



# RANZCOG AMC Accreditation Monitoring Submission 2022

Monitoring Submission to the  
Specialist Education Accreditation Committee from the  
Royal Australian and New Zealand College of  
Obstetricians and Gynaecologists (RANZCOG)

March 2022

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## Monitoring submissions by accredited specialist medical colleges

Once the AMC has accredited programs and their providers, under the *Health Practitioner Regulation National Law* it must monitor the program and provider to ensure that they continue to meet the accreditation standards.

The AMC seeks submissions from accredited specialist medical colleges to satisfy this monitoring requirement. Monitoring submissions ensure that the AMC is informed of developments within individual colleges and of responses to recommendations and conditions in colleges' accreditation reports.

## Monitoring submission procedures

The Specialist Education Accreditation Committee considers monitoring submissions in the following way:

- AMC staff seek commentary on the submissions from an experienced AMC reviewer.
- AMC staff may ask the college to clarify information in the submission at the request of the reviewer.
- The Progress Monitoring Sub Committee of the Specialist Education Accreditation Committee considers the monitoring submission and the commentaries on them.
- The Sub Committee reports to the Specialist Education Accreditation Committee on its findings in relation to each college. Any matters that may affect the accreditation status of a college are reported in full to the Committee for a decision.
- The AMC needs to decide if, on the information available, it is substantially satisfied that the program(s) and the provider continue to meet the accreditation standards. It takes account of both the submission overall and the provider's response to any conditions on accreditation.
- The AMC makes one of the following decisions:
  - 1 the submission indicates that the program and provider continue to meet (or substantially meet) the accreditation standards, or
  - 2 further information is necessary to make a decision, or
  - 3 the provider and program may be at risk of not satisfying the accreditation standards.
- After the AMC has made its decision, AMC staff send the AMC's findings and feedback on the monitoring submission to the provider including:
  - Whether standards are met/substantially met or not met
  - Conditions which are satisfied and do not need to be addressed again.
  - Any questions concerning the submission or supplementary information required

- Any issues that the provider should address in the next report.
- If the Committee considers that the provider may be at risk of not satisfying the approved accreditation standards, then the issue is referred to the AMC Directors, as per the *AMC Unsatisfactory Progress Procedures*. Providers are also advised if any major changes require assessment via correspondence and/or site visit.

In preparing the monitoring submission, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. The Medical Council of New Zealand *Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes* can be found on the Council's website [here](#). The monitoring submission is also provided to the Medical Council of New Zealand to be considered by its Education Committee. The Medical Council of New Zealand will separately advise the College of the outcomes of the Education Committee's consideration.

The *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015* are available on the AMC's website [here](#).

The *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2019* are available on the AMC's website [here](#).

## Monitoring COVID-19 developments in 2022

In 2022, the AMC will continue to monitor the changes made by education providers to their training and education programs in response to disruptions caused by the COVID-19 pandemic. The College is asked provide updates on any developments and changes made in each of the standards.

If the College makes a change to training and education programs in response to a COVID-19 disruption, which may affect its accreditation status, and is outside of the reporting cycle, the College should notify the AMC, using the [notification of change form](#).

## Guidance on how to provide the requested information

### Section A: Reporting against the standards and accreditation conditions

The following should be addressed for each standard:

1. Significant developments undertaken or planned since the last report.
2. College activity towards satisfying AMC conditions or otherwise addressing the accreditation standards are rated as 'substantially met'
3. Statistics and annual updates

Please append documents, such as policy or discussion papers as evidence of changes or plans described.

#### 1. Summary of significant developments

This section gives the AMC information on the continuing evolution of the College's programs, and assists the AMC to determine if these programs are continuing to meet the approved accreditation standards.

Please provide a summary of significant developments completed or planned and resources under each standard.

- Provide a brief summary of the developments, including the rationale.
- Indicate if the college's development plans, as described at the time of the most recent AMC assessment have changed over the monitoring period.
- For colleges with multiple training programs, please indicate which training programs are covered by the planned or implemented developments. If policy and process varies from program to program, please ensure that significant variations are explained.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the submission.

The AMC may have requested the College provide an update on a development reported in the College's 2021 submission. If so, it will be included in this section.

## 2. Addressing accreditation conditions

The AMC Accreditation Report on the College's programs includes a series of commendations, quality improvement recommendations, and conditions on the accreditation. The AMC sets conditions when a program and provider substantially meet the accreditation standards but do not fully meet the all the requirements. Conditions are intended to lead to the program meeting the standard in "a reasonable time"<sup>1</sup>.

Please provide a brief summary update of the College's responses to the AMC accreditation conditions in the last AMC Accreditation Report. If you are unsure of the meaning of a condition, please review the relevant section of the AMC accreditation report. AMC staff can organise advice to a college on specific conditions, if necessary.

- The AMC has included each condition on the accreditation which **must** be addressed in this submission.

Please explicitly address each of these conditions individually providing: a brief summary of the action(s) taken to address the condition, and details of the outcome(s) of that action. Where applicable, include a summary outlining the reasons for a particular course of action, along with any available evidence that the college considers demonstrates that the action(s) have or are likely to satisfy the accreditation standard.

- For colleges with multiple training programs, please indicate which training programs are covered by each college response. If policy and process varies from program to program, please explain significant variations. AMC conditions and recommendations that apply to multiple training programs should be addressed for each such program.
- If the College believes it will **not be able to address a condition in the timeframe detailed in the accreditation report, please outline the reasons why and indicate when it is likely be addressed or what other arrangements are in place to meet the related standard/s that are currently 'substantially met'**.
- The AMC also set conditions relating to the standards to be addressed in subsequent monitoring submissions. The College is not required to satisfy them until the date shown below but is asked to **report on progress against these, including any challenges in meeting timeframes or alternative options being considered for meeting the relevant standards**.

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<sup>1</sup> Section 48 Health Practitioner Regulation National Law

When assessing the education provider's response against a condition, the AMC reviewer will be looking for the following:

1. What work the education provider has undertaken in the monitoring period to address the condition.
2. Does the information provided satisfy the condition, or otherwise address the standard/s that are substantially met.
3. If the condition is not satisfied and the relevant standard/s have not otherwise been met, what else does the education provider need to do and/ or provide in order to close the condition.

### **3. Statistics and annual updates**

Please provide annual data and/or an annual update under the relevant accreditation standard on:

#### **Standard 1**

- The number of appeals heard by the college and the outcome of those appeals, for each of the key assessments/progress decisions.
- Costs associated with the College's reconsideration, review and appeals processes
- The College's requirements for Cultural Safety training for its senior leadership team and college committee members
- Any changes to College Governance Chart or Conflict of Interest

#### **Standard 5**

- Each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of candidates sitting and passing each time they were held

#### **Standard 6**

- Evaluations undertaken, the main issues arising from trainee evaluations and supervisor evaluations and the college's response to them
- College activities in relation to Medical Training Survey (MTS) results.

#### **Standard 7**

- The number of trainees entering each college training program, including basic and advanced training
- The number of trainees who completed training in each program
- The number of trainees withdrawing from each program
- The number of trainees undertaking each college training program
- Any changes to the selection into training policy/procedure
- Costs and requirements of training and policies to support trainees in fee distress

#### **Standard 8**

- A summary of accreditation activities including sites visited, sites / posts accredited, at risk of losing accreditation or not accredited.

#### **Standard 9**

- The number and proportion of college fellows participating in the college's continuing professional development programs and the number and proportion satisfying college CPD requirements.

## Standard 10

- The numbers of applicants and outcomes for Specialist IMG assessment processes for the last 12 months, broken up according to the phases of the specialist international medical graduate assessment process

The data should reflect both Australian and New Zealand activity for bi-national training programs.

## Section B: Reporting on Quality Improvement Recommendations

Quality Improvement Recommendations are included in the AMC Accreditation Report. These are suggestions for the education provider to consider (not conditions on accreditation), and the AMC is interested in how the College considers these, and what, if any, action occurs as a result.

Updates on Quality Improvement Recommendations are requested **only at the three, six and nine-year mark of a college's accreditation cycle**. This is intended to reduce the reporting requirement for Colleges and help focus on activity towards addressing conditions and standards that are substantially met or not met.

This section is therefore OPTIONAL for colleges at different years of their accreditation cycle.

Earlier reporting on Quality Improvement Recommendations is at the College's discretion.

## Further Information

Please contact Katie Khan, Accreditation Officer on 02 6270 9765 or via email [katie.khan@amc.org.au](mailto:katie.khan@amc.org.au) if you have any questions about the submission.

## Guidance on format and submitting to the AMC

The monitoring submission should contain **brief summary** information. As a guide, a report of no more than approximately of 30-50 pages overall is preferred. Lengthy reports on all the changes in the training and continuing professional development programs are not required.

The submission is a standalone document with a separate, indexed folder of the appendices sent by email to the AMC.

### *Formatting guidelines*

- Number appendices according to the relevant standard. For example: Appendix 1.1 and 1.2 are the first two appendices for Standard 1
- Provide an electronic link to the appendices if an appendix is referred to in the submission.
- Provide any spreadsheets as 'protected' Excel/Access sheets to improve readability.
- Please ensure that both the submission and the collated appendices are 'searchable' by use of the 'find' function

## Report Template

This report is due **23 March 2022**.

## College Details

Please correct or update these details if necessary:

College Name: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Address: College Place, 1 Bowen Crescent, Melbourne, Victoria 3004

Date of last AMC accreditation decision: 2019 (via comprehensive report)

Periodic reports since last AMC assessment: 2021

Reaccreditation due: by 31 March 2024 (2023 accreditation assessment)

### To be completed by College:

Officer at College to contact concerning the report:


Mr Stephen White, Head of Curriculum, Evaluation and Accreditation

Telephone number: 03 9412 2985

Email: [swhite@ranzcog.edu.au](mailto:swhite@ranzcog.edu.au)

### Verify submission

The information presented to the AMC is complete, and it represents an accurate response to the relevant requirements.

Verified by:	Ms Vase Jovanoska
Signature:	
Date:	23 March 2022

(Chief Executive Officer/executive officer responsible for the program)



## Summary of 2021 Findings

Standard	2021 Findings	No. of Conditions remaining
<b>Overall</b>	<b>Met</b>	<b>1</b>
1. The context of education and training	Met	0
2. The outcomes of specialist training and education	Met	0
3. The specialist medical training and education framework	Met	0
4. Teaching and learning methods	Met	0
5. Assessment of learning	Met	0
6. Monitoring and evaluation	Met	0
7. Issues relating to trainees	Substantially Met	1
8. Implementing the training program – delivery of educational resources	Met	0
9. Continuing professional development, further training and remediation	Met	0
10. Assessment of specialist international medical graduates	Met	0

## GLOSSARY OF TERMS

ACRONYM	MEANING
6MA	Six-Monthly Assessment
ATAGI	Australian Technical Advisory Group on Immunisation
ATM	Advanced Training Module
BHD	Bullying, Harassment and Discrimination
CASG	Curriculum and Assessment Steering Group
CGO	Certification in Gynaecological Oncology
CMFM	Certification in Maternal Fetal Medicine
COGU	Certification in Obstetrical and Gynaecological Ultrasound
CREI	Certification in Reproductive Endocrinology and Infertility
CU	Certification in Urogynaecology
DoH	Department of Health (Australia)
EAC	Examination and Assessment Committee
ELT	Executive Leadership Team
ESC	Education Standards Committee
FRANZCOG	Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
IAHA	Indigenous Allied Health Australia
IMAC	Immunisation Advisory Centre
MoH	Ministry of Health (New Zealand)
NZCOM	New Zealand College of Midwives
OGET	Obstetrics and Gynaecology Education and Training
OSCE	Objective Structured Clinical Examination
PRC	Progression Review Committee
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RPL	Recognition of Prior Learning
SIMG	Specialist International Medical Graduate
SOGC	Society of Obstetricians and Gynaecologists of Canada
SoU	Statement of Understanding
SRH	Sexual & Reproductive Health
TAC	Training Accreditation Committee
TSP	Training Support Plan
TSU	Training Support Unit

## Section A: Reporting against the standards and accreditation conditions

### Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

#### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 1.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Please provide further documentation on the reporting structures of the various committees, including the Trainees Committee, to the Council and Board.
- Provide the revised Appeals Procedure.
- Provide comment on the high number of overturned SIMG assessment decisions.

#### 1a. Changes to educational governance

- In advance of transition to RANZCOG's 12<sup>th</sup> Council in November 2021, the term of the Council was changed from three to two years. Terms of Reference for all College committees were amended so that member appointments are for a period of two years, in line with this change.
- After constitution changes in 2020, RANZCOG's 12<sup>th</sup> Council commencing in November 2021 included permanent voting Indigenous positions for the first time. Three Indigenous positions were appointed – the Chair of the Aboriginal and Torres Strait Island Committee, the Chair of He Hono Wāhine and a Māori Fellow elected by Māori Fellows.
- In order to preserve knowledge in the examinations space, further amendments were made to the Terms of Reference for the College's Examination and Assessment Committee to enable increased tenure for Examination Coordinators. Refer to RANZCOG Policy *Tenure of Appointment to RANZCOG Committees and External Bodies* (Appendix 1.1) and Terms of Reference for the College's Examination and Assessment Committee (Appendix 1.2).
- Eligibility requirements to become a member of the Board of Examiners has been changed, removing the requirement for a member to have a minimum of 2 years' experience post-qualification in the respective training program. A member may now apply to be an examiner as soon as they have received their qualification. The intention of this change is both to increase the possible bank of examiners, but also to help more senior examiners identify what "would" a fourth-year registrar know rather than what "should" a fourth-year registrar know.
- To ensure that there is appropriate trainee representation on all College committees involved in educational decision-making, changes to the Terms of Reference for each of the College's five individual subspecialty committees, to include a trainee representative on each, were

approved by the Board in October 2021. Elections for these positions will take place in April 2022. Up to this point, there has only been a formal trainee representative position on the overarching Subspecialties Committee.

- To ensure that consumer input is taken into consideration in the development of clinical guidelines and education standards, the College has increased its engagement with the RANZCOG Consumer Network and is working on increasing the number of consumer representatives on the College's committees and working groups.
- In order to more effectively oversee the College's curriculum and training program review projects, the former separate Curriculum Advisory Group and Assessment Advisory Group were disbanded in September 2021, and a new combined Curriculum and Assessment Steering Group commenced from the beginning of 12<sup>th</sup> Council in November 2021. This group, as did its predecessors, reports to the Board via the Education Standards Committee. Terms of Reference are attached as Appendix 1.3.
- To ensure the new Council, Board and Committee Chairs have a good understanding of the College's governance, they were provided as part of their induction with a presentation about the College's governance structure, policies and procedures such as confidentiality and conflict of interest, as well as information about the key functions of the College.

### **1b. Committee reporting structures**

- While the RANZCOG Council reports to the Board on matters delegated to the Council, all other RANZCOG Committees and bodies (71 in total) report directly or indirectly to the RANZCOG Board. These include the Education Standards Committee and the Trainees' Committee, which report directly to the RANZCOG Board.
- A revised governance chart (provided as Appendix 1.4) was approved by the RANZCOG Board in October 2021, reflecting reporting lines for RANZCOG Committees and bodies (subcommittees, steering committees, working groups, advisory groups, special interest groups, working parties, project groups).

### **1c. Changes to reconsideration, reviews and appeals processes**

RANZCOG Regulation A2 Appeals Procedure, containing revisions outlined in the 2021 Progress Report, is provided as Appendix 1.5.

### **1d. SIMG assessment decisions**

#### ***Reconsideration Applications 2019***

In 2019, 4/5 applications which were overturned involved applicants who were assessed as not eligible for interview during the initial paper-based assessment. Applicants are provided with reasoning for the assessment outcome of not eligible for interview, allowing applicants the opportunity to apply for reconsideration and provide further clarification or evidence.

1. CASE A: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application provided additional information which on consideration provided adequate evidence for the original decision to be revoked and the applicant assessed as eligible for interview.
2. CASE B: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application provided more detail regarding competitive entry to the training program as well as elaborating on clinical experience with an improved logbook. On consideration this provided adequate evidence for the original decision to be revoked and the applicant assessed as eligible for interview.

3. CASE C: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application detailed additional evidence of ongoing learning and UK registration. On consideration, the assessors felt comfortable offering an interview assessment. The candidate was later assessed at interview as not comparable.
4. CASE D: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application provided additional information about their specialist training that included two years of rural rotation not mentioned in the original application. The applicant also provided additional information about ongoing assessments during training. Taking this into account their training was at least five years. On consideration this provided adequate evidence for the original decision to be revoked and the applicant assessed as eligible for interview.

### **Reconsideration Applications 2020**

In 2020, the two reconsideration applications which were overturned were also for applicants who were assessed as not eligible for interview.

1. CASE E: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application provided further information addressing a number of concerns identified in the initial assessment outcome, including information regarding the duration of training and oversight of the training program. On consideration this provided adequate evidence for original decision to be revoked and the applicant assessed as eligible for interview.
2. CASE F: The applicant applied for reconsideration of the outcome of not eligible for interview. The reconsideration application included further information and the assessors agreed that, although there were some outstanding concerns, the applicant should be offered an assessment at interview to explore the application in greater detail.

### **1e. Interaction with the health sector**

- RANZCOG hosted the Australian Women’s Health Summit: *Time to Act*, in 2021 at Parliament House in Canberra as a hybrid event. The Summit was opened by The Hon Linda Burney MP, Shadow Minister for Families and Social Services and for Preventing Family Violence, and included a keynote address from the Hon Greg Hunt, Minister for Health and Aged Care. Other speakers included the Minister for Regional Services as well as the Rural Health Commissioner. It was attended by industry leaders, the Department of Health (DoH), RANZCOG members and other dignitaries across the health landscape in Australia. The event showcased a series of expert panels who discussed the major issues affecting women’s health and how we can work together to address them and improve health outcomes for women in Australia. Following the Summit, the College released key recommendations from the event that were circulated widely, including to the DoH as part of the College’s push to lobby change and advocate for women’s health. The College’s statement on the summit is attached as Appendix 1.6.
- ‘Flourish’ the Aotearoa New Zealand Women’s Health Summit was originally scheduled for October 2021, deferred to March 2022 and will now be rescheduled again as a result of COVID event restrictions. Nevertheless, the event has provided the opportunity to strengthen relationships with eight partner organisations supporting the event.
- The College continues to engage with a wide range of external and government organisations and stakeholders in the health sector including the Australian Technical Advisory Group on Immunisation (ATAGI) and the New Zealand Ministry of Health (MoH), Immunisation Advisory Centre (IMAC) and New Zealand College of Midwives (NZCOM), regarding the pandemic and impact of COVID on pregnant women.

- RANZCOG continues our interaction and mutual alliances with global health partners including The Society of Obstetricians and Gynaecologists of Canada (SOGC), as well as in the Asia Pacific, maintaining Memoranda of Understanding with medical colleges and societies in Indonesia, Malaysia, Sri Lanka and the Pacific, with a view to collaborating on resources and sharing knowledge.
- The College has received funding from the Department of Health in Australia to commence work on a rural and remote upskilling project, aimed at providing valuable upskilling opportunities to health professionals in areas with limited access.
- During the reporting period, the College made 63 submissions to various external stakeholders across Australia and New Zealand.
- The College continues to organise and run webinars and information sessions for our members, trainees, staff and the public from both a clinician and public perspective to provide up-to-date information on women's health.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to training resources such as administrative/technical staff and educational expertise.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data in the tables below showing:

- the number of reconsiderations, reviews, and appeals that were heard in 2021, the subject of the reconsideration, review or appeal (e.g. selection, assessment, training time, specialist international medical graduate assessment) and the outcome (number upheld, number dismissed).
- Please comment on the outcomes of its processes for evaluating the reconsideration, reviews and appeals to identify system issues.

If required please adjust the table to suit the College training and education programs.

Requests for Reconsideration in 2021 (per program)				
Program	Subject of Reconsideration	Number	Outcome	
			Upheld	Varied
FRANZCOG	"Not Satisfactory" Six-monthly Assessment	4	2	2
CGO	Unsuccessful at Selection Shortlisting	2	2	0
CMFM	Unsuccessful at Selection Shortlisting	1	0	1
CGO	"Not Satisfactory" Subspecialty Written and Oral Examination result	1	1	0
FRANZCOG/ SIMG	Paper-based review outcome of Not Comparable	10	8	2
FRANZCOG/ SIMG	Interview Outcome of Not Comparable	2	2	0
FRANZCOG/ SIMG	Interview Outcome of Partially Comparable	3	2	1
FRANZCOG/ SIMG	Reassessment from Substantially Comparable to Partially Comparable	1	1	0
FRANZCOG/ SIMG	Period of Substantially Comparable Supervised practice	1	1	0
CU/SIMG	Period of Substantially Comparable Supervised practice	1	1	0

Requests for Review in 2021 (per program)				
Program	Subject of Review	Number	Outcome	
			Upheld	Varied
FRANZCOG/ SIMG	Decision of the RANZCOG Specialist IMG Assessment Committee concerning the reassessment of comparability to being Partially Comparable to an Australian-New Zealand trained Obstetrician and Gynaecologist.	1	1	0
FRANZCOG/ SIMG	Decision of the RANZCOG Specialist IMG Assessment Committee concerning interview outcome being not comparable to an Australian-trained Specialist in Obstetrics and Gynaecology.	1	1	0
FRANZCOG/ SIMG	Decision of the RANZCOG Specialist IMG Assessment Committee concerning the initial assessment of SIMG application being not comparable to an Australian and New Zealand trained Specialist in Obstetrics and Gynaecology.	2	2	0
CGO	Decision of the RANZCOG CGO Subspecialty Committee concerning an application to join the CGO Subspecialty Training Program 2021 (2022 entry) being that the application did not meet the eligibility criteria for an interview.	1	1	0

Requests for Appeal in 2021 (per program)				
Program	Subject of Review	Number	Outcome	
			Upheld	Varied
FRANZCOG	Decision of the RANZCOG Progression Review Committee regarding removal from the FRANZCOG Training Program.	1	0	1
FRANZCOG/ SIMG	Decision of the RANZCOG Specialist IMG Assessment Committee regarding the reassessment of an individual from Substantially Comparable to Partially Comparable to an Australian and New Zealand trained Obstetrician and Gynaecologist.	1	0	1

- Please confirm the costs associated with the College's reconsideration, review and appeals processes for 2022, and describe how the college ensures that these costs are transparent and communicated to trainees. Please also include in the comment how the College ensures costs are not prohibitive for trainees.

College response	
RANZCOG fees are published on the college website and updated annually.	
Changes to cost associated with reconsideration, reviews and appeals for 2022	Rationale for changes
Changes to fees made <input checked="" type="checkbox"/> No changes made <input type="checkbox"/>	<p>Reconsideration fees were increased by 15.5% in 2021, from \$318 to \$367.</p> <p>Appeals fees were similarly increased by 15.5% from \$5,660 to \$6,537.</p> <p>Fees are inclusive of GST. The College does not charge for Review processes.</p> <p>The College increased all fees for members and trainees by 15.5%. This is a result of increased costs related to the pandemic, adapting to deliver training and assessments in different ways and ensure trainees can progress through the training program. Likewise, that translated to increases in fees in reconsideration and appeals. The increases for reconsideration and appeals cover costs associated with rigorous review processes: appeals panels include two external consumer representatives as well as an independent Chair.</p>

- Please describe the College's requirements for Cultural Safety training for its senior leadership team and college committee members (i.e. training is mandated, training not required, how long is the course, how often must it be undertaken), and describe if the College is considering any changes to its requirements around Cultural Safety training in the next 12 months.



### College response

Cultural safety training is offered and encouraged, but not mandated, as part of the College’s onboarding process for Board, Council and Executive Leadership Team (ELT) as part of their roles. RANZCOG offers training modules from both an Australian and New Zealand context via CPD and to the ELT through professional development training.

In 2021, the College ran unconscious bias training and respectful workplace training through Diversity Council Australia. The training covered cultural safety and was mandatory for all staff in Australia and New Zealand, including the ELT.

Throughout 2022, the College plans to run mandatory cultural training for all staff which will be facilitated and organised by our Aboriginal and Torres Strait Islander Health Advisor.

Over 2021 He Hono Wāhine led the development of RANZCOG’s Te Rautaki Māori me Te Ara Whakamua – RANZCOG’s Māori strategy and action plan, which was approved by the Board in October 2021. The aim of the strategy is to move to mandatory Te Tiriti o Waitangi training for all Board and Council members as part of induction for the next (13<sup>th</sup>) Council term. Te Rautaki Māori me Te Ara Whakamua includes a phased approach to increased understanding of Te Tiriti o Waitangi and te Ao and te Reo Māori, with initial focus on all Aotearoa New Zealand staff and encouraging Australian staff, Board and Council members to participate. As part of induction for the 12<sup>th</sup> Council term all Board, Council and ELT members were encouraged to complete a 2.5-hour online *Introduction to Te Tiriti* workshop run by Groundwork. In 2020 all Aotearoa New Zealand staff and several committee members completed the two-day *Te Tiriti, equity and health* workshop (this included the current New Zealand Vice President and the Head of Aotearoa New Zealand and Global Health who is on the ELT).

- If the College has made any changes to the following documents for 2022 please describe the changes in the table below and attach the updated documentation to this submission.

Policy / Procedure	Description of changes
<p><b>College Governance Chart</b></p> <p>Revised document attached <input checked="" type="checkbox"/></p> <p>No changes made <input type="checkbox"/></p>	<p>As described in Section 1b (Appendix 1.4).</p>
<p><b>Conflict of Interest</b></p> <p>Revised document attached <input checked="" type="checkbox"/></p> <p>No changes made <input type="checkbox"/></p>	<p>The Conflict of Interest policy (Appendix 1.7) was revised in November 2021 to enable the following:</p> <ul style="list-style-type: none"> <li>• publication of conflict of interest declared for development of RANZCOG presentations/webinars, guidelines, statements, and public consultations in the interest of transparency and upon express consent of the individual concerned.</li> <li>• RANZCOG guidelines to include a statement for each guideline development group member declaring their interests related to the guideline topic. Where a conflict of interest exists, the strategy used to manage each of them must also be published.</li> </ul>

## Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and program and graduate outcomes

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 2.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section. <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Please provide an update on the new pathway developments, including any successes in increasing access to operative gynaecology using this new Advanced Obstetrics pathway.

### 2a. Initiatives to support Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health

#### ***Australia***

The College has received funding from the Department of Health to implement several projects that support Aboriginal and Torres Strait Islander peoples of Australia. Initiatives include:

- Development of a training pathway  
The Aboriginal and Torres Strait Islander trainee pathway is aimed to encourage Aboriginal and Torres Strait Islander medical students to enter the FRANZCOG program; it is important to support them at every point of the program from entry to completion. RANZCOG proposes the development of an Aboriginal and Torres Strait Islander Trainee pathway program, which will support a trainee's journey from entering the FRANZCOG program to fellowship elevation. Funding will be used to help cover annual trainee fees, exam fees and other course related expenses. The program will also help identify a mentor for each Aboriginal and Torres Strait Islander trainee, and this mentor will provide ongoing mentoring and guidance through the 6-year training journey.
- Development and delivery of an enhanced cultural competency learning module  
RANZCOG is currently working with Indigenous Allied Health Australia (IAHA) with a view of adapting their cultural responsiveness framework to improve our Aboriginal and Torres Strait Islander Women's Health eLearning modules. Based on feedback from IAHA, the work will subsequently be extended to develop and enhance our cultural safety modules. The aim of these modules will be to cover Obstetrics and Gynaecology issues in remote and rural as well as urban settings.
- Scholarships for Aboriginal and Torres Strait Islander trainees  
The scholarship is designed to support Aboriginal and Torres Strait Islander trainees and prevocational medical students to support their professional development and progression through the training program.

- Delivery of cultural competency workshops.  
RANZCOG will continue to partner with AIDA to conduct cultural competency workshops for members and trainees, with a view to enhancing cultural competency and knowledge of key issues in relation to Aboriginal and Torres Strait Islander Women's Health. The workshop will be designed to enable medical personnel to integrate cultural safety into their practices to improve healthcare delivery for Aboriginal and Torres Strait Islander patients.

### ***Aotearoa New Zealand***

- Throughout 2021, He Hono Wāhine led the development of RANZCOG's Te Rautaki Māori me Te Ara Whakamua – RANZCOG's Māori strategy and action plan, which was approved by the Board in October 2021. Te Rautaki Māori me Te Ara Whakamua includes goals focusing on advocating for wāhine Māori, increasing the cultural safety of the workforce and organisation, increasing the Māori O&G workforce and focusing on equity in all College activities.
- During 2021 RANZCOG continued to advocate for equity including submissions or advocacy on HPV testing, through review of Maternity guidelines, on abortion care, on health and disability system reform, and in support for women with birth injuries.
- RANZCOG has been active in promoting COVID-19 vaccination for pregnant women both at a policy level with the Ministry of Health and in promoting the vaccination message to pregnant women. RANZCOG produced a series of videos of Māori O&G clinicians promoting vaccination to hapu mama.
- In 2021 a new Kaitohutohu Hauora Wāhine Māori / Māori Women's Health Advisor position was established to work with He Hono Wāhine and RANZCOG staff to progress Te Rautaki Māori me Te Ara Whakamua, and to facilitate a support network for Māori RANZCOG trainees.

### **2b. Advanced Training Pathways**

#### ***Advanced Training Pathways Framework***

The College is in the process of reviewing the Advanced Training component of its Fellowship program, in order to:

- better cater for fully-fledged non-generalist streams for trainees wishing to focus more closely on obstetric, gynaecological or sexual and reproductive health disciplines
- strengthen activities and support systems to improve the transition to consultant
- improve the clarity and communication of training requirements, particularly in Year 5 of training
- provide greater support for a trainee's journey from Basic Training into subspecialty training.

An Advanced Training Pathways Framework has been developed to inform onward work in this space. There will be nine pathways to FRANZCOG, comprising:

- Generalist O&G
- Advanced Obstetrics
- Advanced Obstetrics / subspecialty maternal fetal medicine
- Advanced Obstetrics / subspecialty O&G ultrasound
- Advanced Gynaecology: Reproductive Endocrinology and Infertility
- Advanced Gynaecology: Urogynaecology
- Advanced Gynaecology: Gynaecological Oncology
- Sexual and Reproductive Health
- Academic

Refer to the Advanced Training Pathways Framework diagram attached as Appendix 2.1.

Trainees undertaking all but the Generalist Pathway would still need to complete essential training requirements to ensure a common obstetric and gynaecological scope of practice for all Fellows.

### **Advanced Obstetrics Pathway and access to operative gynaecology**

The Advanced Obstetrics pathway is currently underpinned by an Advanced Obstetrics Advanced Training Module (ATM) which can be undertaken across the two years of Advanced Training. The ATM (attached as Appendix 2.2) was operationalised for 2022, and will be phased-in initially, with only a few trainees adopting it in 2022. Progress on improving access to operative gynaecology will not be immediately measurable, but the College will continue to report on impacts in future monitoring submissions. See section 4b.

### **2c. Graduate outcome statements – subspecialty trainees**

As detailed in the 2021 Progress Report, RANZCOG is adopting the CanMEDS Physician Competency Framework to underpin all curricula. As part of this process, RANZCOG is developing, through relevant committees, revised graduate outcomes statements for all its training programs. These statements will be used to inform the review of curriculum learning outcomes and training program requirements which will form the major component of curriculum review activities in 2022.

Graduate outcome statements constructed around the CanMEDS roles were drafted for each of the subspecialty programs in 2021. Since many subspecialty trainees commence subspecialty training in Year 6 of the Fellowship training program, work will continue in 2022 to further refine the subspecialty graduate outcomes statement to support the transition from FRANZCOG to subspecialty, and to more clearly articulate the scope of practice of a subspecialty trainee at the point they elevate to Fellowship (i.e. in most cases after one year of subspecialty training).

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to statement of graduate outcomes for training programs.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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## **2 Activity against conditions**

Nil remain.

## Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; curriculum structure.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 3.

<p>Has there been any significant developments made against this standard?</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- The AMC requests further information from the College on how the changes (automatic "Not Satisfactory" when a trainee fails to submit a 6 monthly assessment and time spent between deadline of "additional requirements" and completion of "additional requirements" is not credited towards training) are benefitting trainees, and if there has been any feedback on the implementation from the Trainee Committee.

#### 3a. Curriculum review – update

RANZCOG's 2021 Progress Report outlined the College's adoption of the CanMEDS Physician Competency Framework to underpin the curriculum for each College training program, and the approval of a new structural design.

The transition of curriculum detail from existing documents into the new structure commenced in 2021, in preparation for the Dean of Education and relevant members of each Education committee to review all learning objectives, learning outcomes and training requirements for each program, ahead of wider stakeholder engagement, in 2022.

#### 3b. Medical Education ATM – update

RANZCOG's 2021 Progress Report outlined the implementation of a new Medical Education Advanced Training Module (ATM) for FRANZCOG advanced trainees. Since then, further work has been undertaken to refine the structure of the ATM and the breakdown of units within it, so that there is a mix of compulsory and elective units.

The College set up an initial pilot in 2021, which is continuing with a small cohort of trainees in 2022. The pilot stage involves the trainees in researching and developing content for the individual units within the ATM. Trainees involved in the pilot stage will gain credit for these developmental tasks; the outcome will be a fully-formed ATM to roll out for all interested trainees.

The RANZCOG Board approved in 2021 that the Medical Education ATM would be mandatory for all trainees undertaking the Academic Pathway from 2025, in addition to current requirements.

### 3c. Sexual & Reproductive Health – curriculum developments

#### **Medical and surgical abortion**

The Board approved in August 2021 mandating educational exposure to medical and surgical abortion for FRANZCOG trainees in the absence of a conscientious objection (to be lodged by the trainee with their Training Supervisor). Relevant curriculum updates were applied to come into effect for trainees commencing from the 2022 training year.

#### **Sexual & Reproductive Health Advanced Training Pathway**

As mentioned in section 2b, work commenced in 2021 to develop an Advanced Training Pathway to FRANZCOG in Sexual & Reproductive Health (SRH). The SRH Advanced Training Pathway would be undertaken over the two years of Advanced Training, and require completion of a range of modular units including but not limited to abortion, contraception, sexual health, menopause, and sexual assault.

Members of the Sexual & Reproductive Health Special Interest Group are engaged in developing the SRH Advanced Training content. Work will continue through 2022 to finalise the pathway with a view to operationalise it for the 2023 training year.

### 3d. 6-monthly assessments – failure to submit

Since the implementation of the changes to “Failure to Submit a 6MA” to automatic “Not satisfactory” there has been no trainee reported who failed to meet this requirement in 2021 training year. However, the intention of this change is to ensure that any trainee who is struggling with submission of a 6MA in a timely manner may require early intervention and marking these assessments as “Not Satisfactory” will ensure that these trainees are tracked and monitored in early stages of their training and appropriate measures are put in place, such as a learning development plan to support them.

The second change which was implemented in 2021 was uncoupling of failure to submit additional requirements on time and automatic “Not Satisfactory” 6MA. There was no specific feedback received from the Trainees’ Committee. However, it was noted that 28 trainees across Australia and New Zealand benefited from this change in 2021 and received a “Satisfactory 6MA” based on their overall performance for that semester rather than being penalised due to delay in submission of additional requirements.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to the curriculum framework.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p>Please refer to section 7e.</p>	<p><input type="checkbox"/> No change</p>
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## 2 Activity against conditions

Nil remain.

## Standard 4: Teaching and learning approach and methods

Areas covered by this standard: teaching and learning approach; teaching and learning methods.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 4.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Provide further detail about the planned statements addressing the issue of gynaecology procedure numbers in training sites, and any changes to accreditation criteria or standards.

#### 4a. Learning resource developments

##### **Communication Skills Program (Trainees)**

The aim of the Communication Skills Program is to support trainees in effective communications with colleagues, patients and their families and help identify appropriate tools/strategies to assist in the clinical work environment. Two online pilot courses were launched in August and September 2021 with feedback from both courses very positive. Trainees particularly enjoyed the opportunity to discuss personal experiences with Fellows (Facilitators) and commented that they felt in a safe learning environment as some of the conversations were quite emotive and challenging.

The Communications Skills project team have now reviewed the program based on the feedback and are now in the process of scheduling further online courses for 2022 and recruiting new Fellows to help deliver the program. The Project team has also liaised with the RANZCOG exams team to ensure alignment of the program content with the communication aspects of the OSCEs.

##### **Mentoring Framework**

One of the key outcomes for the mentoring group is to develop a mentoring framework to support trainees facing challenges, for example repeated exam failures, referral to the PRC. The Mentoring Working Party met in April 2021, however, due to COVID has not progressed with further meetings. The College is in the process of appointing a project officer to better manage this project with a meeting planned in the first half of 2022.

##### **Respectful Workplaces Program**

The aim of the program is to provide participants with appropriate information and strategies to support the creation of a supportive and respectful workplace. Following distribution of the recent College Bullying, Harassment and Discrimination (BHD) survey, this program is under review to consider feedback from the survey and the Bullying, Harassment and Discrimination Advisory

Working Group. The Education team is also filming new bullying and harassment vignettes based on the survey feedback that will support development of BHD interactive case studies and complement the Respectful Workplaces Program. Courses will be scheduled from April 2022.

### ***Emotional Intelligence and sustained well-being***

This is a new RANZCOG course that focuses on emotional literacy and impact of emotional burden on one's performance and wellbeing. It also discusses differences between empathy and compassion and looks at strategies for sustained wellbeing. Two pilot courses were launched in August and October 2021 and feedback from trainees was very positive. Further courses have been scheduled for 2022.

### ***Foundations of Surgery***

The Foundations of Surgery course, a mandatory requirement for first-year trainees, has been successfully redeveloped as a hybrid course, with lecture/didactic content online, and assessment and a one-day interactive skills workshop occurring face-to-face. Delivery of some in-person workshops was affected by ongoing COVID restrictions in Victoria and New South Wales; however, by the end of the 2021 all outstanding workshops had been delivered. All courses for 2022 are now scheduled in the expectation that COVID restrictions will continue to ease.

### ***eLearning resource updates – ACQUIRE project***

A major content review project was initiated for all College eLearning modules and training support resources (FRANZCOG, DRANZCOG and subspecialties). The College has also migrated to a new eLearning platform that provides improved functionality and navigation. Several subject matter experts are assisting with the review and creation of new content. A quality assurance process is in development for ongoing continuous review and improvement of all eLearning modules/resources.

### ***OGET Obstetrics and Gynaecology Education and Training***

The College was successful in obtaining funding from the Commonwealth Department of Health to deliver an OGET pilot program in 2022. This program will use case-based learning, modules and seminars to provide multidisciplinary upskilling and training in rural and remote areas. It will be piloted across 5 hubs to serve 35 sites using a hub and spoke model. If the pilot is successful, we will be seeking multi-year funding for a scaled-up version to be delivered from 2023.

### ***Leadership Program***

The aim of the program is to support advanced trainees in leadership and decision-making skills as they transition to Fellowship. Since the last AMC update, RANZCOG has undertaken a review of its education program delivery and staff resource requirements for the 2021-2022 financial year and took the decision to pause further development of the project and explore alternative funding sources during 2022.



## **4b. Training program developments**

### ***Statement of Understanding for trainees***

The Statement of Understanding (SoU), signed by FRANZCOG trainees on commencement of training, was reviewed and updated. Signing of the new SoU, effective from 2022, is now an annual requirement and the process has been simplified for trainees. SoU's will now be submitted electronically as part of the prospective approval within the online training system (my.ranzcog).

### ***Recognition of Prior Learning***

Trainees who have been selected for the FRANZCOG training program and have obtained an accredited first year training position may be eligible to apply to have some prior experiences or training recognised toward the specialist training program – subject to the approval of the RANZCOG Recognition of Prior Learning (RPL) Assessment Subcommittee.

The process related to RPL was reviewed and a separate RPL policy was approved by the College Board in 2021 (attached as Appendix 4.1). At the same time the RPL application process and forms were updated to align with the new policy.

### ***Advanced Obstetrics ATM***

The Advanced Obstetrics ATM (see Appendix 2.2) was approved by the RANZCOG Board and is available for trainees from the 2022 training year. The Advanced Obstetrics ATM is designed to equip advanced trainees with the knowledge, skills and professional attributes needed to independently manage a complex obstetric patient, in collaboration with a Maternal Fetal Medicine Subspecialist and/or an O&G Ultrasound Subspecialist where necessary.

Trainees are expected to complete training and assessment requirements for this ATM over 92 weeks FTE (i.e. two years) of satisfactorily completed prospectively approved Advanced Training.

## **4c. Gynaecological training – procedure numbers**

The College's Accreditation Steering Group undertook a review of the accreditation standards for FRANZCOG training sites in 2021. The revised standards (see section 8b) were approved by the Education Standards Committee and the Board in July/August 2021, and came into effect in February 2022.

The revised standards include a new dedicated section on gynaecological surgical training provision, plus two associated documents:

- Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training (attached as Appendix 4.2)
- Strategies for training hospitals to improve trainee gynaecological surgery procedure numbers (attached as Appendix 4.3)

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to teaching and learning approaches</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<p><input checked="" type="checkbox"/> Yes</p> <p>Refer to section 4a.</p>	<p><input type="checkbox"/> No change</p>
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## 2 Activity against conditions

Nil remain.

## Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 5.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Please provide further detail on the decision-making around which unsuccessful candidates will receive written versus verbal feedback.
- Provide reflection on the factors contributing to the low pass rate of the CU written exam and details on the continued monitoring this exam.

#### 5a. Examination developments (including COVID approaches)

##### ***Online Examination model***

In response to COVID-19, all oral examinations were held online in 2021. RANZCOG successfully delivered the FRANZCOG oral examination to 183 candidates. This number is higher than pre-pandemic oral examination candidate numbers and reflects the need to accommodate additional candidates who were unable to sit in 2020. Candidates were located at Clifton Centres across Australia and New Zealand, examiners were located at home or at their workplace and the RANZCOG control team was based at the College offices in Melbourne.

The examination model developed for online examinations limited the number of candidates who could be accommodated per OSCE sitting. To meet the demand of the number of candidates for the FRANZCOG oral examination, including those unable to sit in 2020, and address the limitations on numbers able to sit the online model, four examinations were held throughout 2021 in contrast to the usual scheduled two exams per year. Importantly, all candidates were given at least six months' notice where an examination date had changed.

##### ***Managing lockdown guidelines***

During 2021, lockdown rules in some jurisdictions prohibited some candidates attending their designated examination centre. For candidates sitting the oral examination, the College approved a model whereby the impacted candidates could sit the examination from home. For written examinations, alternative venues were found so as to limit candidates travelling into hotspot areas.

## 5b. Examination feedback to trainees – developments

All examination candidates received written feedback on their examination performance. In 2021 the Examination Verbal Feedback Policy was reviewed and updated (see Appendix 5.1). Key features of the amended policy are as follows:

- From 2021, unsuccessful candidates are eligible for verbal feedback after any attempt of a written or oral examination. Unsuccessful candidates are advised that they are eligible for verbal feedback in their result outcome letter. Previously, candidates were not eligible until after their second unsuccessful attempt.
- In response to concerns about delays in receiving feedback, the target from 2021 is to provide verbal feedback to those who seek it within 12 weeks of the candidate receiving their results.
- Examiners who are providing verbal feedback to candidates unsuccessful in an oral examination, are able to view video recordings of the candidate's performance in several stations prior to delivering feedback to the candidate. The College has sought to identify those examiners who have proven most effective in providing feedback to undertake this role.
- There has been a significant improvement in trainees' evaluation of the quality of the examination feedback provided as a result of these changes with overall level of satisfaction in the 2021 Medical Training Survey at 51% for RANZCOG compared to 34% across all medical trainees (strongly agree/agree with the statement "I received useful feedback about my performance in the exam/s; 25% responded neutrally).

## 5c. CU exam pass rate

Subspecialty examinations have very small numbers of candidates participating per examination. With small numbers of candidates and situations where the cohort comprises a number of candidates who may be on repeated attempts, the pass rate is prone to significant year-to-year fluctuation. In 2021 the following actions were taken to review the recent low pass rate in CU.

- An Examination Review Group was set up for all Subspecialty Exam Directors to discuss and share their processes and protocols for undertaking standard setting of both their written and oral examinations.
- Standard setting education and training was provided to Subspecialists who participated in the standard setting process for Subspecialty examinations in 2021. This focused on "what would an exiting trainee know" in determining the cut score for each question in the examination to ensure robustness in the standard setting process.
- The pass rate for the CU written examination in 2021 was 86% (6 out of 7 candidates passed)

<p>Did the College postpone any examinations due to COVID-19 restrictions that are now to be held in 2022?</p> <p><i>If yes, please provide an update below on plans and policies for organising the logistics and resources for these postponed examinations.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change No examinations were postponed in 2021
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The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? i.e. changes to assessment methods.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet the standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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### 5d. Changes to assessments

Changes to assessment methods in 2021 were:

- Reading time for the online oral examinations changed from three minutes to four minutes per station.
- Duration of the question time for the online oral examinations changed from 12 minutes to ten minutes per station.
- Replacement of the Minimal Acceptable Passing Standard with Borderline for standard setting in the FRANZCOG written examination.

None of these changes is expected to impact compliance with the relevant standards.

### 2 Activity against conditions

Nil remain.

### 3 Statistics and annual updates

Please provide data **for 2021** in the table below showing each summative assessment activity (e.g. Part 1 and Part 2 exams) and the number and percentage of trainees who passed at their first, second, third and subsequent attempts.

If required please adjust the table to suit the College training and education programs.

**Table 1: FRANZCOG Written Examination: candidates sitting and passing 2021**

	1:21	2:21	Total
<b>Candidates Sitting</b>	71	89	160
<b>Candidates Passing</b>	66	83	149
<b>% Pass</b>	93	93	93

**Table 2: FRANZCOG Written Examination: pass rate by attempt 2021**

<b>Attempt</b>	<b>Total Candidates</b>	<b>Pass</b>	<b>Fail</b>	<b>Pass Rate %</b>
<b>First</b>	121	116	5	96
<b>Second</b>	22	20	2	91
<b>Third</b>	6	6	0	100
<b>Fourth</b>	8	5	3	63
<b>Fifth</b>	3	2	1	67

**Table 3: FRANZCOG Oral Examination: candidates sitting and passing 2021**

	<b>1:21</b>	<b>2:21</b>	<b>3:21</b>	<b>4:21</b>	<b>Total</b>
<b>Candidates Sitting</b>	45	47	45	46	183
<b>Candidates Passing</b>	36	41	39	37	153
<b>% Pass</b>	80	87	87	80	84

**Table 4: FRANZCOG Oral Examination: pass rate by attempt 2021**

<b>Attempt</b>	<b>Total Candidates</b>	<b>Pass</b>	<b>Fail</b>	<b>Pass Rate %</b>
<b>First</b>	168	140	28	83
<b>Second</b>	12	12	0	100
<b>Third</b>	2	1	1	50
<b>Fourth</b>	1	0	1	0
<b>Fifth</b>	0	0	0	n/a

**Table 5: Subspecialty Written Examination: candidates sitting 2021**

	<b>CGO</b>	<b>CMFM</b>	<b>COGU</b>	<b>CREI</b>	<b>CU</b>
<b>Candidates Sitting</b>	4	9	4	0	7
<b>Candidates Passing</b>	4	7	4	0	6
<b>% Pass</b>	100	78	100	0	86

**Table 6: Subspecialty Oral Examination: candidates sitting 2021**

	<b>CGO</b>	<b>CMFM</b>	<b>COGU</b>	<b>CREI</b>
<b>Candidates Sitting</b>	1	6	3	3
<b>Candidates Passing</b>	1	5	3	2
<b>% Pass</b>	100	83	100	67

The CU subspecialty has no oral examination requirement.

**Table 7: Subspecialty Examinations: pass rate by attempt 2021 (all subspecialties)**

<b>Attempt</b>	<b>Written</b>				<b>Oral</b>			
	<b>Total Candidates</b>	<b>Pass</b>	<b>Fail</b>	<b>Pass Rate %</b>	<b>Total Candidates</b>	<b>Pass</b>	<b>Fail</b>	<b>Pass Rate %</b>
<b>First</b>	16	15	1	94	10	9	1	90
<b>Second</b>	4	4	0	100	2	1	1	50
<b>Third</b>	4	2	2	50	1	1	0	100

NB no subspecialty examination candidates were on their fourth or fifth attempt

## Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 6.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Comment on how trainees and supervisors have the opportunity to contribute to the Curriculum Review.
- Comment on which complaints/factors lead to utilising the new Accreditation Interventions Framework pathway vs triggering early site review.
- Provide a detailed response addressing how the College is addressing issues regarding bullying, harassment and discrimination through site accreditation.

#### 6a. Curriculum review

Development work in the curriculum review space has remained at a high level throughout 2021, and thus stakeholder engagement has been confined to relevant College committees. Importantly, all education-relevant committee's include trainee representatives in their membership and a number of members are also training supervisors. As work commences on reviewing the detail of the curriculum (see section 3a), the wider trainee and training supervisor cohorts will be provided with appropriate opportunities for feedback and comment to ensure the curriculum remains both relevant and practicable for those delivering and receiving training.

#### 6b. Evaluation framework

RANZCOG utilises a number of surveys to obtain information from its trainees, SIMGs and Fellows, gathers a significant amount of data, particularly in relation to trainees meeting training program requirements, and undertakes a number of evaluation activities in relation to delivery of courses, workshops, exams and other interactions with its members.

Analysis and outcomes of surveys and data are reported to specific committees, most notably Education committees. However, to date there has been no unified framework to consolidate the College's work in this regard.

To address this deficiency, work commenced in the second half of 2021 to develop a central Evaluation Framework to capture all evaluation activities undertaken by the College, how they are reported, and how they contribute to continuous improvement of training programs and other College educational activities. The framework will include:



- An introductory section outlining:
  - Principles of evaluation
  - Evaluation model
  - Stakeholder engagement
  - Techniques/mechanisms used in evaluation
  - Barriers to or challenges of evaluation
- A tabular breakdown of evaluation data relating to RANZCOG's education and training programs, detailing for each activity:
  - Its purpose
  - Who provides input
  - Frequency of activity
  - Those responsible for delivery and analysis
  - Committee/s who receive evaluation report/s
  - How the activity feeds into continuous improvement and reporting back to evaluatees

The Evaluation Framework is scheduled to be approved by RANZCOG's Education Standards Committee in July 2022, and implemented in the second half of the year.

### **6c. Accreditation Interventions Framework**

The Accreditation Interventions Framework allows the College to address issues that arise outside the normal processes and mechanisms used for accreditation. There are unique qualities to each situation and issue(s) raised that may have a bearing on accreditation activities, and thus each instance needs to be addressed considering its context.

The framework provides a hierarchy of responses as follows:

- Letter of acknowledgement to person raising issue, stating that the issue has been logged, the site will be monitored, and (if a trainee) recommending that they discuss the matter with their training supervisor, hospital HR department, or regional office. This response is always used.
- Letter to training site outlining the issue and asking for their response.
- Progress report brought forward to more directly address issues raised.
- Situational Analysis Report, comprising the preparatory processes for a visit – hospital questionnaire, trainee, training supervisor and consultant surveys.
- Full accreditation visit.

The RANZCOG Accreditation Team judges the appropriate grade of response in consultation with an appropriate approval group comprising:

- Chair of the RANZCOG Training Accreditation Committee Chair
- Specialist Advisor: Accreditation (Fellow)
- Executive Director Education OR Dean of Education
- Head of Curriculum, Evaluation and Accreditation

As part of this consultation, the Accreditation Team gathers known information and data on the site i.e. previous accreditation visit and progress reports, responses to relevant trainee six-monthly assessment surveys, any previous issues raised, and information on where the site sits in its accreditation cycle (e.g. is a visit planned within the next x months).

The approval group then determines the level of response taking into account the severity of the issue raised, whether there has been previous negative feedback or complaints, and previous performance of the site. The relevant State/Territory/NZ Training Accreditation Committee Chair may also be engaged.

Additionally, it should be noted that for small FRANZCOG sites with only one or two trainees, any issue raised by a trainee that relates to a site's underperformance against accreditation standards may well result in a higher level of response, since the issue may be affecting 50%/100% of trainees.

## 6d. Training Support Unit

The Training Support Unit continued to offer support to trainees, training supervisors and SIMGs in all training programs.

- [Training Support FAQs](#) were added to the RANZCOG website to help trainees, supervisors and SIMGs better understand when and how the Training Support Unit could help.
- A 'Having your own GP' section was added to RANZCOG's [Member support and wellbeing hub webpage](#). It provides links to psychiatrists, psychologists and doctors who treat other doctors.
- RANZCOG signed up to the [Every Doctor, Every Setting Framework](#), which sets out sector-wide actions to improve doctor health and wellbeing.

In 2021, the TSU liaised with 81 people, as shown in Table 8.

- The TSU received contact from 71 people.
- The TSU initiated contact with 10 trainees:
  - one who had received a 'not satisfactory' outcome on their summative six-monthly assessment
  - nine who had been referred to the Progression Review Committee for their training progress.

**Table 8: Breakdown of contacts to the Training Support Unit in 2021**

Contact type	No. of incoming contacts	No. of contacts initiated by TSU
FRANZCOG Trainee	36	9
DRANZCOG Trainee (Basic or Advanced)	4	
CWH Trainee	1	
Subspecialty Trainee	1	1
SIMG	2	
Pre-vocational affiliate	3	
ITP selection candidate	6	
Training Supervisor	6	
ITP Coordinator or state/territory Training Accreditation Committee Chair	3	
Hospital staff (directors, heads of department, consultants, etc.)	4	
Diplomate	1	
Other	4	
<b>Totals</b>	<b>71</b>	<b>10</b>

## 6e. Bullying, Harassment and Discrimination survey

RANZCOG surveyed its members on the prevalence and their experiences of Bullying, Harassment and Discrimination.

- BPA Analytics was contracted to conduct this survey and collate the results.
- Members were not asked for personal or workplace details.
- RANZCOG received only de-identified, aggregated data.

- From 6 August to 5 September 2021, RANZCOG surveyed:
  - Fellows (including retired Fellows)
  - Subspecialists
  - FRANZCOG Trainees
  - Subspecialist Trainees
  - Diplomates
  - DRANZCOG Trainees
  - Partially and substantially comparable SIMGs.
- RANZCOG published the summary of results in February 2022, together with the report and associated recommendations of the Bullying, Harassment and Discrimination Advisory Working Group.

### ***Bullying, Harassment and Discrimination Advisory Working Group***

RANZCOG convened the independent [Bullying, Harassment and Discrimination \(BHD\) Advisory Working Group](#) in 2021 to inform its work in preventing mistreatment in O&G.

- The group's responsibilities included:
  - examining the deidentified results of Bullying, Harassment and Discrimination survey
  - advising the College on content for training and workshops
  - advising the College on professional development activities
  - reviewing the effectiveness of the College's advocacy to prevent BHD
  - ensuring the College has an appropriate complaints mechanism for BHD.
- The Group called for submissions from members and consulted with several College committees in the course of its work.
- The group handed down recommendations to the Board in February 2022 on how RANZCOG could act and advocate to prevent mistreatment in O&G. Its report was published in February 2022.
- The Board accepted all of the recommendations and the process for development of an action plan is underway.
- The Board sent a letter to CEOs and O&G directors at hospitals in Australia and Aotearoa New Zealand informing them of the survey results and the BHD Advisory Working Group report.
- The RANZCOG President and CEO met with a number of hospitals in Australia and the Clinical Directors in New Zealand to discuss the report.

### **6f. Bullying, Harassment and Discrimination – accreditation mechanisms**

As part of the revisions to the FRANZCOG accreditation standards (see section 8b), standards and criteria relating to workplace culture were improved. The area of bullying, harassment and discrimination (BHD) is now addressed through a separate criterion as follows:

*The training site has zero tolerance for workplace bullying, harassment and discrimination.*

*The training site has comprehensive policies and processes to identify, investigate and resolve issues of workplace bullying, harassment and discrimination.*

*Consultants, FRANZCOG trainees and other hospital Medical Officers are trained in recognising and dealing with instances of workplace bullying, harassment and discrimination and conduct themselves in a professional manner in accordance with the publications of the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) relating to good medical practice for Australian and New Zealand doctors available on the following websites at, respectively:*

*<https://www.amc.org.au/about/good-medical-practice>*

*<https://www.mcnz.org.nz/news-and-publications/good-medical-practice/>*

The RANZCOG Accreditation Team was consulted by the Bullying, Harassment and Discrimination Advisory Working Group to identify current practices. Suggestions arising from these discussions were taken for feedback and comment to the College’s Accreditation Steering Group, and include:

- Asking sites to provide data on the number of BHD complaints they received in the previous year
- Asking sites for relevant results of workplace surveys (e.g. Victorian Government People Matters survey)
- Asking what proactive action a site has taken to create a positive workplace culture
- Implementing an information-sharing protocol with hospitals to share data on BHD complaints
- Building a requirement into the accreditation standards that sites must provide information when RANZCOG requests it, at any time in the accreditation cycle
- Ascertaining what information on culture other regulators request from hospitals, including the Australian Commission on Quality and Safety in Health Care.

The Accreditation Steering Group will consider these and other recommendations arising from the Bullying, Harassment and Discrimination Advisory Working Group report to inform continuous improvement in this area. It should be noted that the Accreditation Steering Group and RANZCOG Board have also been informed of the outcomes of the Medical Training Survey, with particular reference to the section on BHD.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for monitoring and evaluation of curriculum content, teaching and learning activities, assessment, and program outcomes.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data **for 2021** in the table below showing:

- A summary of evaluations undertaken
- The main issues arising from evaluations and the college’s response to them, including how the College reports back to stakeholders.

If required please adjust the table to suit the College training and education program.

Evaluation activity	Issues arising	College response to issues
Analysis of six-monthly assessment survey responses, 2020	<p>The following areas were identified as particular areas for further attention:</p> <ol style="list-style-type: none"> <li>1. Provision of and access to regular teaching sessions</li> <li>2. Research opportunities, support and feedback</li> <li>3. Consultant feedback in ward rounds</li> <li>4. Consultant presence during gynaecology ward rounds</li> </ol> <p>It should be noted that these same four areas were identified in the analysis for the previous year, with minor improvements for items 3 and 4, but a dip in satisfaction relating to items 1 and 2.</p>	<p>All items are being addressed more closely during training site accreditation activities.</p> <p>Improvements have been made to accreditation standards in relation to protected non-clinical time for trainees, and to research support (see section 8b).</p> <p>Research training requirements have been streamlined following the work of the Research Curriculum Review Group (see section 7b).</p>

- The Medical Training Survey was developed by the Medical Board of Australia (the Board) and Australian Health Practitioner Regulation Agency (Ahpra).

The AMC has previously signalled to colleges that it will look at how the results of the MTS can be used in accreditation and monitoring processes. In this section the AMC is asking the College to comment on how it has used, or plans to use the results.

Can the College please provide comment in the table below whether it has:

- Explored results with internal and external stakeholders?
- Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?

	College response
Has the College explored results with internal and external stakeholders?	<p>Results of the 2020 Medical Training Survey, with a summary of clear positive and negative outcome, were socialised with the following RANZCOG committees in 2021:</p> <ul style="list-style-type: none"> <li>• Trainees' Committee</li> <li>• Training Accreditation Committee</li> <li>• Education Standards Committee</li> </ul> <p>The 2021 survey results are currently being analysed and presented to relevant groups. With the development of an evaluation framework to ensure evaluation activities are reported appropriately, the College intends to undertake wider stakeholder engagement, including through its Consumer Network, to ensure that responses and improvements to address identified issues can be managed more effectively.</p>

<p>Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?</p>	<p>Four main areas for improvement were identified from the 2020 Medical Training Survey, with associated strategies to address them:</p> <ol style="list-style-type: none"> <li>1. Competing with others for access to opportunities See section 4c, and revised accreditation standards in section 8b.</li> <li>2. Exam feedback See section 5b.</li> <li>3. Work/life balance There is a general understanding that O&amp;G trainees will accept necessarily longer hours than others, as long as the sufficient quality training experiences are provided. Improvements to delivery of training in hospitals will be undertaken through both the curriculum review project, and through continuous improvement of accreditation standards and processes. The College will also reinforce relevant aspects of the accreditation standards in response to any recommendations of the Wellbeing Working Group</li> <li>4. Bullying, harassment and discrimination See sections 6e and 6f</li> </ol>
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Your feedback on the survey will be shared with the Board and Ahpra for survey evaluation purposes. Please let the AMC know if you do not want your responses shared.

## Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 7.

Has there been any significant developments made against this standard?  Please include updates on any developments made in response to COVID-19 in this section.  <i>If yes, please describe below.</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Provide detail on membership of the Wellbeing Working Group.

#### 7a. Selection process developments

- FRANZCOG and subspeciality selection interviews continued to be conducted online in 2021 as a result of COVID-19 limitations.
- Te Rautaki Māori me Te Ara Whakamua includes a goal of growing the Māori O&G workforce. A longer-term piece of work is underway to research the barriers to recruitment of Māori into the FRANZCOG training program and factors that impact on retention in the program.
- As an initial step, He Hono Wāhine has recommended revised criteria for scoring CVs for FRANZCOG applicants in the areas of leadership and altruism to include recognising contributions to Māori health or local marae, hapū, iwi, or wananga. This has now been agreed by the New Zealand Training and Accreditation Committee and the Selection Committee with final approval provided by the Education Standards Committee in their March 2022 meeting. The revised CV application scoring guidelines are attached as Appendix 7.1.
- Work is in progress to address the composition of selection panels to ensure it reflects and considers the needs of regional and rural workforce.

#### 7b. Resolution of trainee issues

##### ***Research training requirements for FRANZCOG trainees***

The Research Curriculum Review Group was formed in May 2021 to review the points-based research model launched in December 2017. It also aimed to streamline the study design criteria, thus making the requirement more achievable for FRANZCOG trainees during the course of their training program.

Based on the recommendations of this group, a new research requirement policy was approved by the College Board in October 2021 (attached as Appendix 7.2). The changes were implemented from the 2022 training year.

### ***Training Support Plan (TSP)***

The Training Support Plan was introduced in 2021 as an addition to the learning development plan, and was targeted to support trainees returning from extended leave. The aims of the plan are:

- To re-establish a plan for meeting relevant training requirements
- To better address development/learning opportunities through the three-monthly formative assessment process
- To better address development/learning opportunities and/or a “not satisfactory” six monthly summative assessment
- To support trainees experiencing examination failure

The TSP can be submitted by trainees along with the six-monthly summative assessment. TSP guidelines are attached as Appendix 7.3.

### **7c. Wellbeing Working Group**

The Wellbeing Working Group was formed primarily through an Expression of Interest process in mid-2020. The group contains a diverse representation of members, including Fellows, Trainees, SIMG, Diplomate, Māori and Aboriginal and Torres Strait Islander representation, as well as rurally-based and LGBTIQ individuals.

Feedback and guidance from the Wellbeing Working Group has been integral to the following 2021 initiatives:

- **Emotional Intelligence and Compassion Workshop:** created in consultation with facilitator and Psychologist, Sharee Johnson, who has worked extensively with doctors. This workshop ran four times, including two initial pilot sessions. Applicable members can claim CPD hours for attending.
- **Member/Trainee discussion panels:** creating open discussions around juggling a career in O&G, managing wellbeing and the COVID-19 pandemic. RANZCOG hosted a discussion panel at a State Scientific Meeting, and for our Pacific Associate Members.
- **RANZCOG Wellbeing Awards:** the inaugural Wellbeing Awards ran in 2021 with 25 submissions for individuals and groups who have made a positive impact to the health and wellbeing of the O&G profession.
- **Local Wellbeing Advocates:** Local Wellbeing Advocates were sought in late 2021. The College has 35 individuals based across all States and Territories in Australia and six regions in Aotearoa, New Zealand. Their objectives will be to communicate initiatives and create goals for their own workplaces.

### **7d. Organisational Values**

**RANZCOG Organisational Values Awards:** The RANZCOG Organisational Values Awards are part of a range of initiatives by the College aiming to acknowledge, encourage and celebrate trainees and members who best exemplify our values. The inaugural Organisational Values Awards were awarded in February 2022 to individuals and groups who best demonstrate our values of advocacy, education, excellence, integrity, kindness and respect.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.



<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to trainee selection procedures or the college's role in selection.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## 7e. Changes to delivery

With the ongoing COVID-19 restrictions and in some instances extended periods of lockdown across Australia and New Zealand, the College recognises that trainees' ability to meet training requirements may be impacted depending on their geographical location.

Since the start of the pandemic, the College has put in place mechanisms to ensure disadvantage to trainees is minimised where possible.

Trainees have been encouraged to contact their RANZCOG State, Territory or New Zealand office where they feel progression may be impacted, outlining individual circumstances for consideration by the Training Accreditation Committee Chair.

However, at the start of the 2022 training year the College decided to formalise some blanket extensions considering the increase in the impact of COVID-19 on clinical workloads arising out of the Omicron variant across Australia and New Zealand.

As a result, the following three COVID exemptions have been implemented for the 2022 training year:

1. A blanket extension has been approved for the following training requirements if their due date falls between 1 January 2022 and 30 June 2022
  - Assessments of Basic Procedural Skills
  - Assessments of Procedural Surgical Skills (APSSs)
  - Mandatory workshops
  - In-Hospital Clinical Assessments (IHCAs)
  - Cultural competency education
  - The research project/study
2. Basic Trainees may be approved to commence Advanced Training for a period of no longer than six months upon completing at least 184 weeks of satisfactory, prospectively approved Basic Training; and
  - successfully passing the FRANZCOG Written Examination
  - completing at least 50% of all required APSSs.
3. Ultrasound Workshop changes:  
Trainees are currently required to complete an Ultrasound workshop within the first 92 weeks of training. Due to limited access to external courses because of COVID, the College extended the timeframe for completion of this requirement to 136 weeks (end of third year) under a blanket rule.

All these changes were communicated to trainees via bulk communication as well as through the [COVID19 training updates](#) section of the RANZCOG website.

## 2 Activity against conditions

Please address the condition separately.

Condition 35 – new in 2021		To be met by: <b>2022</b>
<p>Develop policies and strategies to support trainees access part-time training, flexible training and parental leave throughout training, including in the first year of training. This should include advocating for trainees and working with accredited training sites to develop supportive learning environments that enable access to part-time and flexible training and parental leave. (Standards 3.4.3, 7.4.1 and 8.2.2)</p>		
Finding	Nil – new condition	
AMC commentary		
<p>The College has provided a response to request for further information from the 2019 report regarding how the College is advocating on behalf of its trainees at their training site, or working with training site, to ensure access to part time training and parental leave.</p> <p>The College progress report details that there is access to part-time training after the first 12 months of full-time training, and that trainees are then able to access part-time training subject to staffing levels and the requirements of the hospital. The College has also reported it has identified that trainees delay commencing training due to the College’s preference to be full time in the first year of training.</p> <p>The AMC has concerns that the College’s policies may not be supportive of trainees who require part-time, interrupted or flexible training for example those who are parents, or who are intending on becoming parents, during training. The AMC wrote to the College on 23 April to for further details on this issue. The College responded to this request on 12 May. The College reports that <i>Full-time training for Year 1 FRANZCOG and subspecialty trainees, unless extended leave is approved, remains the College’s official requirement.</i> The College also advises that <i>flexible arrangements for part-time training opportunities are available through the College’s Exceptional Circumstance, Special Consideration and Reconsideration Policy and Procedure and that part-time training arrangements can be accessed at larger hospitals where job-sharing can be accommodated more easily.</i></p> <p>Concerns remain regarding the College’s policies and it is not clear why full-time training in the first year is an official requirement. Case by case exemptions based on ‘Exceptional Circumstances’ is not consistent with a supportive learning environment that supports trainees’ interests. The AMC recognises the challenge of workforce planning in smaller training sites and it considers that the College has a key role in working with and across training sites to create flexible arrangements that support trainees.</p> <p>As the AMC standards require that training programs allow for part-time, interrupted and other flexible forms of training, as well as for the education provider to promote strategies to enable a supportive learning environment, a new condition on the College’s accreditation was approved on 17 June by AMC Directors, on the recommendation of the Specialist Education Accreditation Committee.</p>		

### 7f. Part-time training in Year 1

In light of the condition placed upon the College as an outcome of the 2021 Progress Report, a recommendation was made to the Board to amend the Regulations to allow part-time training in Year 1 of FRANZCOG training, and in Year 1 of subspecialty training (for the CGO, COGU and CU programs who required full-time training in Year 1), without the need for a trainee to lodge a special consideration. The Board approved this recommendation in November 2021, and the associated regulation changes were published in January 2022:

*B1.10.1 Year 1 of Basic Training may be approved to be undertaken on a part-time basis at the trainee's home or base hospital.*

*D1.8.1 Trainees commencing subspecialty training in CGO, COGU and CU from 1 January 2022, Year 1 of training may be undertaken as fractional (part time) training.*

*For trainees commencing subspecialty training in the CMFM and CREI training programs from 1 December 2014, Year 1 of training may be undertaken as fractional (part-time) training.*

Current processes regarding a trainee's prospective approval of training, including fractional training, remain in place, with approvals provided by the Chair of the relevant State/Territory/New Zealand TAC.

The College continues to require hospitals to provide access to part-time training and extended leave arrangements through its hospital accreditation processes. The accreditation criterion relating to fractional training has been revised to remove the reference to Year 1, and now reads:

*Subject to the staffing levels and the requirements of the hospital, and where approved by the Chair of the relevant State/Territory/New Zealand TAC and the hospital, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 FTE and 1.0 FTE. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.*

### **3 Statistics and annual updates**

Please provide data in the tables below showing:

- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees entering the training program, including basic and advanced training **in 2022**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who completed training in each program **in 2021**
- The number of trainees, including Aboriginal and Torres Strait Islander, Māori, and Pasifika trainees who exited the training program **in 2021** (does not include those trainees who withdrew to take an extended leave of absence)
- The number and gender of trainees undertaking each college training program **in 2022**

If required please adjust the table to suit the College training and education program.

Number of trainees entering training program in 2022								
Training program	QLD	NSW/ACT	SA/NT	TAS	VIC	WA	NZ	Total
FRANZCOG	21	31	5	1	27	7	22	114
CGO	0	0	0	0	2	0	0	2
CMFM	1	1	0	0	1	1	0	4
COGU	0	0	0	0	3	0	0	3
CREI	0	0	0	0	0	1	1	2
CU	1	1	0	0	0	0	0	2
<b>Aboriginal and/or Torres Strait Islander trainees</b>	1	1	0	0	0	0	0	2
<b>Māori trainees</b>	0	0	0	0	0	0	3	3
<b>Pasifika trainees</b>	0	0	0	0	0	0	1	1

Number of trainees completing training program in 2021									
Training program	QLD	NSW/ACT	SA/NT	TAS	VIC	WA	NZ	O/S	Total
FRANZCOG	11	22	7	2	20	4	10	3	79
CGO	1	0	0	0	2	0	1	0	4
CMFM	1	1	0	0	2	0	2	0	6
COGU	0	1	0	0	0	0	0	0	1
CREI	0	1	0	0	1	0	0	0	2
CU	0	0	0	0	5	0	0	0	5
<b>Aboriginal and/or Torres Strait Islander trainees</b>	0	0	0	0	0	0	0	0	0
<b>Māori trainees</b>	0	0	0	0	0	0	0	0	0

Trainees exiting from program in 2021		
Training Program	Number	Reason for exiting
FRANZCOG	6	<ol style="list-style-type: none"> <li>1. Personal reasons, did not enjoy the program or the hours etc, went into Advanced Diploma</li> <li>2. Referred to PRC more than once, decided to withdraw from program</li> <li>3. Referred to PRC, multiple exam failures, decided to withdraw from program</li> <li>4. Never commenced training. Deferred training after selection for 1 year, then decided not to go ahead</li> <li>5. Accepted onto Public Health training program so withdrew from FRANZCOG</li> <li>6. Referred to TAC for failure to indicate training intentions, went 'missing' from program, ended up completing Advanced Diploma</li> </ol>
Aboriginal and/or Torres Strait Islander trainees	0	
Māori trainees	0	
Pasifika trainees	0	

NB No subspecialty trainees exited in 2021

Number and gender of trainees undertaking each training program in 2022				
Training program	Male	Female	Unspecified	Total
FRANZCOG	131	663	0	794
CGO	4	9	0	13
CMFM	4	28	0	32
COGU	3	6	0	9
CREI	5	18	0	23
CU	3	9	0	12

- Can the College please comment in the table below:
  - how it ensures that costs and requirements associated with its specialist medical program/s (e.g. examinations, pre-examination workshops, college membership) are transparent and communicated to trainees. Please also include in the comment how the College ensures its costs associated with training and education meet the outcomes of the National Registration and Accreditation Scheme<sup>2</sup>, and are not prohibitive for potential trainees.
  - if the College has any policies to support trainees in fee distress.
  - If there has been any changes to fees for this year, please comment on the rationale for the change, and how changes were communicated to trainees.

<sup>2</sup> A guiding principle of the National Law requires that fees that are to be paid under the scheme be reasonable, having regard to the efficient and effective operation of the scheme. Section 4 Health Practitioner Regulation National Law.

College response	
<p>Fees are reviewed yearly during the College's budgeting process.</p> <p>In 2020 there were no changes to the fees. In 2021 there was an increase of 15.5% to all trainee, member and workshop fees.</p> <p>Trainees were notified in writing about the change to the fees. The College also organised a Q&amp;A session with all trainees where they had an opportunity to ask questions to the Board, President, CEO and Head of Finance related to their training fees. The Head of Finance presented a report on what costs are covered by the trainee fees, and how much of the training is subsidised by the membership fees. A copy of this report is included for information as Appendix 7.4.</p>	
Does the College have any policies to support trainees in fee distress?	Comments
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p><i>FRANZCOG Training Fees – Leave and Hardship Guidelines</i> is available to trainees who experience financial hardship and allows for reduction in fees and instalment payments, whichever is applicable, please see Appendix 7.5.</p> <p>The College is currently considering the viability of implementing fee instalment payments for all trainees. This would allow for the fees to be paid over four equal instalments across the year and is planned to be implemented from 2023.</p>
Changes to College fees made for 2022	Rationale for changes
Changes to fees made <input checked="" type="checkbox"/> No changes made <input type="checkbox"/>	<p>The increase in fees was a result of increased costs due to the pandemic and adapting to new ways of service delivery, with the aim of enabling trainees to progress in their training with minimum disadvantage.</p> <p>There was increase in cost of delivering online exams which also included trainees sitting at a venue at their state or in New Zealand. The flexibility with having to sit the exam at a venue close to home was necessary due to uncertainty created by border closures. Before the pandemic the oral exams were delivered f2f at Royal Women's Hospital in Melbourne.</p> <p>The College also developed online practice exams and converted many workshops as well as the selection and SIMG assessments to online delivery.</p> <p>All of these added to increases in costs due to required investment in technology and additional staff.</p>

- If the College has made any changes to the following documents for 2022, can the changes be described in the table below and the updated documentation attached to this submission.

Policy / Procedure	Description of changes
<p><b>Selection into training</b></p>	<p><u>Situational Judgement Test (SJT)</u></p> <ul style="list-style-type: none"> <li>In 2020 the College agreed that SJTs were not cost-effective and decided to put this component on hold. This hold has remained for both the 2021 and 2022 Selection cycles.</li> </ul> <p><u>Online interviews</u></p> <ul style="list-style-type: none"> <li>Online interviews have remained as the preferred method of delivering Selection interviews in 2021 and 2022 to ensure certainty in delivering robust and timely selection outcomes.</li> </ul> <p><u>CV scoring guidelines</u></p> <p>From 2022 (for 2023 training year), an additional criterion has been added to the CV scoring guidelines regarding Rural clinical experience in O&amp;G in Australia. Applicants who have spent 12+ months in a rural hospital are now able to have this experience counted towards their CV score.</p> <p>RANZCOG has also approved a revision to the CV scoring criteria for leadership and altruism to include recognising contributions to Māori health or local marae, hapu iwi or wananga. See also section 7a and Appendix 7.1.</p>

Please note: do not fill in the above table and provide documentation if the College has previously supplied the current documentation to the AMC and **did not** make any changes to the above documentation for 2022.

## Standard 8: Implementing the program – delivery of education and accreditation of training sites

Areas covered by this standard: supervisory and educational roles and training sites and posts

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 8.

<p>Has there been any significant developments made against this standard affecting the delivery of the program? i.e. changes to arrangements for monitoring the quality of clinical training.</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Please include the revised accreditation standards.

#### 8a. Supervisor training

Since the last AMC update, the Foundation Supervisor Training Program for new supervisors and the Refresher Supervisor Training Program for existing Supervisors have been successfully delivered. Each program is followed by an operational update from RANZCOG staff to ensure supervisors are up to date with any curriculum changes and/or assessment process and provides an opportunity to discuss any other issues. A key focus for each program is to discuss feedback and practice models of feedback. Feedback from supervisors for both programs has been very positive and the Education team is now reviewing and updating the Feedback for Trainees eLearning module that will be targeted at Supervisors and Trainees.

#### 8b. Revised accreditation standards

The College, through its Accreditation Steering Group, undertook a further review of its *Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program* in 2021. This followed on from the review undertaken in 2020, which largely focused on processes and administration; the 2021 review focused on the actual standards and criteria. Revised standards were approved by the Education Standards Committee and the RANZCOG Board in July/August 2021 and are attached as Appendix 8.1. A summary of changes is provided as Appendix 8.2.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.



<p>Has the College made any significant changes affecting the delivery of the program?</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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Accreditation visits continued to be conducted by virtual means throughout 2021; this will continue throughout 2022 while there remains ongoing uncertainty about the viability of physically visiting hospitals.

## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data in the tables below showing:

- A summary of accreditation activities in **2021** including sites visited, sites / posts accredited, at risk of losing accreditation, and not accredited.

If required please adjust the table to suit the College training and education program.

Site Accreditation Activities										
	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
<b>Total number of sites</b>	2	17	29	2	6	3	20	9	15	103
<b>Number of sites/ posts visited</b>	0	7	3	0	2	1	3	1	0	17
<b>Number accredited – new sites</b>	0	0	0	0	0	0	0	0	0	0
<b>Number accredited - reaccredited sites</b>	0	4	3	0	2	0	3	0	0	12
<b>Number not accredited – new sites</b>	0	0	0	0	0	0	0	0	0	0
<b>Number not accredited – reaccredited sites</b>	0	0	0	0	0	0	0	0	0	0
<b>Number at risk of losing accreditation</b>	0	2*	0	0	0	0	0	0	0	2

\* Two Queensland hospitals have had significant issues identified through accreditation visits conducted in 2020:

Hospital A has no trainees in place and has thus had accreditation suspended pending an independent review. Outcomes of this review and progress reporting by the hospital later in 2022 will inform a subsequent additional visit which will determine ongoing accreditation status.

Hospital B had a large number of conditions and recommendations placed upon it as a result of the accreditation visit in 2021, most of which were underpinned by staffing issues. Provisional accreditation has been awarded until September 2022: an interim progress report will inform the follow-up visit which will be held at that time.

## Standard 9: Continuing professional development, further training and remediation

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 9.

<p>Has there been any significant developments made against this standard affecting the delivery of the program? I.e. changes to policy or principles relating to continuing professional development.</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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#### 9a. CPD framework developments

- RANZCOG is in its final year of the CPD Triennium (2019-2022), and since the last AMC update there have been no major changes made to the CPD Framework. The focus for the CPD department was to support fellows to meet their CPD requirements before 30<sup>th</sup> June 2022. CPD information webinars were also held in November and December 2021 that were well attended.
- The CPD team had also met regularly with the CPD Managers Network to discuss the forthcoming changes to CPD from July 2022.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program?</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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In preparing the monitoring submission, Australasian colleges are required to apply the New Zealand specific criteria in addition to the AMC standards. The Medical Council of New Zealand *Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes* can be found on the Council's website [here](#).

## 9b. Continuing professional development (CPD) – to meet Medical Council of New Zealand requirements for recertification

RANZCOG’s Aotearoa New Zealand practice visit program continues to be disrupted by COVID-19. Practice visits were offered to Fellows in 2021. Two visits were completed, however a further three visits were deferred after the Delta outbreak. During 2021, cultural safety aspects of the practice visit program were reviewed with increased emphasis on self-reflection. The CPD points attached to the program were also reviewed to incentivise participation in this high value activity.

Min Requirements by 2022	Progress
1. Provide access for doctors to the accredited recertification programme and continued professional development (CPD) activities appropriate to the vocational scope of practice.	Met
2. Ensure the recertification programme includes a mix of activities across all three CPD categories: a. Reviewing and reflecting on practice. b. Measuring and improving outcomes. c. Educational activities (continuing medical education).	Met.
3. Ensure cultural safety and a focus on health equity are embedded within all recertification activities.	<p><b>In progress.</b> The Guide to CPD Activity Approval has been updated to encourage external educational providers to submit appropriate activities for CPD approval. We are also in contact with the CPD Managers Network for further guidance.</p>
4. Give greater credit and recognition for activities that evidence shows are most effective and offer the greatest value for improving a doctor’s practice.	<b>In progress</b>
5. Provide access to processes for doctors to undertake multisource feedback.	<p><b>In progress</b> RANZCOG has approved an external MSF provider and referenced this in the CPD Framework.</p>
6. Provide access to processes for doctors to participate in collegial practice visits (sometimes referred to as Regular Practice Review).	<p><b>In progress</b> RPR is currently administered by the New Zealand office.</p>
7. Provide guidance to doctors on structuring their annual conversation with a peer, colleague or employer, to ensure the greatest benefit is gained from this process.	<p><b>In progress</b> The CPD Guide is currently being updated to include guidance on the Annual conversation. Further guidance documentation is in progress.</p> <p>A prototype of the new CPD platform has been launched and is being reviewed with RANZCOG fellows.</p>
8. Provide a facility and template for doctors to develop and maintain a PDP.	<p><b>In progress</b> As above. Scoping currently underway to build this into the CPD program.</p>

Min Requirements by 2022	Progress
9. Have a mechanism to recognise and give credit for appropriate activities that are undertaken through other processes, such as fulfilling the requirements of another accredited recertification programme or during the course of a doctor's employment.	<b>Met</b>
10. Report to Council doctors who are not meeting their recertification programme requirements.	<b>In progress</b> CPD team currently reviewing processes for reporting to MCNZ as this is a new requirement.
11. Provide a method by which continuous quality improvement of the recertification programme can occur.	<b>Met</b> CPD committee
In addition, Council recommends that providers should offer an essentials knowledge quiz, which gives doctors the opportunity to learn more about Council's standards and statements. Providers might also like to use this as an opportunity to include vocation specific learning and topical issues.	<b>In progress</b> Quizzes provided by MCNZ and can be included in the CPD Framework

## 2 Activity against conditions

Nil remain.

## 3 Statistics and annual updates

Please provide data in the tables below showing:

- the number and proportion of college fellows participating in and meeting the requirements of the college's continuing professional development programs **in 2021**.

The data should reflect both Australian and New Zealand activity for bi-national training programs.

If required please adjust the table to suit the College's training and education programs.

Fellows participating in and meeting the requirements of the College's CPD programs								
Number of Fellows in 2021			Fellowship participating in CPD in 2021					
Australia	New Zealand	Other	Australia		New Zealand		Other	
			Total no.	Total %	Total no.	Total %	Total no.	Total %
2051	335	92	2051	100%	335	100%	57	62%

Non Fellows participating in and meeting the requirements of the College's CPD programs					
Non Fellowship participating in CPD in 2021					
Australia		New Zealand		Other	
Total no.	Total %	Total no.	Total %	Total no.	Total %
15	50%	12	40%	3	10%

## Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants.

### 1 Summary of significant developments

This section gives the AMC information on the continuing evolution of the college's programs. Please provide a summary of significant developments completed or planned relevant to Standard 10.

<p>Has there been any significant developments made against this standard?</p> <p>Please include updates on any developments made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below.</i></p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No change
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Requests for additional information from the AMC response to the 2021 monitoring submission:

- Comment on the SIMG Advisor role and the reporting structure for this position.

#### 10a. Clinical SIMG Advisor

A Clinical Advisor was introduced in 2021 and was approved as an ex officio member of the SIMG Assessment Committee. Their role includes but is not limited to the following:

- Providing advice to SIMG administrative staff.
- SIMG Assessors can refer preliminary outcomes to the SIMG Clinical Advisor for a second opinion before an outcome decision is made.
- Can provide an overall outcome for split decisions amongst assessors for assessments and reconsideration applications.

The Clinical Advisor role allows preliminary outcomes decisions to be made which would previously be sent to the SIMG Assessment Committee Chair for approval. This allows the Chair to be present during future review or appeals processes as there is no conflict of interest with their preliminary assessment.

The AMC also expects accredited providers to report on matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program. If relevant please report on such matters in this section of the report.

<p>Has the College made any significant changes affecting the delivery of the program? I.e. changes to processes for assessing overseas-trained specialists.</p> <p>Please include updates on any changes made in response to COVID-19 in this section.</p> <p><i>If yes, please describe below the changes and the potential impact on continuing to meet these standards.</i></p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No change
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## **10b. Changes to SIMG processes**

### **2021 Standards**

In January 2021 the Medical Board of Australia released the revised *Standards: Specialist medical college assessment of specialist international medical graduates*. As part of these new standards, all medical colleges are required to supply an SIMG with a Summary of Preliminary Review (SPR) before an interim decision is made.

- The SPR is a summary of an SIMG's application and is to be undertaken before the interim assessment decision is made
- SPR addresses procedural fairness for SIMGs and aims to ensure that SIMGs have seen the information that the RANZCOG will use to make a decision of either Eligible for Interview or Not Comparable, noting that on non-technical professional attributes are not assessed as part of the SPR.
- The SIMG will be given an opportunity to add to or correct the details of that information before the interim decision is made.
- Applicants must provide a response within 21 calendar days or the preliminary outcome will be issued.

In response to the new standards, RANZCOG has:

- Updated regulations to align with changes to the standards.
- Introduced the Summary of Preliminary Review for preliminary assessments.

### **SIMG Interviews**

SIMG interviews in Australia in 2021 continued to be conducted online for both assessors and applicants and these arrangements will continue into 2022 to ensure robust and timely decision-making while the pandemic continues.

### **Aotearoa New Zealand**

- During 2021 much focus went into improving the level of detail included in SIMG reports.
- Hybrid interviews were trialled in 2021, with the panel assembling together to interview candidates via Zoom; however, it has been decided to move to fully online interviews with the aim of being more flexible and responsive with interview assessment dates.

## **2 Activity against conditions**

Nil remain.

## **3 Statistics and annual updates**

Please provide data showing:

- the numbers of applicants and outcomes for Specialist IMG assessment processes **for 2021**, broken up according to the phases of the specialist international medical graduate assessment process (e.g. paper-based assessment, interview, supervision, examination). If a binational college, please provide separate NZ and Australian figures. Please provide separate area of need and Specialist IMG figures.

If required please adjust the tables to suit the College's training and education programs.

<b>New Applicants undertaking Specialist International Medical Graduate Assessment</b>		
<b>Number of new applicants in 2021:</b>	<b>Australian Numbers</b>	<b>New Zealand Numbers</b>
		<b>50</b>

<b>Assessment of Specialist International Medical Graduates</b>		
<b>Phase of IMG Assessment</b>	<b>Australian Numbers</b>	<b>SC Clinical time</b>
Initial Assessment	44	
Interim Assessment Decision:		
Not Comparable	20	
Partially Comparable	10	
Substantially Comparable	17	SC < 6 months – 5 SC 12 Months – 12
<b>Total</b>	<b>47</b>	
Ongoing Assessment	N/A	
Final Assessment	27	

**New Zealand SIMG Numbers for 2021:**

<b>SIMG Assessments</b>	<b>Totals</b>
<b>Interview assessments</b>	
Equivalent	4
As satisfactory as	9
Neither equivalent to nor as satisfactory as	1
<b>Elevation to fellowship</b>	<b>8</b>
<b>Paper assessments</b>	
Equivalent	0
As satisfactory as	1
Neither equivalent to nor as satisfactory as	0
Unable to make a recommendation	6



## Section B: Reporting on Quality Improvement Recommendations

Nil Quality Improvement Recommendations remain.