlements as other long-term employee benefits when they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on corporate bonds that have maturity dates that approximate the terms of the obligations. Upon the re-measurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense. The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

Retirement benefit obligation

Defined contribution superannuation benefits

All employees of the company receive defined contribution superannuation entitlements, for which the company pays the fixed superannuation guarantee contribution (currently 10% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The company's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the company's statement of financial position.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO) and the New Zealand Inland Revenue Department (NZIRD), as applicable.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO and NZIRD is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO and NZIRD are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

**j. Intangibles
Software**

Software is initially recognised at cost. It has a useful life of 10 years and is carried at cost less any accumulated amortisation and impairment losses. The entity assesses for any indications of impairment at the end of each reporting period. An impairment loss is recognised for the amount by which the assets carrying value exceeds its recoverable amount.

k. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

l. Foreign Currency

The financial statements are presented in Australian dollars which is the entity's functional and presentational currency. Foreign currency transactions are translated into Australian dollars using the average exchange rate for the financial year. Foreign currency monetary assets and liabilities are translated into Australian dollars at the rate of exchange prevailing at the end of the reporting period. Foreign exchange gains and losses resulting from the settlement of foreign currency transactions and from the transactions at financial year-end exchange rates of monetary assets and liabilities denominated in foreign currency are taken to profit and loss and other comprehensive income.

m. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical Accounting Estimates and Judgements

In the application of accounting policies, management is required to make judgements, estimates and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimated and associated assumptions are based on historical experience and best available current information which is believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates and judgements**(i) Valuation of freehold land and buildings**

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The

critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

At 30 June 2018, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2018.

o. Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (i.e. unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (i.e. the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (i.e. the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

NOTE 2: REVENUE AND OTHER INCOME

	2018	2017
	\$	\$
Subscription and services revenue		
– Subscription fees	5,670,325	5,482,646
– Training Registration fees	3,392,887	3,309,693
– Examination fees	1,101,045	1,123,055
– Elevation, Assessment and other fees	552,093	507,504
– Meeting and function revenue	320,495	362,213
– Workshop and course income	2,552,640	2,346,255
	13,589,485	13,131,366
Grants and donation revenue		
– Grant monies expended		
– STP	3,342,196	5,345,389
– GPPTSP	1,197,897	1,262,905
– Other	222,059	358,673
– Donations received	6,146	16,431
	4,768,298	6,983,398
Other income		
– Commercial Mailing & Advertising	331,272	250,029
– Dividends & Interest	626,906	668,855
– Miscellaneous Income	420,665	415,133
Total other income	1,378,843	1,334,017
Total revenue and other income	19,736,626	21,448,781

NOTE 3: EXPENDITURE

	2018	2017
	\$	\$
Contributions to defined contribution superannuation funds	658,522	660,764
Bad and doubtful debts	17,550	11,700
Rental expense on operating leases	326,826	321,914

NOTE 4: CASH AND CASH EQUIVALENTS

	2018	2017
	\$	\$
CURRENT		
Cash at bank	4,130,053	4,080,812
Cash on hand	500	500
	<hr/> 4,130,553	<hr/> 4,081,312

NOTE 5: TRADE AND OTHER RECEIVABLES

	2018	2017
	\$	\$
CURRENT		
Trade receivables	334,281	713,096
Provision for doubtful debts	(17,550)	(13,275)
Other receivables	674,261	209,363
	<hr/> 990,992	<hr/> 909,184

NOTE 6: OTHER FINANCIAL ASSETS

	2018	2017
	\$	\$
CURRENT		
Short term Deposit	7,709,364	4,197,841
	<hr/> 7,709,364	<hr/> 4,197,841
NON CURRENT		
Domestic Cash	1,833,137	2,206,316
Domestic Fixed Interest	3,163,242	3,261,063
Domestic Property	618,954	842,410
Domestic Equity	5,158,279	4,443,793
International Cash	14,860	-
International Fixed Interest	692,590	319,233
International Property	110,366	76,380
International Equity	2,504,086	2,258,363
Alternative	419,402	-
	<hr/> 14,514,916	<hr/> 13,407,559

NOTE 7: FAIR VALUE MEASUREMENT

The following valuation hierarchy is used for disclosure of the inputs to valuation used to measure fair value. This hierarchy prioritises the inputs into three broad levels as follows:

Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument.

Level 3 inputs are unobservable inputs based on our own assumptions used to measure assets and liabilities at fair value.:

A financial asset's or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The following table represents the Company's fair value hierarchy for its financial assets and liabilities required to be measured on a recurring basis:

	Basis of Fair Value Measurements			
	Balance	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Observable Inputs (Level 3)
Balance as of 30 June 2018:				
Short-term Deposits	7,709,364	7,709,364	-	-
Investment Portfolios	14,514,916	14,095,514	419,402	-
Buildings on Freehold Land	11,740,000	-	-	11,740,000

The current use of all controlled assets is considered their highest and best use. There have been no transfers between levels of the hierarchy during the year.

NOTE 8: INTANGIBLE ASSETS

	2018	2017
	\$	\$
Software	2,200,356	1,890,157
Less: Accumulated amortisation	(351,917)	(150,669)
Net carrying amount	1,848,439	1,739,488

NOTE 9: PROPERTY, PLANT AND EQUIPMENT

	2018	2017
	\$	\$
Land and Buildings	11,740,000	11,740,000
Office Equipment	891,436	884,830
Furniture and Fixtures	38,655	28,275
	12,670,091	12,653,105
Less: Accumulated depreciation	(764,610)	(707,918)
Total	11,905,481	11,945,187

NOTE 9: PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings	Office Equipment	Furniture and Fixtures	Total
2017	\$	\$	\$	\$
Balance at the beginning of the year	11,650,000	315,687	15,488	11,981,175
Additions	-	-	-	-
Disposals	-	-	-	-
Fair value adjustments	90,000	-	-	90,000
Depreciation expense	-	(122,220)	(3,768)	(125,988)
Carrying amount at the end of the year	11,740,000	193,467	11,720	11,945,187
2018				
Balance at the beginning of the year	11,740,000	193,467	11,720	11,945,187
Additions	-	15,998	10,380	26,378
Disposals	-	-	-	-
Fair value adjustments	-	-	-	-
Depreciation expense	-	(60,100)	(5,984)	(66,084)
Carrying amount at the end of the year	11,740,000	149,365	16,116	11,905,481

Asset Revaluations

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties.

At 30 June 2018, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2018.

NOTE 10: TRADE AND OTHER PAYABLES

	2018	2017
	\$	\$
CURRENT		
Accounts payables	1,225,985	732,651
General accruals	317,419	423,922
GST payable (net)	648,388	316,920
	2,191,792	1,473,493

NOTE 11: DEFERRED REVENUE

	2018	2017
	\$	\$
CURRENT		
Members Subscriptions, exams and training fees in Advance	4,977,069	4,946,513
Grants Received in Advance	5,937,054	2,563,572
Memorial Funds Held	44,600	32,000
	<hr/> 10,958,723	<hr/> 7,542,085

NOTE 12: DUE TO TRUSTS

The College acts as trustee to various trust funds, whose monies have been donated to the College with the intention to benefit the furtherance of the profession and College. The monies held in trust are to be invested into perpetuity. Any income earned by the funds is first to be utilised to pay all costs and expenses of and incidental to their management. The remainder income is to be utilised to achieve the specific purpose for which the applicable fund was established. Movements in due to trust relate to income earned on investments and expenditures to fund trust activities and management.

	2018	2017
	\$	\$
NON-CURRENT		
Fotheringham Trust	686,872	650,748
Brown Craig Trust	487,669	463,409
Courier Trust	2,348,191	2,263,773
Beresford Buttery Trust	65,913	60,567
Total Due to Trust	<hr/> 3,588,645	<hr/> 3,438,497

NOTE 13: PROVISIONS

	2018	2017
	\$	\$
CURRENT		
Provision for employee benefits: annual leave	530,855	475,440
Provision for employee benefits: long service leave	367,180	419,410
	<hr/> 898,035	<hr/> 894,850
NON-CURRENT		
Provision for employee benefits: long service leave	120,267	78,645
	<hr/> 120,267	<hr/> 78,645
Total Provisions	<hr/> 1,018,302	<hr/> 973,495

NOTE 14: RESERVES

a. Asset Reserve

The revaluation reserve records the revaluations of non-current assets.

b. Financial Assets Reserve

The financial assets reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

c. Foreign Currency Translation Reserve

The foreign currency translation reserve records the foreign exchange gains and losses resulting from the translation at the exchange rate at financial year-end of monetary assets and liabilities denominated in foreign currencies.

NOTE 15: CAPITAL AND LEASING COMMITMENTS

Operating Lease Commitments	2018	2017
Non-cancellable operating leases contracted for but not recognised in the financial statements	\$	\$
Payable – minimum lease payments:		
– not later than 12 months	226,420	238,095
– later than 12 months but not later than five years	526,105	111,033
– Later than five years	1,949	-
	<hr/> 754,474	<hr/> 349,128

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the consumer price index (CPI).

NOTE 16: CONTINGENT LIABILITIES

The directors are not aware of any contingent liabilities at balance date or at the date of this report (2017: none).

NOTE 17: RELATED PARTY TRANSACTIONS

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

NOTE 18: KEY MANAGEMENT PERSONNEL COMPENSATIONS

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel (KMP). KMP include the Chief Executive Officer, Director of Membership and Marketing, Director of Corporate Services, Director of Education and Training and the Director of Practice and Advocacy.

The totals of paid to KMP of the company during the year are as follows:

	2018	2017
	\$	\$
KMP compensation	1,138,121	1,136,219

NOTE 19: FINANCIAL RISK MANAGEMENT

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139: *Financial Instruments: Recognition and Measurement* as detailed in the accounting policies to these financial statements, are as follows:

	2018	2017
	\$	\$
Financial assets		
Cash and cash equivalents	4,130,553	4,081,312
Receivables	990,992	909,184
Financial assets available for sale	22,224,280	17,605,400
Total financial assets	27,345,825	22,595,896
Financial liabilities		
Financial liabilities at amortised cost:		
– trade and other payables	2,191,792	1,473,493
Total financial liabilities	2,191,792	1,473,493

Refer to Note 1 for detailed disclosures regarding the fair value measurement of the company's financial assets and financial liabilities.

NOTE 20: SUBSEQUENT EVENTS

No matters or circumstances have arisen since the end of the financial year that significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company in future financial years.

NOTE 21: COMPANY DETAILS

The registered office of this Company is:
254 Albert Street
East Melbourne VIC 3002

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the directors of the company declare that:

1. The financial statements and notes, as set out on pages 6 to 23, are in accordance with the *Australian Charities and Not-for-profit Commission Act 2012* and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position of the company as at 30 June 2018 and of its performance for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.



Director
Dr Benjamin Bopp
Treasurer



Director
Professor Stephen Robson
President

Dated this 18th day of October 2018

INDEPENDENT AUDITOR'S REPORT

To the members of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, which comprises the statement of financial position as at 30 June 2018, the statement of profit and loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies and other explanatory information and the director's declaration.

In our opinion the accompanying financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* including:

- i. Giving a true and fair view of the company's financial position as at 30 June 2018 and of its financial performance for the year ended on that date; and
- ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the company in accordance with the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and the ethical requirements of the Accounting Professional and Ethical Standards Board's *APES 110 Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

The directors of the company are responsible for the other information. The other information comprises the information in the company's annual report for the year ended 30 June 2018, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *ACNC Act* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or has no realistic alternative but to do so.

The directors of the company are responsible for overseeing the company's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at: http://www.auasb.gov.au/auditors_files/ar3.pdf.

This description forms part of our auditor's report.

BDO East Coast Partnership



James Mooney
Partner

Melbourne, 18 October 2018



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

Excellence in Women's Health



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