



Maternal Fetal Medicine(CMFM) Accreditation Standards and Criteria

Appendix 2

version 1

The following Standards and Criteria are applicable to all Maternal Fetal Medicine (CMFM) training units in both Australia and Aotearoa New Zealand but allow for variations in location and function.

It is recognised that not all individual training locations can provide the depth and breadth of training necessary to fulfil all the requirements of the subspecialty training programs. Collaboration and flexibility are necessary to ensure a trainee has the opportunity to meet the requirements across the three years of their training within those units.

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STANDARD 1 Support for RANZCOG Officers and Engagement with Unit Accreditation Processes	
Criteria	
1.1	RANZCOG Officers are provided with sufficient protected time to enable them to perform their duties effectively.
1.1.1	Program Director The unit employs a certified Maternal Fetal Medicine subspecialist who will act as Program Director and coordinate the training program, accept the main responsibility for its supervision and be actively involved in the training process. As per 2.3.1, where possible, the Program Director and Training Supervisor roles should not be shared by the same individual.
1.1.2	Unit support for Program Director The Program Director will make arrangements within the unit for appropriate support of their position including protected administrative time (particularly where the program director is a junior consultant).
1.1.3	Unit support for Training Supervisor(s) Training Supervisors are given sufficient protected supervision/teaching time to enable them to perform their duties effectively. The special responsibilities of the training supervisor are formally acknowledged by way of contract or position description.
1.2	The Unit engages with and facilitates training unit accreditation processes.
1.2.1	Accreditation – visits The Unit, in the person of the program director, responds in a timely manner to RANZCOG Accreditation Team requests in relation to an accreditation visit: <ul style="list-style-type: none"> • in setting and agreeing visit date/s • in completing accreditation application and other documentation to meet required timelines • in drafting and finalising visit timetables to ensure trainees, consultants and other allied health staff are available to be interviewed at appropriate times.
1.2.2	Accreditation – non visits The Unit, in the person of the program director, responds in a timely manner to RANZCOG Accreditation Team requests in relation to reaccreditation: <ul style="list-style-type: none"> • in completing the accreditation application and other documentation to meet required timelines.
1.2.3	Progress reports and other interactions <ul style="list-style-type: none"> • The Unit completes required accreditation progress reports to meet deadlines, and with comprehensive information and responds to all other accreditation queries in a timely fashion. • The program director is responsible for advising the CMFM Subspecialty Committee of any changes to workload, staff, facilities, or activities promptly, completing the annual update when requested by the College and advertising all available subspecialty training positions on the College website.

STANDARD 2 Supervision

Criteria	
2.1	An appropriate number of Training Supervisors has been appointed to ensure subspecialty trainees receive effective education and clinical supervision.
2.1.1	Ratio of Training Supervisors and onsite presence <ul style="list-style-type: none"> • If only one on-site CMFM subspecialist who is acting as Program Director and Training Supervisor (and no other CMFM, COGU) the minimum contract should be 1.0FTE. • If multiple on-site CMFM subspecialists some of which will be Training Supervisors (CMFM +/-COGU) the minimum contract per subspecialist should be 0.2FTE (the sum of all the subspecialist's FTE must be at least 1.0FTE). • COGU appointment within the centre who can supervise the fetal medicine aspect of the training. • Specialist obstetric anaesthetists working in the unit.
2.2	Training Supervisors undertake training in order to perform their supervisory role.
2.2.1	Clinical Educator Training (CET) Modules <p>Training supervisors undertake the relevant Clinical Educator Training (CET) modules within one year of appointment, subject to confirmation of completion.</p>
2.3	Training Supervisors conduct their roles and responsibilities as outlined in the RANZCOG Subspecialty Training Supervisor Position Description.
2.3.1	Roles and responsibilities <p>Training supervisors are familiar with and perform the roles and responsibilities required of a RANZCOG Training Supervisor including conducting the three-monthly Formative Appraisal Report (FAR) and six-monthly Training Assessment Record (TAR), as per the RANZCOG Training Supervisor Position Description – Roles and Responsibilities available on the RANZCOG website.</p> <p>As per 1.1.1, where possible, the Program Director and Training Supervisor roles should not be shared by the same individual.</p>
2.3.2	Training program requirements <p>Training supervisors are familiar with the content and requirements of the CMFM Subspecialty Training Program as set out in the RANZCOG Regulations and CMEM Handbook and Curriculum.</p>
2.3.3	Rosters <p>In consultation with the Program Director, Training Supervisors are responsible for ensuring that rostering arrangements are made in conjunction with consultants and subspecialty trainees.</p>

2.4	Subspecialty consultants are actively involved and engaged in the teaching and training of subspecialty trainees in theatre, clinics and on the wards.
2.4.1	Role of the Consultant <p>Designated Consultants have day-to-day responsibility for effective supervision and training, including:</p> <ul style="list-style-type: none"> • treating subspecialty trainees with respect and courtesy • providing regular constructive feedback • taking subspecialty trainees through each new procedure and giving adequate opportunities to practise their skills • taking every opportunity to complete formative and summative procedures, using the designated forms • close observation of each subspecialty trainee's practice and training • involving subspecialty trainees in case follow-up and appropriate documentation • involvement in credentialing of subspecialty trainees • listening to subspecialty trainees' concerns about training and responding respectfully • contributing to the formal assessment of subspecialty trainees, through completion of RANZCOG Consultant Assessment of Trainee forms • providing the training supervisor with an objective and fair assessment of a subspecialty trainee's performance and progress.
2.4.2	Consultant position description or statement of duties <p>Each consultant's position description or statement of duties clearly stipulates the requirement for consultants to teach and supervise subspecialty trainees. A sample position description or statement of duties should be available for review by the RANZCOG accreditation panel.</p>
2.4.3	Appropriate consultant support <p>A Consultant is always available to provide clinical support and assist in decision making with the trainee.</p>
2.4.4	On-call arrangements <p>Consultants on the on-call roster are available within 30 minutes (either physically or by phone) or must facilitate access to an alternative consultant for advice or review of a patient.</p>
2.5	There is an adequate number of senior medical staff to provide effective CMFM subspecialty training, support and supervision of subspecialty trainees.
2.5.1	Subspecialists <ul style="list-style-type: none"> • The Unit has sufficient consultant FTE to support, sustain and deliver the subspecialty Maternal Fetal Medicine (CMFM) training program, in addition to service provision. • There is one or more on-site certified maternal fetal medicine subspecialists who will act as training supervisor(s). • There is an appropriate FTE to meet the clinical workload including after-hours clinical requirements.
2.5.2	Consultant staff <p>The Unit has sufficient Consultant FTE, determined by the workload to cover the following areas:</p> <ul style="list-style-type: none"> • teaching, supervision and mentoring of subspecialty trainees in maternal fetal medicine • regular and active involvement in a Structured Educational Program, which includes making formal presentations on a rostered basis and regular attendance at sessions to provide a strong consultant presence and involvement in discussions • supporting subspecialty trainees' compulsory scholarly elective (research/non-research) activities • records of senior medical staff roles and competencies for all services should be readily available to trainees • facilitating collaboration with allied health professionals – including access to laboratory staff, nursing and counselling staff.

STANDARD 3 Clinical Experience

Criteria	
3.1	Trainees must be offered a broad experience overall and be provided with the clinical experience and opportunities to enable them to meet the CMFM training program requirements.
3.1.1	Manage a sufficient workload to maintain and develop the clinical skills of existing personnel and to train CMFM trainees Manage an adequate clinical workload with a full range of high-risk maternal and fetal problems. The centre would be expected to have neonatal intensive care unit and function as a tertiary referral centre for high perinatal risk patients.
3.1.2	Non-subspecialty trainees Training experience is not compromised by Registrar, Senior Registrar or Fellow positions occupied by non-subspecialty trainees, or those in a short-term training pathway.
3.1.3	Assessment of Procedural Skills (APS) Consultants teach and provide appropriate feedback to subspecialty trainees undertaking their formative and summative APS workplace-based assessments as required by the RANZCOG Regulations and Maternal Fetal Medicine Curriculum, and relevant to a subspecialty trainee's year level in the CMFM training program.
3.1.4	Increased responsibilities Clinical responsibilities and training opportunities increase in complexity as the subspecialty trainee progresses through the CMFM training program.

STANDARD 4 Education Programs and Activities

Criteria	
4.1	Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities
4.1.1	<p>Units will ensure appropriate educational program relevant to the level of the appointed Subspecialty trainee or trainees is in place, and to implement strategies to ensure trainees are able to attend these sessions. Trainees shall also be involved in the teaching of others where possible.</p> <p>Rostering arrangements and strategies are in place to ensure that all subspecialty trainees have protected time to:</p> <ul style="list-style-type: none"> • attend regular relevant maternal fetal medicine meetings • attend regular education, peer review, practice review, and clinical management meetings at a subspecialty level • attend as representative at hospital and local clinical, multidisciplinary, and scientific meetings • involvement in education at nurse, undergraduate and postgraduate levels • education sessions are in place to ensure subspecialty trainees are not rostered for other duties when education sessions are scheduled, except for the provision of emergency cover.
4.2	Paid and protected non-clinical time.
4.2.1	<p>Scholarly elective and study time</p> <p>Subspecialty trainees must have 20% of protected clinical training time within the scholarly elective (research/non-research) for study time, in addition to protected time for attendance at in-hospital education sessions.</p>
4.2.2	<p>Administrative time</p> <p>In addition to the above allocations, subspecialty trainees are afforded sufficient paid time within their normal roster to undertake administrative responsibilities.</p>

STANDARD 5 Facilities

Criteria	
5.1	The CMFM training unit must provide appropriate resources and facilities.
5.1.1	Facilities <ul style="list-style-type: none"> • A level 3 neonatal care unit with neonatal surgery facilities either on-site or available by close liaison. • The unit should be a centre open for the transfer of high-risk obstetric cases and involved in the management of both major maternal problems and fetal complications. • There should be ready access to an adult intensive care unit and a full range of diagnostic facilities. • On-site tertiary ultrasound facilities offering a full range of services including the diagnosis of fetal malformations, the assessment of fetal growth and well-being and the conduct of ultrasound guided procedures that form a part of the practice of maternal fetal medicine. This unit should be capable of providing the ultrasound experience outlined in the requirements for training. • A genetics clinic staffed by a qualified geneticist and the appropriate support staff available in the hospital. • Access to a perinatal pathology service.
5.1.2	Adequate range of education resources to support the learning environment <ul style="list-style-type: none"> • Internet access. • Adequate access to library and information technology facilities to support subspecialty work, training and research, over and above that required for the recognition of subspecialty and higher training posts. • Access to CMFM specific journals. • A fully equipped, appropriately sited, and resourced space for the sole use of trainees.

STANDARD 6 Research, Publications and Presentations

Criteria	
6.1	Units shall support subspecialty trainees to undertake their compulsory scholarly elective (research/non-research) and to participate in ongoing clinical research activities related to maternal fetal medicine.
	Training units will ensure the appropriate research and educational program is supported by an adequate range of educational resources as part of an obligation to provide a supportive learning environment.
6.2	The training unit is expected to be involved in publications and presentations at a subspecialty level within the last five years.
	Trainees will be involved in presentations and publications of clinical research activities undertaken by the unit.

STANDARD 7 Quality Assurance

Criteria	
7.1	All accredited training units shall ensure appropriate quality assurance and risk management strategies are in place for the trainee.
	Units shall ensure appropriate quality assurance and risk management strategies are in place for the trainee. Units shall ensure that policies/procedures to systematically acknowledge, investigate and act on all adverse events are in place.
7.2	Medical indemnity and patient consent
	Strategies specifically relevant to trainees, such as medical indemnity cover and informed patient consent to surgical procedures involving trainees (particularly as primary operator) are in place.
7.3	Credentialing
	An appropriate credentialing process for trainees is in place and records of trainees' competencies in specific procedures are made available to all relevant staff, including nursing staff.

STANDARD 8 Workplace Culture, Safe Working Hours and Leave Arrangements

Criteria	
8.1	A supportive, harmonious workforce culture and team environment is evident.
8.1.1	Consultants and workplace culture Consultants contribute to a workplace culture that is harmonious, respectful and supportive of Training and the delivery of up-to-date, evidence-based care. Consultants conduct themselves in a Professional manner and treat subspecialty trainees with respect and courtesy.
8.1.2	Organisational culture The leadership and organisational culture are supportive and harmonious. Teamwork and morale are strong and this culture is propagated amongst the Medical, Midwifery, Nursing, Allied Health Staff and Management with constructive inter-professional relationships encouraged.
8.1.3	Bullying, harassment and discrimination <ul style="list-style-type: none"> • The training unit has zero tolerance for workplace bullying, harassment and discrimination. • The training unit has comprehensive policies and processes to identify, investigate and resolve issues of workplace bullying, harassment and discrimination. • Consultants, subspecialty 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 both available on the website.
8.1.4	Support for trainees in difficulty Mechanisms are in place to identify and assist subspecialty trainees who may be experiencing personal and/or professional difficulties that may in turn be affecting their training.
8.1.5	Award conditions – working hours The hospital adheres to the relevant award conditions in relation to working hours and shift work prescribed under the current Australian Medical Association (AMA) Code of Practice, individual Australian state/territory or Aotearoa New Zealand OH&S legislation, or any applicable Australian/Aotearoa New Zealand agreements.



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