



# Standards for Assessment and Accreditation of Subspecialty Training Units

Version 2

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## Contents

1	Introduction .....	3
1.1	Background.....	3
1.2	The Subspecialty Training Programs .....	3
1.5	The Role of Training Units in the Subspecialty Training Programs.....	4
1.6	Roles Within a Subspecialty Training Unit .....	5
1.7	Objectives of the Subspecialty Training Units Accreditation Process .....	5
1.8	Principles of RANZCOG Subspecialty Training Unit Accreditation .....	5
1.9	Administration of the Subspecialty Training Unit Accreditation Process .....	5
2	Training Unit Accreditation Process.....	5
2.1	Initial Accreditation of Subspecialty Training Units.....	5
2.1.1	Selection of Accreditation Panel .....	6
2.1.2	Provisional Accreditation .....	6
2.2	Paper-based reaccreditation of Subspecialty Training Units.....	6
2.2.1	Full Accreditation .....	6
2.2.2	Provisional Accreditation .....	7
2.3	Site Visits.....	7
2.3.1	Preparation.....	8
2.3.2	Trainee Survey.....	8
2.3.3	Training Supervisors and Consultants.....	8
2.3.4	Procedural Numbers .....	8
2.3.5	Accreditation Panel .....	8
2.3.6	Conduct a Site Visit .....	9
2.3.7	Site Visit Draft Report .....	9
2.3.8	Progress Report.....	9
2.4	The Ratings given in the Reaccreditation Process.....	9
2.4.1	Ongoing Monitoring of Accredited Training Unit.....	9
2.4.2	Extensions to Accreditation.....	10
2.4.3	Suspension of Accreditation.....	10
2.4.4	Loss of Accreditation.....	10

## Standards and Criteria

Appendix 1 - Gynaecological Oncology (CGO)

Appendix 2 - Maternal Fetal Medicine (CMFM)

Appendix 3 - Obstetrical and Gynaecological Ultrasound (COGU)

Appendix 4 - Reproductive Endocrinology and Infertility (CREI)

Appendix 5 - Urogynaecology (CU)

# 1 Introduction

## 1.1 Background

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG/the College) is accredited by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ) to train and accredit doctors throughout Australia and Aotearoa/New Zealand in the specialty of obstetrics and gynaecology (O&G) and its associated subspecialties. The RANZCOG is responsible for delivering and managing education, training, assessment and professional development programs to facilitate the training of specialists in obstetrics and gynaecology and the associated subspecialties, to ensure the highest standards of health care.

RANZCOG offers training and certification in five subspecialties:

- Gynaecological Oncology (CGO) - appendix 1
- Maternal Fetal Medicine (CMFM) - appendix 2
- Obstetrical and Gynaecological Ultrasound (COGU) - appendix 3
- Reproductive Endocrinology and Infertility (CREI) - appendix 4
- Urogynaecology (CU) - appendix 5

This document outlines the accreditation and reaccreditation processes applicable to all subspecialties. The Standards and Criteria relevant for each individual subspecialty are presented in separate appendices as indicated above. The combination, the processes, Standards and Criteria detail what is considered essential to ensure subspecialty trainees develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently as well as part of a multidisciplinary team, across the relevant subspecialist scope of practice.

## 1.2 The Subspecialty Training Programs

The subspecialty training programs are three-year (138 weeks) structured post-graduate programs culminating in certification in the relevant RANZCOG Subspecialty.

The essential components of the training programs are designed to ensure that all subspecialty trainees have access to the educational resources, clinical experiences and learning environments necessary for satisfactory attainment of requirements

The requirements of the subspecialty training programs are set out in the RANZCOG Regulations, and the relevant subspecialty training handbooks.

### 1.3 The Subspecialty Curricula

Each subspecialty training handbook outlines the training program and the curriculum and is an essential tool for understanding the educational basis and structure of the subspecialty training program. The curriculum emphasises that competency is achieved through an incremental process of learning and development within and across the key domains of clinical expertise, academic abilities and professional qualities.

The Program Directors, Training Supervisors, consultants and other health professionals involved in the training of subspecialty trainees in accredited training units are expected to be familiar with this document.

### 1.4 RANZCOG Code of Conduct

All RANZCOG members, including but not limited to, Fellows, Specialist International Medical Graduates on the pathway to Fellowship and Trainee Affiliates, must comply with the RANZCOG Code of Conduct and conduct themselves in a manner that reflects the standard of professional and ethical behaviour expected by the College.

### 1.5 The Role of Training Units in the Subspecialty Training Programs

The Subspecialty Training Programs are conducted within public hospital units, private organisations or other expanded settings (known as sites), across Australia and Aotearoa/New Zealand, which have been accredited for such training by the College. Subspecialty training must be undertaken in a minimum of two training units during the three-year program.

These units provide the clinical environment and learning opportunities for training. Training occurs in a shared relationship between the units, subspecialists and O&G specialists, trainees and RANZCOG.

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.

A maximum of two (2) training positions per unit is applicable at any one time.

Training units are expected to appoint an accredited trainee at least every second year and an accredited first year trainee at least every third year to maintain accreditation. [NB this currently applies only to CGO training units]

Details of all accredited units in Australia and Aotearoa/New Zealand can be found on the RANZCOG website.

Expanded settings suitable as training sites may include:

- private hospitals, including co-located consulting rooms and day surgery facilities
- private consulting rooms
- surgical skills laboratories and simulated training centres
- publicly funded community health care facilities such as Aboriginal, Māori and/or Community Health Services
- prospectively approved overseas training.

The standards detailed in this document specify what each training unit must provide as part of its obligations as a RANZCOG accredited training unit. It is recognised that some criteria within the standards may not be equally applicable to every training situation.

Oversight of the subspecialty training programs is the responsibility of the relevant RANZCOG Subspecialty Committee, which in turn is responsible to the RANZCOG Subspecialties Committee and ultimately, to the RANZCOG Board.

## 1.6 Roles Within a Subspecialty Training Unit

A Subspecialty training unit is required to have in place a Program Director, Training Supervisor(s), and be supported by relevant other health professionals.

- Program Director: Reporting to the relevant subspecialty committee, the Program Director is responsible for ensuring training is delivered to the required level within the unit. The full Position Description is available on the RANZCOG website. The relevant subspecialty committee must be advised of any changes to workload, staff, facilities, or activities as soon as possible (including extended leave, emerging issues, or resignation).
- Training Supervisor(s): Reporting to the Program Director, Training Supervisor(s) are responsible for the direct supervision of trainees on a day-to-day basis. This includes mentoring, monitoring ongoing learning needs and goals, and completion of formative appraisals and summative assessments as applicable. The full Position Description is available on the RANZCOG website.
- Other Health Professionals (including other subspecialists): Designated staff have day to day responsibility for effective supervision and training. This could include (but is not limited to) consultants/staff specialists, multidisciplinary team members, or other allied health professionals.

## 1.7 Objectives of the Subspecialty Training Units Accreditation Process

The purpose of a formal process of accreditation and reaccreditation of training units for subspecialty training is to ensure that defined minimum acceptable training standards are provided; specifically, to:

- Ensure that the key requirements for clinical and educational experience, as defined in the relevant curriculum and RANZCOG Regulations, are being met for all subspecialty trainees in participating units.
- Assist the units in their role as training providers by identifying factors that are adversely affecting their capacity to deliver effective and supportive training to subspecialty trainees.
- Work with the unit and the relevant subspecialty committee to formulate strategies which will maximise training opportunities, while ensuring efficient and safe service delivery provision by subspecialty trainees.

## 1.8 Principles of RANZCOG Subspecialty Training Unit Accreditation

In accrediting and reaccrediting subspecialty training units, RANZCOG will:

- Make balanced and objective assessments of the unit's performance as a training unit.
- Base the accreditation process on clearly defined criteria and implement it in an open and equitable manner.
- Have an ongoing process of review to ensure that each accredited training unit implements recommended changes and are given adequate opportunity and support to do so effectively.
- Regularly review the standards and processes of unit accreditation and reaccreditation.

## 1.9 Administration of the Subspecialty Training Unit Accreditation Process

The management of the accreditation and reaccreditation process is the responsibility of the Head of Curriculum, Evaluation and Accreditation (CEA) in the Education Directorate, under the direction of the Chair of the relevant RANZCOG Subspecialty Committee (or their nominee) and the Executive Director of Education.

Accreditation and reaccreditation processes are coordinated by the accreditation team under the CEA unit in the Education Directorate.

# 2 Training Unit Accreditation Process

## 2.1 Initial Accreditation of Subspecialty Training Units

A unit must apply for initial accreditation as a subspecialty training unit to the RANZCOG Accreditation Team, demonstrating the unit's capacity to meet the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units. The application and any supporting documentation must be submitted to [subspecialtyaccreditation@ranzcog.edu.au](mailto:subspecialtyaccreditation@ranzcog.edu.au)

### 2.1.1 Selection of Accreditation Panel

To assess the accreditation application, the relevant subspecialty committee convenes a panel. The accreditation panel comprises:

- two Subspecialist Fellows
- one College staff member.

Additional subspecialists and College staff may be included in the accreditation process as required.

The accreditation panel will assess the following:

- whether each of the standards have been met
- any areas of strength or concern for each of the standards
- conditions, if any, that must be addressed to comply with the standards, and the associated timeframe recommendations for further improvement
- overall accreditation outcome.

These assessments can take 6 to 8 weeks to complete.

A recommendation from the accreditation panel on the unit's accreditation or otherwise is then considered at the next meeting of the relevant subspecialty committee. The relevant subspecialty committee will then forward the recommendation to the RANZCOG Subspecialties Committee recommending Provisional accreditation.

### 2.1.2 Provisional Accreditation

Provisional accreditation for a period of no more than two (2) years is given to those newly accredited units that meet all RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units.

No earlier than six months, and no later than 12 months after the first subspecialty trainee commences prospectively approved training at the newly accredited training unit, an initial site visit is conducted by the RANZCOG accreditation panel (see section 2.3). As above, additional subspecialists and College staff may be included in the site visit as required.

## 2.2 Paper-based reaccreditation of Subspecialty Training Units

A unit must apply for reaccreditation as a subspecialty training unit to the RANZCOG accreditation team. This application and any supporting documentation must be sent to [subspecialtyaccreditation@ranzcog.edu.au](mailto:subspecialtyaccreditation@ranzcog.edu.au)

To assess the accreditation application, an accreditation panel is convened from the relevant subspecialty committee.

A recommendation from the accreditation panel on the unit's accreditation is then considered at the next meeting of the relevant subspecialty committee. The relevant subspecialty committee will then forward the recommendation to the RANZCOG Subspecialties Committee recommending one of the following outcomes:

### 2.2.1 Full Accreditation

Full accreditation for a period of five (5) years is given to those units that meet all the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units.

Even though full accreditation is granted, the unit report may contain some recommendations for further improvement.

During the accreditation period, the unit may be required to provide a progress report that addresses progress on accreditation recommendations and any other significant developments. A template document is provided by the accreditation team for this purpose prior to the deadline date.

If the progress report indicates that the unit is continuing to progress satisfactorily, the unit retains full accreditation for the remainder of the accreditation period.

The accreditation outcome may be reviewed during the five-year full accreditation period if it is found through a progress report or other means (e.g. an intervention based on new information provided to RANZCOG – see 2.5 “Ongoing Monitoring of Accredited Training Units”) that a unit may be experiencing difficulties in meeting the standards for accreditation. Such a review may involve conditions being put in place, further progress reports and, where required, a site visit to be conducted.

### 2.2.2 Provisional Accreditation

Provisional Accreditation is given to those units that meet some, but not all, of the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units. The period for which provisional accreditation is granted will be determined by the findings of the accreditation panel in relation to each standard and the conditions necessary to meet that standard. Periods of provisional accreditation range from 12 to 24 months.

The relevant subspecialty committee will determine the initial period of provisional accreditation, the date for submission of a progress report and, where required, a site visit to be conducted within the current accreditation period.

Provisional Accreditation Pathways:

- a. If a progress report (and site visit, where this was deemed necessary), demonstrates that the standards for accreditation are now met, accreditation is upgraded to full accreditation for the remainder of the five (5) year accreditation period.
- b. If a progress report (and site visit, where this was deemed necessary) demonstrates progress against conditions/recommendations, but not all standards have been met, the training unit will retain provisional accreditation. The relevant subspecialty committee will determine the timeframe for any further progress reports and, where required, a site visit to be conducted within the current accreditation period. Provisional accreditation will be retained by the unit during this period.
- c. If the first progress report (and site visit, where this was deemed necessary) demonstrates inadequate progress against the conditions/recommendations or deterioration in relation to the standards, the relevant subspecialty committee will determine the timeframe for a further progress report and, where required, a site visit to be conducted within the current accreditation period. Provisional accreditation will be retained by the unit during this period.
- d. If the second progress report (and site visit, where this was deemed necessary) still demonstrates inadequate progress against the standards for accreditation and conditions/recommendations or further deterioration in relation to the standards, provisional accreditation will be extended for a further limited period. The unit will also be notified that loss of accreditation may occur if the unit has been unable to meet the standards for accreditation or to demonstrate, to the satisfaction of the relevant subspecialty committee, progress against the standards or to address those conditions imposed.

Once approved by the Subspecialties Committee the final outcome is then forwarded to:

- Unit Program Director

As with all as RANZCOG decisions, units have the right to request a review and/or formal appeal of RANZCOG’s accreditation rating under the terms of RANZCOG A2 Appeals Procedures, which may be accessed via the College website:

## 2.3 Site Visits

When due for initial accreditation [and reaccreditation in the case of CREI training units], the accreditation team makes contact with the training unit to arrange a mutually convenient date for a training site visit to occur and convenes an accreditation panel.

The accreditation panel’s objective is to assess the training provided by the relevant training unit in accordance with the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units. The process for initial accreditation or reaccreditation of training units before and after the visit is as follows:

### 2.3.1 Preparation

At least three months prior to the proposed site visit date, the accreditation team contacts the unit program director to set the date of the visit.

The unit is sent a copy of:

- The RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units
- Relevant subspecialty application for accreditation template which should include:
  - Workload
  - Staff and other health professionals
  - Facilities including library and information technology facilities
  - Activities
  - Proposed trainee fortnightly timetable
  - Publications and presentations
  - Current unit research and research opportunities
  - Current trainee scholarly elective (research/non research)
- Accreditation site visit timetable template

The completed application for accreditation and site visit timetable must be submitted to the accreditation team no later than four (4) weeks before the scheduled visit.

### 2.3.2 Trainee Survey

A confidential feedback trainee survey is sent to the current trainee/s at the unit, and trainee/s from the previous year, asking them to provide comments on their training experiences in accordance with each of the standards for accreditation.

The accreditation team will also source trainee responses to the six-monthly assessment training surveys for the previous three years.

### 2.3.3 Training Supervisors and Consultants

Surveys are also sent to training supervisors, subspecialists and other consultants at the unit.

### 2.3.4 Procedural Numbers

The accreditation team will source available information on procedural training numbers for the relevant unit from previous/current trainees as applicable.

### 2.3.5 Accreditation Panel

The visit will include confidential interviews with the program director, training supervisors, subspecialty trainees, subspecialists, consultants, multidisciplinary team and management.

The accreditation team collates the following items and forwards them to the accreditation panel:

For an initial accreditation visit:

- Completed accreditation application
- Relevant standards for accreditation

For a reaccreditation visit:

- Completed application for accreditation
- Trainee questionnaire and six-monthly assessment training survey responses
- Training supervisor and other consultant survey responses
- The previous accreditation application including any progress reports.
- Procedure's data.
- Relevant Standards for Assessment and Accreditation of Subspecialty Training Units.

### 2.3.6 Conduct a Site Visit

It is important to note that the interviews on the day are private and confidential. Recordings are taken by the accreditation panel on the day and used exclusively for report writing purposes. These recordings are deleted once the accreditation report (Report) is approved in accordance with the RANZCOG Recording of Assessment Policy.

At the conclusion of the site visit(s) for the training unit, the accreditation panel meets privately to discuss their initial findings and the most appropriate accreditation ratings.

### 2.3.7 Site Visit Draft Report

Within 14 days of the site visit, the RANZCOG accreditation team prepares the draft Report, comprising:

- strengths and weaknesses of the training provided and whether each standard has been met, partially met, or not met
- any areas for improvement which need to be addressed
- recommendations for improvement
- the accreditation panel's recommended accreditation rating for the unit based on the accreditation panel findings.

The draft Report is then sent for review to the following:

- accreditation panel members
- Head of CEA (or the Executive Director, Education)

A recommendation from the accreditation panel on the unit's accreditation or otherwise is then considered at the next meeting of the relevant subspecialty committee. The relevant subspecialty committee will then forward the recommendation to the RANZCOG Subspecialties Committee.

### 2.3.8 Progress Report

Where the accreditation rating is provisional or conditional, units must provide evidence of addressing or implementing the recommendations within the stipulated timeframe utilising the progress report template provided by the accreditation team. If deemed necessary, a follow-up visit may be conducted within 12 - 18 months of the original site visit.

## 2.4 The Ratings given in the Reaccreditation Process

Possible reaccreditation ratings are as follows:

- a. Full accreditation as outlined under 2.2.1
- b. Provisional accreditation as outlined under 2.1.2 and 2.2.2
- c. Suspension of accreditation under 2.4.3
- d. Loss of accreditation under 2.4.4

### 2.4.1 Ongoing Monitoring of Accredited Training Unit

In addition to training unit accreditation, RANZCOG has an ongoing process for evaluating the effectiveness of training provided to subspecialty trainees, which includes the following:

- Compulsory six-monthly surveys for all trainees who commenced training after 1 December 2015.
- Annual training unit update from program directors.
- Reports delivered by accreditation advisor/committee members at subspecialty committee meetings.
- Monitoring of procedural numbers through the trainee training assessment records.

Should serious concerns be raised through these surveys and/or new information becomes available mid-way through an accreditation cycle that indicates a unit is not meeting the requirements of the standards, RANZCOG will review the reaccreditation rating (which could involve a site visit if necessary).

### 2.4.2 Extensions to Accreditation

As an accreditation period ends, a new reaccreditation application must be submitted. In cases where operational capacity prohibits reaccreditation within a reasonable time of the end of the accreditation period, the training unit may receive an extension to accreditation, in order that they maintain accredited status. The extension period is approved by the Head of Curriculum, Evaluation and Accreditation and the Chair of the relevant subspecialty committee and is set with the intention that the reaccreditation will occur by the end of the extension period.

### 2.4.3 Suspension of Accreditation

Suspension of Accreditation may occur in the following circumstances:

- Where a training unit has been identified as having critical issues that restrict its ability to offer training  
OR
- Where a training unit no longer has a Program Director and there is no approved replacement.
- Where critical issues have occurred a training unit will need to demonstrate via a new accreditation application and other interactions, their remediation strategies to address recommendations and conditions imposed.
- A subsequent site visit will need to be undertaken and at least Provisional Accreditation awarded before trainees can again be in a training position.

### 2.4.4 Loss of Accreditation

Loss of accreditation may occur in the following circumstances:

- Where a training unit has been unable to meet the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units  
OR
- Where a training unit has failed to demonstrate, to the satisfaction of RANZCOG Board, progress against the standards or in addressing those conditions imposed  
OR
- No trainees have been in place for five years.

Loss of accreditation may only be approved by the RANZCOG Board, subject to recommendation of the relevant subspecialty committee to the RANZCOG Subspecialties Committee.

In circumstances where the subspecialty committee (or accreditation panel), in consultation with the Subspecialties Committee and in turn with the RANZCOG Board, recommends that accreditation be withdrawn, the unit will be invited to respond in writing to the findings of the subspecialty committee (or accreditation panel).

In the event of loss of accreditation, no subspecialty trainees will be permitted to begin a new six (6) month period of credited subspecialty training at the unit until accreditation has been regained. The College may elect to allow subspecialty trainees to complete a current six (6) month period of training at that unit.

The unit and relevant subspecialty committee will be notified in writing of the RANZCOG Board decision and advised of the date on which accreditation is to be withdrawn to allow time, where possible, for alternative arrangements to be made for any subspecialty trainees at the unit.



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