

The Royal Australian
and New Zealand
College of
Obstetricians and
Gynaecologists



Annual Report
2013

RANZCOG Board and Council



Back row, left to right:

Dr Peter White (CEO); A/Prof Paul Duggan (SA); Prof Malcolm Frazer (Subspecialties Representative to Council); Dr William Milford (Trainee Representative); Dr Stephen Lyons (NSW); Dr James Harvey (SA); Dr John Hehir (ACT); Dr Benjamin Bopp (QLD); Dr Rupert Sherwood (Immediate Past President); Prof Yee Leung (SA); Dr John Tait (NZ); and Dr Donald Clark (WA).

Middle row, left to right:

Dr Louise Sterling (Chair, GP Obstetric Advisory Committee); Dr Celia Devenish (NZ); Prof Susan Walker (VIC); Prof Ian Symonds (NSW); Dr Gregory Jenkins (NSW); Ms Catherine Whitby (Community Representative); Dr Anthony Geraghty (Provincial Fellow); Dr Kate van Harselaar (observing Trainee Representative); Dr Ian Page (NZ); Dr John Regan (VIC); Dr Simon Craig (VIC); A/Prof Beverley Vollenhoven (VIC); and A/Prof Boon Lim (Tas).

Front row, left to right:

Dr Gino Pecoraro (Non-Office Bearer); Dr Martin Ritossa (Treasurer); Prof Ajay Rane (Vice President, Aust); Prof Michael Permezel (President); Dr Sarah Tout (Vice President, NZ); A/Prof Stephen Robson (Vice President, Aust); and Dr Vijay Roach (Non-Office Bearer).

Not present: Dr Anthony Frumar (NSW); A/Prof Anush Yazdani (QLD); and Dr Amber Moore (VIC).



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President's Report

It is with pleasure that I present to the membership of RANZCOG the Annual Report for the 2012–13 financial year. This report comes a few months into the term of the Eighth RANZCOG Council and the second term of a RANZCOG Board as the governing body of the College and its Standing Committees. Central to effective governance is the position of CEO; Dr Peter White has announced that he will be departing the College after more than 11 years with the College and eight years as CEO. He leaves to assume a senior position with the Australian Medical Council (AMC). All in the College thank him most sincerely for his outstanding service and wish him well in his new position.

Education and Training

The Revised Training program

The Revised College FRANZCOG Training Program is absolutely central to the College vision for Trainees and our future Fellows, and is now ready to be rolled out for Trainees commencing from December 2013. The quintessential feature is more formal structuring of Advanced Training (formerly Elective Training). Now, all Trainees will have to attain the core knowledge, skills and attributes that comprise a minimum of four years of Core Training (formerly the Integrated Training Program). However, in the revised training program, the last two years of training will consist of a series of selectives known as Advanced Training Skills Modules (ATSMs). The ATSMs acknowledge that not all Trainees will leave the training program with the same scope of practice.

Other features include the introduction of an academic stream that will facilitate completion of a PhD within the training program, and measures have been put in place to assist earlier identification of the Trainee that is unsuited to a career in obstetrics and gynaecology.

Another important initiative of the training program revisions is enhanced flexibility for Trainees with both fractional and shorter periods of training. Training time will be counted in weeks and periods to complete specific assessment tasks now described in terms of time in training rather than calendar time. This will assist Trainees taking parental leave, research leave or undertaking fractional training. Changes concerned with enhanced flexibility will also be made available to current Trainees.

Special Interest Groups

The need to develop curricula for the ATSMs has underpinned the establishment of Special Interest Groups (SIGs) within the College. The Reproductive and Sexual Health (R&SH) SIG will be chaired by Dr Kirsten Black and has terms of reference that extend to reviewing the core curriculum in the area of interest and also advising the Women's Health Committee on matters pertaining to R&SH. SIGs to develop ATSMs in both pelvic floor surgery and laparoscopic surgery will be established soon. It is hoped that the former will see collaboration with the Urogynaecological Society of Australasia (UGSA) and the latter with the Australasian Gynaecological Endoscopic and Surgery society (AGES), with whom discussions have begun.

e-Learning and Climate

The Climate program has been in place now for over 12 months and has had good feedback from Trainees. eLearning is appropriately an increasing focus of College activity with opportunities to increasingly use this platform for continuing professional development (CPD) activities. The use of online modules for the provision of patient information is being explored and could be a valuable future resource for Fellows for use with consenting patients for various surgical procedures.

AMC Accreditation

The College will have its AMC accreditation visit in the first week of September 2013. Considerable activity has surrounded preparation for this important event. Not only does the process present challenges, but it is also an opportunity to gain constructive feedback across a range of College activities encompassed by the AMC accreditation standards.

Continuing Professional Development

C-QulP

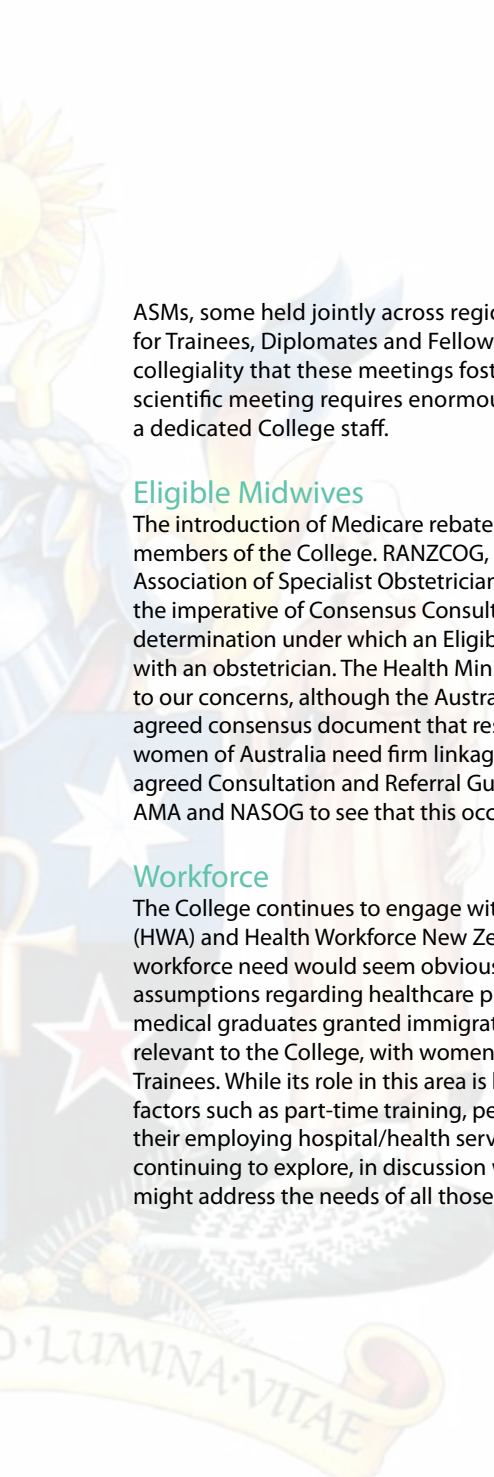
The Colposcopy Quality Improvement Program (C-QulP) has undergone significant developments under the leadership of Dr Vijay Roach. The issue for colposcopy is whether it should remain core (within the capability of all Fellows) or become an area of special interest that is only practised by a minority of the Fellowship? New recommendations for C-QulP put participation within the capability of most Fellows. The future may, however, be quite different as the HPV vaccine impacts on the incidence of cervical dysplasia to an extent that it may eventually not become possible for colposcopy to remain core for the obstetrics and gynaecology generalist.

Online CPD

Online CPD is now with us and available to Fellows. While optional at present, all those commencing a CPD cycle from January 2014 will be enrolled in the online program. The new CPD is not just about being delivered in a web-based format. Alignment to the FRANZCOG Curriculum will mean that there are now three domains in which Fellows obtain CPD points: clinical expertise, academic abilities and professional qualities. The latter category is new for CPD and will allow Fellows to claim a broad range of activities in areas such as management, health leadership and advocacy.

Annual Scientific Meetings

The financial year saw a very successful Annual Scientific Meeting (ASM) in Canberra under the leadership of A/Prof Steve Robson. Regional ASMs are also becoming a very important part of the College calendar. New Zealand chose a superb venue in Hawke's Bay for the 2013 meeting and has the exotic Queenstown scheduled for March 2014. The Provincial Fellows and Regional



ASMs, some held jointly across regions, have an established history and are important events for Trainees, Diplomates and Fellows, not only because of the scientific content, but also the collegiality that these meetings foster. As with all College activities, the successful running of a scientific meeting requires enormous commitment of time and energy by Fellows working with a dedicated College staff.

Eligible Midwives

The introduction of Medicare rebates for eligible midwives presents many challenges for members of the College. RANZCOG, the Australian Medical Association (AMA) and the National Association of Specialist Obstetricians and Gynaecologists (NASOG) joined together in mandating the imperative of Consensus Consultation and Referral Guidelines as part of the planned new determination under which an Eligible Midwife will no longer need a collaborative agreement with an obstetrician. The Health Minister, the Chief Medical Officer and Chief Nurse have listened to our concerns, although the Australian College of Midwives (ACM) has rejected a previously agreed consensus document that resulted from a joint RANZCOG-ACM Working party. The women of Australia need firm linkage of the new determination on Eligible Midwives to mutually agreed Consultation and Referral Guidelines. The College will continue to work with both the AMA and NASOG to see that this occurs.

Workforce

The College continues to engage with key workforce bodies including Health Workforce Australia (HWA) and Health Workforce New Zealand (HWNZ). Matching training numbers to future workforce need would seem obvious, yet modelling the future workforce is fraught with difficult assumptions regarding healthcare practices, models of care, numbers of specialist international medical graduates granted immigration visas and gender balance. The latter is particularly relevant to the College, with women comprising approximately 80 per cent of new FRANZCOG Trainees. While its role in this area is limited, the College remains cognisant of the impact of factors such as part-time training, periods of extended parental leave for both a Trainee and their employing hospital/health service and access to sufficient procedural gynaecology, and is continuing to explore, in discussion with jurisdictional authorities, some possible avenues that might address the needs of all those concerned.

Provincial Fellows

No discussion of workforce can take place without a parallel discussion of workforce distribution. Many provincial centres remain critically short of Fellows. The Board continues to work with the Provincial Fellows Committee on strategies to alleviate the maldistribution. This must begin with selection of the Trainees with the greatest likelihood of a future provincial career and, as such, a provincial integrated training program (ITP) is being developed. In doing so, the College remains cognisant that this must not be allowed to impact adversely on the rural rotation of urban ITPs which has been shown to provide much of the best gynaecological surgical experience during training. Beyond the ITP, structured provincial Advanced Training will be critical to the recruitment of Fellows in provincial centres and, post-Fellowship, continued support of the provincial Fellow is essential to retention. Recognising this, the locum scheme has been extended to include rural anaesthetists (Rural Obstetrician and Anaesthetist Locum Scheme - ROALS) and remains of considerable benefit to provincial practitioners in both specialties.

Diplomates

After many years of very distinguished service, Dr Jeff Taylor has been succeeded by Dr Louise Sterling as Chair of the General Practitioner Obstetric Advisory Committee (GPOAC). RANZCOG Diplomates are vital to the delivery of women's healthcare and the College is fortunate to have more than 2200 Diplomates among its membership. The introduction of the Certificate of Women's Health (CWH) has provided a qualification that should be attainable by nearly all General Practitioners. This has become increasingly important as many medical schools continue to shorten the women's health component in their curricula. The Diploma (DRANZCOG) remains the qualification for those practitioners with a specific women's health focus and the Diploma Advanced additionally covers intrapartum care to the level of operative birth.

Summary

One-third of the way through my term as President of RANZCOG, it is timely to reflect on the challenges ahead: a new CEO to be appointed, AMC demands to be met, the new CPD program and implementation of the revised FRANZCOG Training Program with development of the ATSMs. All this and very much more requires an effective College staff and a massive pro bono contribution from an engaged membership, and I look forward to involvement in College activities, in whatever capacity or area of interest, by an increasing number of the College membership.

CEO's Report

Once again, and for the final time, it is my pleasure to reflect on the activities of RANZCOG during the period covered by an Annual Report.

The corresponding piece for the previous year described a number of activities that reflected the cyclic nature of some aspects of College business, as well as others that represent significant developments in the way in which the College undertakes its core activities, and many of these remain relevant to the 2012–13 year.

During the period covered by this Annual Report, the College has again undertaken all the activities that have become part and parcel of a year, including the myriad meetings, both internal and external, necessary for such an organisation, as well as the provision of activities such as the College Annual Scientific Meeting (ASM), this time in Canberra, which again saw the associated running of the now widely accepted and well-attended days for College Diplomates. Similarly, a successful scientific meeting was run in New Zealand in Napier, with Mildura the site of the Provincial Fellows' annual meeting, while a range of other meetings were organised at a local level for the benefit of College members. The involvement of RANZCOG at the annual conferences of the Australian College of Rural and Remote Medicine and Royal Australian College of General Practitioners further indicates the desire of the College to ensure that it reaches all those with an interest in women's health, extending beyond its current members.

The College is constantly looking to provide members with resources and services that are of relevance to their practice and which ensure that ongoing membership of RANZCOG continues to represent value. The College's strategic plan, which is available on the website at: www.ranzcog.edu.au/the-ranzcog/governance/ranzcog-strategic-plan.html, developed for the term of the current Council and Board that runs until November 2014 reflects this, with a range of strategies and outcomes embedded in the four overall objectives articulated in the plan:

1. Enhancement of College services to members that increases engagement and continues to provide sustainable services to members and trainees, and which are recognised as being of clear professional benefit, particularly through the harnessing of investment in targeted Information and Communications Technology (ICT) activities.

2. Continued review and development of training programs offered by the College and associated processes to ensure all programs meet the needs of stakeholders and are defined through curricula that are constructively aligned and systematically evaluated, with a focus on program improvement and best practice processes.
3. To increase the effectiveness of knowledge capture and management within the College to enable more efficient, effective and consistent communication structures to be enabled.
4. To undertake targeted activities underpinned by clearly defined objectives and robust internal structural arrangements, which take a holistic view of women's health and are aimed specifically at realising identifiable improvements in relation to maternal mental health, Indigenous women's health in Australia and New Zealand, and women's health in Pacific island countries and territories.

A major focus of the period covered by this report has been the preparations associated with the reaccreditation of the College by the Australian Medical Council (AMC) / Medical Council of New Zealand (MCNZ), a significant component of which was the development of an accreditation submission, as well as supplementary document following consideration of the original submission by the accreditation team assembled to conduct the reaccreditation of the College. By the time this report is published, the College will be awaiting the report relating to the reaccreditation, which is composed following consideration of the College's submission(s) and a schedule of visits to a range of training sites and other stakeholders, as well as the College to engage with key internal bodies in late August to early September.

The report and associated recommendations will focus the College's activities in the short to medium term; one aspect of which will be the ongoing development of proactive interaction with external stakeholders, particularly in regard to workforce and training matters, as well as building on work commenced during this year to develop a more systematic approach to evaluation activities in order to inform improvements to the training programs offered by the College.

A significant focus of the reaccreditation was the revised FRANZCOG Training Program, the development of which was referred to in the previous RANZCOG Annual Report. It is satisfying to see this progress to the point where the March 2013 meetings of the College Board and Council

endorsed regulations to enable the revised program to be operational for Trainees commencing training from 1 December 2013, as well as enabling aspects of the program to be implemented for current Trainees where it was felt that they would benefit from such introduction. While there will be work ongoing to develop aspects such as Advanced Training Skills Modules (ATSMs) for use in the Advanced Training phase of the program when it is introduced from December 2017, the adoption of regulations governing the revised program represent a significant development for the College in relation to its absolute core function of training in the specialty.

Also of significance during the year was the staged introduction of a revised Continuing Professional Development (CPD) program for College Fellows, following the completion of a successful trial of the program. Using a framework based on that outlined in the Curriculum document that underpins the FRANZCOG Training Program, the revised program incorporates an online facility and is intended to better align the CPD of individual RANZCOG Fellows with their practice profile as the latter changes over one's professional career. With regulatory authorities the world over looking increasingly closely at the mechanisms used to ensure that medical practitioners remain 'current' in regard to their chosen scope of practice, the continued existence of and accessibility to a robust, flexible CPD program is increasingly important for all involved in the delivery of healthcare. The College is confident the development and introduction of this revised program will assist Fellows in meeting the requirements of regulatory bodies as these requirements evolve.

In the previous Annual Report, I spoke of the introduction of qualifications under the auspices of the Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG), the tripartite body hosted by RANZCOG to offer the revised DRANZCOG and DRANZCOG Advanced qualifications, as well as the newly developed Certificate of Women's Health (CWH). It is extremely pleasing to report that these new arrangements are functioning extremely well, with enrolments in the three qualifications reflecting increased interest in the qualifications in question as the recognition of the importance of medical practitioners who hold them becomes apparent. In recognition of the growing importance of the CWH, in March, the RANZCOG Board approved regulations granting a new category of College membership to holders of the qualification. The rights and privileges of these members are similar to those of a RANZCOG Diplomate and attract the use of the post nominal 'CertWH'. This is the first new category of member created since the introduction of Associate Members and Education Affiliates in November 2007.

At a College organisational level, responsibility for CPD has been incorporated into the Department of Women's Health, following the appointment of Ms Michele Quinlan as Director of Women's Health to replace Ms Ann Robertson. The College is grateful to Ann for her commitment to the work of the College over a long period, particularly in relation to the Women's Health Committee and the Nuchal Translucency Quality Assurance Program. The College is also grateful to the contributions over a long period of Ms Valerie Jenkins, who has taken the decision to retire fully from RANZCOG. The remaining senior leadership positions within the College remain unchanged with Ms Penelope Griffiths occupying the role of Director of Corporate Services/Deputy CEO, Ms Lyn Johnson as Director of Education and Training and Mr Damian Waters as Director of Finance and Infrastructure.

As mentioned in the introduction, this will be the last time that I have the privilege of writing for a RANZCOG Annual Report in the capacity of CEO of the organisation, having taken the decision to move on to a new phase of my professional career. I thank all of the individuals mentioned above, as well as all other College staff and members and others with whom I have worked over more than a decade, for their support and commitment to ensuring the College continues to develop as an improvement-focused organisation in a strategic manner. My time at RANZCOG has been important on both a personal and professional level, and has given me unique opportunities. It has also educated me as to the important role that the medical profession, through organisations such as the specialist medical colleges, plays in ensuring the delivery of safe, high-quality healthcare, and I am thankful for the opportunity to have played some small part in aiding this contribution.

Dr Peter White
CEO

Media and Communications

RANZCOG is widely recognised among print, television and radio reporters from both Australia and New Zealand, in reports relating to women's health issues. Over the past 12 months, the College has successfully increased its communications and media profile and continues to be an important source of information for journalists. Educating this target group to refer interviews on to RANZCOG has been a key ongoing strategy in increasing the College's profile in the media.

The number of referrals to RANZCOG by health organisations, such as the Federal and State(s) Department of Health and the Australian Medical Association (AMA) also continued to rise in 2012–13. Therefore, the College is increasingly being identified externally, by not only the media but also other health professional bodies and groups both in Australia and in New Zealand, as the 'key voice' on women's health such as the growing reports of female genital mutilation in Australia; and the delivery of maternity care to women of Australia and New Zealand.

The key objectives for this year were to:

- enhance and maintain the professional image of RANZCOG in Australia and New Zealand and its dedication to the establishment of a high standard of practice;
- increase the College's presence in the wider media spectrum (including print, internet, radio and television);
- increase the awareness and understanding of the work of the College;
- utilise the College's (re-designed) website's potential as an informative and efficient resource – encouraging all health professionals, media outlets, patients etc, to refer to the website and view it as an informative research tool which provides up-to-date information.
- promote the College's position with innovative training, accreditation and continuing education;
- educate the media, the professional health community and the wider general community of the role of the College and its impact on women's health issues;
- clearly communicate the vision of the College – 'to pursue excellence in the delivery of health care to women throughout their lives' in all internal and external communications activities; and
- promote the College's position in regards to innovative training, accreditation and continuing education.

Strategies

RANZCOG's Media and Communications Strategic plan is used as a guide when implementing key strategies. To date, the College has proactively addressed a number of the above objectives and achieved the following:

- Utilised the College website's potential in effectively communicating the work of the College and its position on current women's health issues that have attracted media and public attention.
- Provided internal media training for a selected number of Fellows, who regularly provide public comments on behalf of the College through print, television and radio channels.
- Developed and increased the professional and co-operative relationship with both Federal and

State parliamentarians and senior staff members.

- Developed, updated and circulated to media outlets and other key health organisations, statements on current issues.
- Increased the College's involvement in online news articles from a variety of women's health websites such as www.kidspot.com.au; www.webchild.com.au; and www.essentialbaby.com.au.
- Developed a library of newsworthy and special-interest feature stories on the work of the College to appear in mainstream publications both in Australia and in New Zealand.

There has been an increase in the number of media reports on obstetrics and gynaecology with public comments made by an increasing number of RANZCOG Fellows, who have provided expert opinions (reflecting the College's position) on various women's health issues, both in Australia and New Zealand. More and more, journalists/reporters are seeing the Media and Communications Senior Coordinator as a cooperative and effective channel and first point of contact when developing a story on specific women's health issues.

RANZCOG Media Award of Excellence

The College recognises the important role the media plays in informing the public as well as decision-makers with an interest in women's health.

The RANZCOG Media Award of Excellence is presented annually by the RANZCOG President in recognition of the best piece of journalism in one of the following areas: effectively portraying the practice of obstetrics and gynaecology in a balanced and comprehensive manner in Australia and/or New Zealand, in a report and/or article primarily focusing on the specialty; and/or showcasing/ highlighting the specialty's relationship with women's health generally in Australia and/or New Zealand. The recipient of the RANZCOG Media Award of Excellence for 2012 was Ms Rebecca Puddy for her feature in the Weekend Australian Magazine in June on homebirth versus hospital birth in Australia, titled: Hard Labour. Ms Puddy was presented with a gift and certificate during Council Week in March 2013, held at College House, Melbourne. Choice of place of birth is a sensitive topic of discussion in the general community, including other professional health bodies, and reported by a number of media commentators in recent years. This piece presented a comprehensive and balanced view, addressing the question of whether mothers should always have the right to choose where they give birth. For more information on the award, please contact Ms Julia Serafin or visit the College website: www.ranzcog.edu.au/news/1040-ranzcog-media-award-of-excellence.html.

Julia Serafin

Senior Coordinator, Media and Communications

Continuing Professional Development

In the past financial year, 1855 Fellows participated in the College continuing professional development (CPD) program and a further 37 participated in approved overseas programs. Eleven Fellows were randomly selected for, and successfully completed, the verification check process. During the year, 99 new Fellows entered the CPD Program and 32 Fellows submitted a retirement declaration. There were two Associate Members during the 2012–13 financial year, one of whom was elevated to Fellowship. There were 37 Educational Affiliates, with 36 participating in the RANZCOG CPD Program. Of these Educational Affiliates, 20 have been elevated to Fellowship.

CPD Online Program

The CPD Online program will be launched in August 2013. This exciting new development enables Fellows to record their CPD points, upload documents and track their CPD progress over the course of their three-year CPD period. In the new CPD Online program, the term Practice Audit and Reflection (PAR) replaces the term Practice Review and Clinical Risk Management (PR&CRM).

Patient Satisfaction Questionnaire

The CPD Committee reduced the cost of the Patient Satisfaction Questionnaire from \$550 to \$250 and approved a template for self-adapted Practice Patient Satisfaction Questionnaire (PSQ) to assist Fellows in designing and administering PSQs for their practice; this template is available on the RANZCOG website.

Survey requests

The College receives numerous requests from internal and external stakeholders to utilise our database to facilitate online surveys. Surveys are initially reviewed by the Chair and Deputy Chair of the CPD Committee and then referred to the full CPD Committee for ratification. In 2012–13, 12 surveys were approved for distribution.

Medical Council of New Zealand – Audit of Medical Practice

The Medical Council of New Zealand (MCNZ) has mandated compulsory participation in audit of medical practice for all MCNZ-registered practitioners. The CPD Committee agreed that for participation in the cervical cytology audit, New Zealand Fellows will be eligible for 1 CPD point per year in the Self Education category.

Fellowship Review Committee

One very satisfying aspect of this financial year has been the decline in the numbers of defaulting Fellows. A stronger line has been adopted in relation to Fellows not submitting their Annual Points Claim (APC) forms. As RANZCOG Trainees are subject to an assessment being failed if not submitted on time, it was felt that the Fellowship should also be subject to similar standards in submitting their documentation and or completing their requirements for recertification of their Fellowship.

Dr Vijay Roach

Chair, CPD Committee

Val Spark

Senior Coordinator, CPD

Provincial Fellows

The role of the Provincial Fellows Committee (PFC) is to advise the RANZCOG Board on all matters affecting obstetrics and gynaecology practice undertaken by Provincial Fellows. The PFC is also responsible for organising an Annual Scientific Meeting (ASM) for Provincial Fellows.

The recruitment and retention of specialists in provincial areas was again at the forefront of discussions by the PFC over the last 12 months. A Provincial Training Working Party, chaired by Dr Anthony Geraghty, has been formed to ensure the College has training pathways that maximise the numbers choosing to establish practice in provincial centres.

The 2013 Provincial Fellows ASM was held in Mildura, Victoria, and attracted more than 150 delegates. These quality meetings serve the professional needs of rural practitioners and provide an opportunity to network with colleagues and discuss issues of common interest.

The ongoing funding and expansion of the newly named Rural Obstetric and Anaesthetic Locum Scheme (ROALS) continues to play an important role in rural workforce retention and provides ongoing relief for Provincial Fellows. The Provincial Fellows Committee looks forward to the continuation of ROALS to support the rural obstetric workforce.

The Rural Health Continuing Education (RHCE) program provides education opportunities that support CPD for individual specialists as well as groups of specialists in rural and remote locations in Australia.

There are a number of College project grants funded through the RHCE program and involving participation by Provincial Fellows, including:

- Rural Procedural Audit (RPA): RPA provides support to rural centres and individual clinicians to collect and analyse audit data on designated procedures using an electronic data collection tool;
- PRactical Obstetric MultiProfessional Training (PROMPT): PROMPT focuses on the teamwork of obstetric teams when dealing with obstetric emergencies;
- Perinatal Morbidity and Mortality (PNM&M) Audit: PNM&M Audit seeks to improve the audit, investigation and peer review skills of regional and rural obstetricians who have been involved in perinatal adverse events that have resulted in a transfer to a neonatal intensive care unit or a perinatal death; and
- Practice Visits: the outcome of the visit is for the specialist to gain an understanding of their performance while gaining feedback about any areas of vulnerability that could be addressed to improve patient care.

Dr Anthony Geraghty

Chair, Provincial Fellows Committee

Melissa Glogolia

Coordinator, Provincial Fellows Committee

Asia Pacific

During 2012–13, the Asia Pacific Committee (APC) held two meetings and a Workplan for 2013–14 was approved by the RANZCOG Board. The Workplan supports the objective of the College's strategic plan relating to continued expansion of women's health initiatives in Pacific island countries, through capacity-building projects, with focus on attaining external financial support. In this regard, there is growing evidence that the College's efforts in collaboration with regional partners in a multidisciplinary approach, is contributing to improved outcomes for mothers and babies, and a move towards quality maternity services through a woman-centred approach. Specifically, the APC contributes to training and educational support for the School of Medical and Health Sciences at the University of Papua New Guinea and the Fiji National University College of Medicine Nursing and Health Sciences. The APC also provides educational, networking and collegial support through Associate Membership of RANZCOG for specialists working in the Pacific and a continuing professional development (CPD) program for Pacific specialists. The CPD program runs training workshops and scholarships, including the RANZCOG New Zealand and Regional Committee ASM Pacific Scholarship program. The APC is pleased to acknowledge the Queensland, New South Wales and Western Australian Regional Committees, who supported Pacific specialists to attend the 2012 ASM in Sydney and the New Zealand Committee, who supported a Tongan specialist to attend the 2013 ASM in Hawkes Bay.

Several members of the APC undertook mentoring and surgical visits to support the solo specialist in public practice in Solomon Islands. New this year was participation in the AusAID-funded Pacific Islands Project, administered by the Royal Australasian College of Surgeons and RANZCOG. This involved the development of an Intrapartum Care program that was delivered in four hospitals in Fiji in April 2013. This project will continue into the 2013–14 year.

As part of the Workplan, the APC, with the Brian Spurrett Foundation and the Pacific Society for Reproductive Health (PSRH), takes a role in providing multidisciplinary leadership skills training. Support to increase the contribution of midwives to maternity services in the Pacific is provided through the RANZCOG Pacific Midwifery Leadership Program (PMLP). Australia Awards Fellowships, funded by AusAID, currently supports the PMLP, which is conducted at Liverpool Hospital, South Western Sydney Local Health District, and the Nepean Hospital, Nepean Blue Mountains Local Health District. In addition, a number of Brian Spurrett Foundation Fellowships support Pacific midwives to visit Middlemore Hospital, Counties Manukau District Health Board. Again with PSRH, preparations were undertaken for three joint RANZCOG/PSRH workshops to be held in conjunction with the 2013 PSRH Biennial Scientific Meeting in Apia, Samoa, in July. News on progress and achievements are regularly reported in the College's *O&G Magazine*.

Dr Kenneth Clark

Chair, Asia Pacific Committee

Carmel Walker

Senior Coordinator, Corporate and Asia Pacific Services

RANZCOG Research Foundation

The Board of Directors continues to advance the Foundation through careful consideration, and implementation, of important initiatives that support early-career researchers undertaking research in any aspect of obstetrics, gynaecology, perinatal medicine or reproductive sciences. In doing so, during the period covered in this report, the Foundation has significantly revised the process by which scholarship applications are evaluated so as to place greater weight on the calibre of the applicant, including their prior research activities, rather than the specifics of the research project submitted.

The Foundation continues to be pleased by the quality of the applications it receives, and the 26 applications received for the six general awards and four travel grants/Fellowships offered for application in 2013 will be evaluated by the Grants & Scholarships Committee at its forthcoming meeting using the revised process. While the revisions are expected to enhance the Foundation's selection processes, the quality of the research funded in 2013 was again strong, with the individuals and their projects listed on the following page.

As a result of a bequest by the late Victorian artist Jack Courier, the Foundation holds a number of his lithographic works and the Board of Directors has approved the loan of several items to the College's Regional Committees. Works are currently on display in both the Queensland and New Zealand offices and throughout College House in Melbourne. A full catalogue of the collection is being compiled, with the Board intending that some works will be made available for purchase by members of the College and the Foundation, as well as the public.

In closing, it is with great sadness that I advise of the passing of Mr Graeme Bond on 1 April 2013. Mr Bond was a long-serving member of the Foundation, having been a member of the Board of Directors, in the capacity of legal adviser, and Chair of the Foundation's Finance Committee. Graeme will be greatly missed by his colleagues and friends.

Prof Caroline de Costa

Chair, Board of Directors

Georgina Anderson

Coordinator, Research Foundation

RANZCOG Research Foundation

Scholarship, Fellowship and Grant Recipients

Recipients of the scholarships available for application in 2012 were as follows:

Ella Macknight Memorial Scholarship, 2013–14

Awardee: Dr Kjana Elkje Schwab
 Project: Gene Profiling Endometrial Stem/Progenitor Cells in Eutopic Endometrium From Women With Endometriosis
 Institution: Monash Institute of Medical Research, The Ritchie Centre
 Supervisor: A/Prof Caroline Gargett

Fotheringham Research Fellowship, 2012–13

Awardee: Dr Phillip McChesney
 Project: A Randomised, Single Blind Controlled Study Assessing the Effect of Endometrial Injury on Live Birth Rate in Women Who are Undergoing an IVF/ICSI Cycle
 Institution: Fertility Associates New Zealand
 Supervisor: Prof Robert Norman, Dr Mary Birdsall

Glyn White Research Fellowship, 2013–14

Awardee: Dr Mary Tolcos
 Project: Using Diazoxide to Promote Oligodendrocyte Differentiation and Myelination in the IUGR Brain
 Institution: Monash Institute of Medical Research, The Ritchie Centre
 Supervisor: Prof Euan Wallace

Luke Proposch Perinatal Research Scholarship 2013

Awardee: Dr Ratana Lim
 Project: Sirtuin 1 (SIRT1) As a Therapeutic Target to Prevent Preterm Birth
 Institution: University of Melbourne, Department of Obstetrics & Gynaecology
 Supervisor: Dr Martha Lappas

RANZCOG Fellows' Clinical Research Scholarship 2013

Awardee: Dr Wan Tinn Teh
 Project: Genomic Determinants of Uterine Receptivity
 Institution: The Royal Women's Hospital, University of Melbourne, Department of Obstetrics & Gynaecology
 Supervisor: Prof Peter Rogers, A/Prof John McBain

Taylor-Hammond Research Scholarship, 2013

Awardee: Dr Antonia Shand
 Project: Maternal Motor Vehicle Driving Capacity After Birth
 Institution: Royal Hospital for Women, Randwick, Department of Obstetrics
 Supervisor: Dr Natasha Nassar

ASGO National Travelling Fellowship, 2013

Awardee: Dr Vivek Arora
 Purpose: To gain further experience in radical debulking surgery and work within a unit specialising in this surgery and post operative management of patients.
 Institution: Charite Hospital, Berlin (Vircho-Klinik Campus), Department of Gynaecology
 Supervisor: Prof Jalid Dehouli, A/Prof Christina Fotopoulou

Brown Craig Travelling Fellowship, 2013

Awardee: Dr Poonam Charan
 Purpose: To learn about the role of fetal surgery and acquire firsthand knowledge of the latest development in the field of fetal medicine in Europe.
 Institution: St George's Hospital NHS Trust, Department of Fetal Medicine
 Supervisor: Prof B Thilaganathan

The following scholarship recipient was supported in their second year:

Arthur Wilson Memorial Scholarship 2012–13

Awardee: Dr Clare Whitehead
 Project: Measuring Hypoxic-induced mRNA Transcripts in Maternal Blood to Identify the Hypoxic Growth Restricted Fetus
 Institution: Department of Obstetrics & Gynaecology of Mercy Hospital for Women, University of Melbourne
 Supervisor: A/Prof Stephen Tong, Prof Sue Walker

Training Accreditation

During the period 1 July 2012 to 30 June 2013, the RANZCOG Training Accreditation Committee (TAC) focused on the following areas.

Changes to Training Program

The TAC has worked with the RANZCOG Board and the Education Strategy Committee to develop and implement new regulations and assessment documentation for the FRANZCOG training program. These changes, which will take effect as from December 2013, include new three-monthly appraisal reports and six-monthly summative assessment reports for all Trainees, together with the availability of fractional training and the crediting of three-month blocks of training (previously the College has only credited blocks of six months or more). Other changes will relate only to new Trainees entering the program (maximum number of examination attempts).

Re-accreditation of Integrated Training Program hospitals

Ninety hospitals have undergone the first four-yearly re-accreditation by the College; the second four-yearly re-accreditation cycle commenced in the past year. During this year, 24 second-round re-accreditation visits have been conducted and eight progress visits (follow-up visits to hospitals where the College has significant recommendations they are required to address by a specific deadline). All newly accredited hospitals undergo a site visit conducted by a team from the College 12 months after initial accreditation to assess how the hospital has performed as a training unit in its first year. One new site has been approved in the past year: Western Health in Victoria, based at Sunshine Hospital. The total number of RANZCOG-accredited sites in Australia and New Zealand is now 105.

Membership/Fellowship

This year, 64 Membership applications and 58 Fellowship applications were considered and recommended to the Board.

ITP Trainee selection process

The College's national selection process is now in its third year. In 2012, 216 applied in Australia for 79 posts and 28 applied in New Zealand for 19 posts. In 2013, 234 applied in Australia for 84 posts and 28 applied in New Zealand for 19 posts.

The TAC has established a FRANZCOG Trainee Selection Working Party to review all aspects of the current selection process (ranging from candidate scoring to interview format and content) and will make appropriate recommendations to the Board.

Training Supervisor Workshops

Nine eight-hour workshops for Training Supervisors were conducted around Australia and New Zealand over the last 12 months. A total of 103 Training Supervisors and senior Trainees interested in becoming supervisors (upon elevation to Fellowship) have attended the workshops, which are designed to support Fellows performing this crucial supervisory role.

New policies and guidelines relating to training

The Committee contributed to and recommended to the Board a new policy on bullying, harassment and discrimination in the training workplace, and new guidelines on the supervision of Trainees in birthing suite.

Specialist Training Program and Tasmanian Specialist Health Workforce Initiative

Under the Commonwealth Department of Health and Ageing's Specialist Training Program, 26 training posts in expanded settings in Australia are currently funded. To cover salary costs, \$100,000 is available for each post. This funding enables the College to provide additional training places for registrars at both integrated training program (ITP) and elective level in such areas as general gynaecological surgery, ultrasound and infertility. The STP has recently been expanded to include a Tasmanian specialist health workforce initiative where additional training posts in public hospitals in Tasmania are funded by the Commonwealth Government. Three new posts (located at Royal Hobart, Burnie and Launceston) will commence in 2014.

New training program evaluation documentation

The Committee contributed to the development of new and revised training program evaluation documentation to provide more comprehensive feedback on the effectiveness of the specialist training program. This includes a compulsory online six-monthly questionnaire asking Trainees to comment on their current rotation, an exit survey (following elevation to Fellowship), a new Fellows survey (completed 12 months after elevation) and a Training Supervisor/ITP Coordinator survey.

Outgoing Chair

At the end of 2012, Dr Martin Ritossa's two-year term as TAC Chair concluded. The TAC thanks Dr Ritossa for the outstanding leadership and commitment he demonstrated in this role.

Dr Sarah Tout

Chair, RANZCOG Training Accreditation Committee

Shaun McCarthy

Manager, Training Services

Education and Assessment

Sincere thanks are extended to the past Chair of the Education and Assessment Committee (EAC), Prof Ian Symonds, for his leadership and guidance in the initiatives that were progressed during his term.

Examinations

Written Feedback is now available to all examination candidates after the Diploma Oral and the Membership Written and Oral Examinations. Verbal feedback continues to be offered by an experienced examiner after a second failed attempt at the MRANZCOG Written and/or Oral Examination.

Processes for third marking in the MRANZCOG short answer questions (SAQ) examination were investigated with EAC approving the motion that where a third mark is required for a question, the mean of the two closest scores be used to determine the final score of that question.

The College has instigated a number of processes designed to improve examination security. The possibility of online systems to support marking SAQ examinations is under investigation.

There has been a systematic approach to recruit more members to the College Board of Examiners. Examiner numbers are beginning to increase, which will assist the College being able to cater for a greater number of candidates at College examinations to meet the increase in Trainee numbers over the past ten years.

There have been investigations into alternative venues to hold the DRANZCOG and MRANZCOG Oral examinations. Possible new venues have been evaluated and will begin to be used in October 2013 to enable the College to cater for increased demand from candidates.

Subspecialty Assessment

Work is progressing in the development of new assessment strategies that incorporate existing and revised assessment tools and a range of new workplace-based assessments.

Diploma Qualifications

Since the suite of women's health qualifications for medical practitioners was launched in August 2011, trainee numbers have increased markedly. There are now over 100 CWH trainees, DRANZCOG trainee numbers have trebled and DRANZCOG Advanced trainee figures have doubled. The Conjoint Committee for the Diploma of Obstetrics and Gynaecology, comprising representatives from RANZCOG, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine, will undertake an evaluation of the new training programs in late 2013, with particular emphasis on the workplace-based assessments to ensure they are 'fit for purpose'.

eLearning Strategy

All four instances of the College's Learning Management System (CLIMATE, OFESP, NTOLP and C-QuIP) have been migrated to a dedicated server and upgraded to the latest version (Moodle 2.5). Access rates to the resources have increased steadily over the past 12 months, with 1278 users currently enrolled on the CLIMATE platform and an average of 110 discrete user accesses per day. An increasing number of users are accessing the resources via mobile devices.

New support resources developed over the past 12 months include Subspecialty-specific resources and webcasts of key presentations from the RANZCOG 2012 ASM and New Zealand 2013 ASM. The Online Research Project has been enhanced for mobile access and additions have been made to the Online Lecture Series. Externally developed resources added to CLIMATE include the Bloodsafe PPH eLearning module and Phase 2 of the Royal Australian and New Zealand College of Radiologists' eLearning Library.

Training Program Working Parties

The Training Review Implementation Working Party (TRIWP), formed to implement recommendations approved by the Board in relation to the curriculum and the training program, has now been replaced by the Education Strategy Committee (ESC). This body is responsible for the ongoing review of the curriculum, the structure of the training program and training/assessment documentation in liaison with the EAC and the TAC, and through formal recommendations to the Board.

Prof Ajay Rane

Chair, Education and Assessment Committee

Andreana Newson

Senior Assessment Coordinator

GP Obstetrics Advisory Committee

The General Practice Obstetrics Advisory (GPOA) Committee was formed in 2005 to represent the views of Diplomates within the College, thus providing an opportunity to provide input relating to continuing professional development and College Statements. Since then, the GPOA Committee has expanded its activities in the representation of Diplomates. Three of the original members of this Committee, Drs Linda Mann (Shared-Care representative), Elizabeth Boyd and Jeffery Taylor (Intrapartum Care representatives) have served three terms on the GPOA Committee and therefore were not eligible to stand for re-election in 2012.

Elections for the GPOA Committee were held in August 2012 and the following Diplomates were elected for the 2012–14 term:

Intrapartum Care representatives

- Dr Louise Sterling – Trafalgar, VIC
- Dr Stephen Holmes – Clare, SA
- Dr Angela Bascomb – Port Lincoln, SA

Shared-care representatives

- Dr Vanessa Hewson – Hobart, TAS
- Dr Martin Byrne – Roma, QLD

Membership in 2012–13

RANZCOG Diploma membership increased by 42 to 2458; of which 235 hold the DRANZCOG Advanced, 1795 the DRANZCOG and 428 the DipRACOG. During the year, 36 Diplomates resigned and 36 were removed from the Register of Diplomates owing to their unfinancial status.

Diplomates Days

Two Diplomates Days were held at the RANZCOG Annual Scientific Meeting (ASM) in Canberra on Saturday 8 September and Sunday 9 September 2012, as part of the pre-conference workshop program. There were 36 (Day 1) and 39 (Day 2) participants, with the majority staying on for the ASM. The presentations from both days have been made available on the CLIMATE eLearning portal of the RANZCOG website for all participants to access.

A RANZCOG Rural Obstetrics Day was held as part of the Annual National Conference of the Australian College of Rural and Remote Medicine (ACRRM) and the Rural Doctors Association of Australia (RDAA) Rural Medicine Australia 2012, held in Fremantle, WA, 25–28 October 2012. There were 39 participants and, following positive feedback, ACRRM expressed interest in making this an annual, rather than the planned bi-annual, activity.

The Rural Obstetric and Anaesthetic Locum Scheme

The Rural Obstetric and Anaesthetic Locum Scheme, a Commonwealth-funded workforce support program, continues to provide much-needed support to our Diplomates.

The Procedural Support Training Program

The objective of this program is to improve access to maternity services for women in rural and remote areas through financial support to eligible GPs. This financial year it was pleasing to be able to offer 35 GPs in rural and remote Australia the \$40,000 grant to put towards receiving the DRANZCOG Advanced qualification. Areas identified in the searching process were the ability for the practitioner to maintain obstetric services in their town and, in many situations, for the expansion of obstetric services to include the provision of emergency caesarean section.

Grandfathering of Diploma Holders

The grandfathering of Diploma holders performing caesarean section saw the introduction of the grandfathering clause in 2012, allowing those Diplomates with the DRANZCOG qualification who were credentialled in caesarean sections to be grandfathered into the Diploma Advanced. This was brought about to assist the workforce, which in many states and territories have made the DRANZCOG Advanced the minimum qualification for the providing of caesarean section services. During this financial year 26 DRANZCOG holders have taken advantage of this clause and been grandfathered to the DRANZCOG Advanced qualification.

Dr Louise Sterling

Chair, GP Obstetrics Advisory Committee

Val Spark

Coordinator, GP Obstetrics Advisory Committee

Specialist International Medical Graduates

During the period 1 July 2012 to 30 June 2013, the RANZCOG Specialist International Medical Graduates (SIMG) Committee assessed at interview 55 SIMGs for comparability to an Australian-trained specialist in obstetrics and gynaecology and the suitability of six applicants for intended Area of Need (AoN) positions.

In New Zealand, where RANZCOG acts as a Branch Advisory Body for the Medical Council of New Zealand (MCNZ), 11 IMGs have been assessed for suitability for provisional registration within a vocational scope of practice.

The RANZCOG SIMG Committee endorsed 27 Australian- and seven New Zealand-assessed IMGs to be elevated for Membership and Fellowship of RANZCOG.

During this period, 17 IMGs were granted approval to access training in obstetrics and gynaecology in short-term positions in Australian Hospitals through the Occupational Trainee Visa process.

RANZCOG SIMG/AoN Assessors Workshop

An educational workshop for new and experienced SIMG assessors and community representatives was held at College House in November 2012. The workshop provided an overview of the RANZCOG assessment processes in Australia and New Zealand, including key strategies for gathering pertinent information from and about candidates. It provided a valuable opportunity for Fellows involved in the process to suggest improvements and revisions to the questions that are used to gather a candidate's training history and clinical experience. Time was spent developing patient vignettes that would permit a wider sampling of competencies to be assessed and allow candidates to better demonstrate the breadth and depth of their knowledge, skills and attributes. These will be reviewed on a continuous basis and initiatives implemented to improve their quality and reliability.

The Committee continues in its efforts to ensure the robustness of all stages of the SIMG assessment processes, while being cognisant of the requirements and principles for assessing specialists trained overseas outlined by the Australian Medical Council (AMC) and the MCNZ.

As well as refinements to the interview process, other developments include a formal recruitment process for new assessors, a procedures manual for assessors, reviews of the periods of oversight required, the determination of criteria to determine periods of oversight and revisions to the processes involved in the initial paper-based assessment. The Committee has also introduced a questionnaire seeking feedback from applicants who have been through the interview process to help inform further improvements that could be considered for implementation.

The work that RANZCOG does on behalf of the AMC and MCNZ in assessing SIMGs and Area of Need applicants continues to be underpinned by the generous support of the Fellows and community representatives who freely give their time for this important work within the Australian and New Zealand healthcare workforce.

Dr Christopher Hughes

Chair, Specialist IMG Assessment Committee

Margaret Elsum and Kellie Hardy

Coordinators, SIMG Assessment Services

Trainees

During the period 1 July 2012 to 30 June 2013, the Trainees' Committee held three teleconference meetings and one face-to-face meeting at College House.

Major initiatives by the Trainees' Committee over this time have included the following:

- Working closely with the RANZCOG Board, the RANZCOG Training Accreditation Committee and the Education Strategy Committee to develop and implement new regulations and assessment documentation for the revised FRANZCOG training program. These changes, which will take effect as from December 2013, include new three-monthly appraisal reports and six-monthly summative assessment reports for all Trainees, together with the availability of fractional training and the crediting of three-month blocks of training. Other changes will relate only to new Trainees entering the program.
- Enhancing the Committee's role in the College governance structure by revising its Terms of Reference to include a second Deputy Chair, a representative of SIMGs who are undertaking supervised in-hospital training to meet requirements for Fellowship, an official alternative for each Committee member who will attend meetings in their absence and have full voting rights, and permitting the Chair and Deputy Chairs to continue in these roles even if they move interstate or to another Trainee cohort (to prevent the loss of experienced Committee members with substantial corporate knowledge).
- Contributing to the development of new and revised training program evaluation documentation to provide more comprehensive feedback on the effectiveness of the specialist training program. This includes a compulsory online six-monthly questionnaire asking Trainees to comment on their current rotation, an exit survey (following elevation to Fellowship) asking Trainees to reflect back on their completed training, a new Fellows survey (completed 12 months after elevation) which will ask them to assess how effectively the training program prepared them for specialist practice, and a Training Supervisors/ITP Coordinators survey asking Fellows in these crucial roles to comment on their role and on the training program generally.
- Working with the RANZCOG Training Accreditation Committee to develop the new RANZCOG policy on bullying, harassment and discrimination in the training workplace and new guidelines on supervision of Trainees in the birthing suite.
- In consultation with the RANZCOG Training Accreditation Committee and the New Zealand TAC, revising the College's in-hospital credentialing document to make it a more effective risk-management and patient safety tool.
- Representing RANZCOG trainees on the Education Strategy Committee (formerly the Training Review Implementation Working Party) in the ongoing development of strategies, documentation and learning modules to support Trainees' training and assessment activities.
- Representing RANZCOG Trainees on the eLearning Committee and contributing to the development and implementation of the College's new learning platform, CLIMATE.

- Representing RANZCOG Trainees on the College Workforce Committee in the ongoing review of the RANZCOG's current and future workforce needs, and the work intentions of trainees and new Fellows.
- Representing the College at the inaugural World Association of Trainee Obstetricians & Gynaecologists (WATOG) General Assembly in Rome.
- Contributing to the ongoing review of the MRANZCOG and DRANZCOG Written and Oral Examinations by the Education & Assessment Committee, including the development and implementation of MCQ question banks, improvements to the processes for post-examination feedback and proposing modifications to the regulations governing the allocation of examination places to ensure a more equitable process.
- Ongoing support for and active encouragement of Trainees' Days at RANZCOG Annual Scientific Meetings.

There are Trainee representatives on the following groups:

- Education and Assessment Committee;
- the College Training Accreditation Committee and each Regional/New Zealand Training Accreditation Committee;
- the Education Strategy Committee;
- Regional Committees;
- the Women's Health Committee;
- the Continuing Professional Development Committee;
- RANZCOG Council;
- O&G Magazine Advisory Group;
- Publications Management Committee;
- RANZCOG ITP hospital re-accreditation teams;
- interview panels for ITP Trainee selection;
- the FRANZCOG Trainee Selection Working Party;
- the Recognition of Prior Learning Assessment Subcommittee;
- Australian Medical Association (AMA) Doctors in Training Forums;
- RANZCOG Workforce Advisory Group (New Zealand); and
- RANZCOG Maori Advisory Group (New Zealand).

Dr Will Milford

Chair, Trainees' Committee

Shaun McCarthy

Manager, Training Services

Subspecialties

Certification

The College offers five subspecialty training programs. In the past 12 months, 11 Fellows have met the training and assessment requirements for certification:

Obstetrical & Gynaecological Ultrasound (COGU)	0
Gynaecological Oncology (CGO)	2
Reproductive Endocrinology & Infertility (CREI)	3
Urogynaecology (CU)	0
Maternal Fetal Medicine (CMFM)	4
International Specialist CREI	1
International Specialist COGU	1

The number of current certified subspecialists is as follows: COGU 40; CGO 53; CMFM 52; CREI 71; CU 35. The total number of certified subspecialists is 251. All eligible subspecialists have met the recertification pathway requirements.

Subspecialty	Year 1	Year 2	Year 3	Year 3+*	Total
CGO	6	1	2	1	10
COGU	1	4	1	2	8
CREI	3	6	5	4	18
CMFM	8	6	5	5	24
CU	0	0	4	1	5
Total	18	17	17	13	65

* Year 3+ includes Trainees who have completed the training component but not the assessment component and those Specialist International Medical Graduates (IMGs) who have been assessed as substantially comparable to an Australian-trained subspecialist and who are waiting to complete the relevant examination/s.

Training

The table indicates the number of Trainees in the five Subspecialty Training Programs as of June 2013. Thirty four applications for subspecialty training were received, 25 candidates interviewed and 22 selected to join the training program in 2014: CGO three, COGU three, CREI four, CMFM seven and CU five.

Accreditation of Subspecialty Training Units

Thirty-three subspecialty training units have been re-accredited for subspecialty training for the period January 2014 to December 2018. Two new CREI training units have been accredited – Monash IVF Epworth & Mercy Hospital and Repromed Auckland.

Certificate of Recognised Training (CORT)

The Certificate of Recognised Training (CORT) is only available to international medical graduates and is not a recognised qualification in Australia/New Zealand. CORT trainees are allowed to complete subspecialty training in RANZCOG-approved subspecialty training units for up to two years. Candidates are not required to complete a research project or the subspecialty examinations. Currently three candidates are registered in CORT training.

Key policy decisions and regulation changes

Subspecialty workplace-based assessment (WBA) trials continued in the past year and final trials will be conducted in the second half of 2013. Trialled and approved WBAs will be gradually introduced in 2014. The written and oral examinations for the five subspecialties will be retained until enough evidence has been gathered demonstrating that WBAs equal the assessment rigour of the oral examination. Regulation changes in the past year include:

- CMFM Trainees to complete the IHCE within eight weeks before the date of the final CMFM examination (Regulations 15.12.1.1 and 15.15.3)
- Satisfactory completion of the research project is no longer a prerequisite for the final subspecialty examination. The research project must now be submitted for assessment within two years following satisfactory completion of the clinical training component of subspecialty training and assessed satisfactory within three years post completion of clinical training or trainee will be recommended for removal from the training program. (Regulations 15.11.2, 15.12.1.2 and 15.22).

The Terms of Reference of the six Subspecialties Committees have been reviewed and minor amendments made.

Dr James Harvey

Chair, Subspecialties Committee

Maggie van Tonder

Senior Coordinator, Training Program

Women's Health

The Women's Health Committee (WHC), supported by Women's Health Services, advocates for women's health issues on behalf of the College Fellowship. This extends to the provision of advice to Federal and jurisdictional Government committees. This year, these activities have included:

- providing feedback on the public consultation of the National Antenatal Care Guidelines: Department of Health and Ageing (Modules 1 and 2);
- providing advice on a Medical Services Advisory Committee application regarding the Medicare Benefits Schedule review of botulinum toxin injections, vulvoplasty and inguinal hernia repairs;
- representing the College on the Rheumatic Heart Disease Reference Group;
- responding to various requests from the Therapeutic Goods Administration;
- reviewing materials produced by the Raising Children Network;
- providing feedback to the New Zealand Ministry of Health on their draft tumour standards;
- providing feedback and review on the American College of Obstetricians and Gynecologists Neonatal Encephalopathy Task Force Report, Neonatal Encephalopathy and Neurologic Outcome;
- representing the College and providing input into the Australian Council of Health Care Standards review of Obstetric and Gynaecological Indicators;
- endorsing the Position Statement on Vitamin D and Health in Pregnancy, Infants, Children and Adolescents in Australia and New Zealand (*Med J Aust* 2013; 198: 142-3);
- endorsing the National Blood Authority Australia Patient Blood Management Guidelines;
- endorsing the Australia and New Zealand Stillbirth Alliance Decreased Fetal Movements Guidelines; and
- endorsing the Rheumatic Heart Disease Australia Guidelines for Prevention, Diagnosis and Management of Acute Rheumatic Fever.

The College develops best-practice advice on issues relating to many aspects of women's health, based on evaluation of available evidence and expert clinical opinion. The following documents were developed or revised by the WHC this year:

- College Statement on Combined Hormonal Contraceptives
- College Statement on Driving after Abdominal Surgery Including Caesarean Delivery
- College Statement on Pre-Pregnancy Counselling
- Guidelines for Performing Robotic Surgery
- Evidence-based Medicine, Obstetrics and Gynaecology
- College Statement on Termination of Pregnancy
- College Statement on Managing the Adnexae at the Time of Hysterectomy for Benign Gynaecological Disease
- College Statement on Neonatal Male Circumcision
- College Statement on the use of Misoprostol in Obstetrics
- College Statement on Rotational forceps
- College Statement on Instrumental Vaginal Delivery
- College Statement on Maternal Group B Streptococcus in Pregnancy: screening and management
- Guidelines for Training in Advanced Endoscopic Surgery

- College Statement on Antenatal Assessment in the Absence of Pregnancy Complications
- College Statement on Vitamin and Mineral Supplementation in Pregnancy
- College Statement on Prenatal Screening for Fetal Abnormalities
- College Statement on Sterilisation Procedures for Women with an Intellectual Disability
- College Statement on the Use of Mesh in Gynaecological Surgery
- Guidelines for Gynaecological Examinations and Procedures
- College Statement on Diethylstilboestrol (DES) Exposure in Utero
- College Statement on the Use of Mifepristone for Medical Termination of Pregnancy
- College Statement on Prophylactic Antibiotics in Obstetrics and Gynaecology
- College Statement on Management of Obesity in Pregnancy
- College Statement on Management of Breech Presentation at term
- College Statement on Termination of Pregnancy
- College Communique on Non-invasive Prenatal Testing

The WHC also contributed to the development of the following documents: College Statement on the Management of Gestational Trophoblastic Disease; and RANZCOG position on assisted reproductive treatment for women of advancing maternal age. WHC has developed online patient information on a range of common gynaecological conditions and treatments. Patient information pamphlets are available to practitioners on 37 topics.

The Indigenous Women's Health Committee (IWHC) has been progressing a range of initiatives, including: organisation of the 2014 Indigenous Women's Health Meeting; development of a College Reconciliation Action Plan, to be launched at the RANZCOG Indigenous Women's Health Meeting; implementation of a College Indigenous Status Identifier; participation in the development of an Indigenous Women's Health eLearning module, which is being led by the RANZCOG eLearning Editorial Committee; and participation in project run by the Royal Australian College of Surgeons, to develop an Indigenous Health and Cultural Competency Online Portal for Medical Specialists.

The Diagnostic Imaging Management Committee undertakes oversight of all aspects of College activity relating to diagnostic imaging and the provision of recommendations and advice to the RANZCOG Board and Council as applicable, on such matters. The Joint Human Genetics Society of Australasia (HGSA) and RANZCOG Prenatal Diagnosis and Screening Committee is currently in the process of reviewing two RANZCOG Statements: Prenatal screening tests for trisomy 21 (Down Syndrome), trisomy 18 (Edwards syndrome) and neural tube defects; and Joint HGSA/RANZCOG Prenatal diagnosis policy.

A/Prof Stephen Robson

Chair, Women's Health Committee

Michele Quinlan

Director, Women's Health Services

Historical Collections

A significant consignment of records of the former Royal New Zealand College of Obstetricians and Gynaecologists and its predecessor the New Zealand Council of the Royal College of Obstetricians and Gynaecologists (RCOG) was transferred to the archives in Melbourne from the RANZCOG New Zealand office during the year. Cataloguing of the archival photograph collection was completed.

The College gratefully acknowledges those Fellows and Friends who donated personal papers, MRCOG case records, crested items and a large number of books and journals to the Historical Collections. Donors included Dr J Bates, Dr P Crowe, Dr B Wren, Prof J Leeton, Dr P Renou, Dr R Hyslop, Dr G Betheras, Prof A Korda, Ms I Keszai, Mrs M Houston, Mrs H Furber, Ms F Macdonald, Dr B Wren, Dr R Hyslop, Dr G Bishop, Dr J Roche, Prof D Saunders and Ms B Munro. The books are a valuable addition to the Frank Forster Library and all donations are greatly appreciated.

A computer has been made available for users of the Frank Forster Library that allows members and staff to consult the catalogue while working in the library. The Library's continued participation in the Libraries Australian inter-library loans service (LADDS) has enabled other Australian libraries to access the Library collection. Many requests have been received throughout the year, including one request for a rare book held in the Frank Forster Library that is the only copy in Australia.

Among donations to the Museum this year was a Corometrics twins fetal monitor from the 1970s–1980s donated by Monash Health. It would have been used at either Prince Henry's or Queen Victoria Medical Centre. Monash Health also donated 13 obstetric and gynaecological teaching models from the former Prince Henry's Hospital Nurses' Library. Other donations included three antique pill boxes from Dr Philip Suter; a Decker culdoscope and instrument kit from Dr Alan Hewson; and, from Dr Gabriel Zipser, a trocar and cannula, uterine dilator and original pack of Filshie clips with prototype Filshie clip applicator. The Museum is grateful to the donors.

Two old instruments have been loaned to the Museum under a special loan agreement with the Otago Medical School Alumnus Association in New Zealand. The instruments on loan are a Bossi's uterine dilator and a Simpson's cranioclast. A rare Watson Victor baby incubator from the 1950s–1960s was purchased for the Museum collection during the year.

The College thanks those Fellows and Friends who generously donated a total of \$3,500 to the Friends of the College Collection during the year. The money was used partly to purchase six antiquarian prints for the College Collection and also for the temporary framing of 12 Jack Courier lithographs for display at College House. The Courier lithographs are on loan to the College from the RANZCOG Research Foundation.

Dr Anthony Frumar

Chair, Historical Collections Committee

Sue Cawthorn

Librarian

Gráinne Murphy

Museum Curator

Rosalind Winspear

Archivist

New Zealand

The New Zealand Committee (NZC) and staff had another effective year, working to promote excellence in women's health.

As well as running and developing our regular College programs, we continued to work collaboratively with other colleges and groups on national projects. Much of our work involved liaison and consultation with senior politicians and health officials. Regular Executive Committee teleconferences allowed us to be proactive in this area.

In 2013, Jane Cumming completed her first year as executive officer, Jude Kaveney completed another year as part-time training coordinator and early in the year Makiko Wimbush moved from part-time to full-time hours as events officer. In the middle of the year we moved to a new office in a central location. The new space provides us with comfortable meeting space and is fully compliant with earthquake codes, which was reassuring during the recent quakes.

The NZC projects, initiatives and achievements in 2012–13 included the following:

- Strengthening the working relationship with Hon Tony Ryall, Minister of Health. The Minister attended our office opening and formally met Committee members on a few occasions to discuss matters of mutual concern.
- Contributing to several national projects, including the development of e-prioritisation tools, obstetric and gynaecological standards, guidelines and consensus statements.
- Contributing to debate about health workforce and training issues. As in previous years, this included advocating for women's health training and workforce development through the Medical Council of New Zealand (MCNZ) and Council of Medical Colleges (CMC) and active encouragement to Health Workforce New Zealand (HWNZ) to address long-term, strategic issues facing the medical workforce.
- Making combined media statements and participating in clinical working groups with other maternity providers as an expression of our commitment to the principle of seamless, collaborative care. This included the development of an agreed approach to the local resolution of clinical concerns, an inter-disciplinary session on multiple birth at the Annual Scientific Meeting (ASM) and contribution to the development of a consensus statement on Group B Streptococcus.
- Providing advice, in our capacity as an MCNZ Branch Advisory Body, to determine whether International Medical Graduates' training, qualifications and experience are at the level of a NZ-trained specialist.
- Facilitating four well attended Clinical Directors' Forums and one combined forum with the Midwifery Leaders from each District Health Board (DHB).
- Working with Porter Novelli to increase the profile of women's health issues in the media.
- Re-invigorating the practice visit program.

- Running a successful ASM in Napier that delivered a strong scientific program and workshops and which drew 155 delegates.
- Supporting 115 Trainees involved in the Integrated Training Program (ITP). In December 2012, 20 new Trainees started. We also ran several well-attended training events, including anatomy, ultrasound, research skills and three mock OSCE exams.
- Promoting and administering The Mercia Barnes Trust, which awarded two research grants (\$55,000 total) in March 2013.

We warmly thank all members of the NZC for their commitment and contribution.

Dr John Tait

Chair, New Zealand Committee

Jane Cumming

Executive Officer, New Zealand Office

ACT

The ACT Regional Committee (ARC) for 2012–13 comprised of Dr Andrew Foote (Chairman), and Drs Susanne Close, Shiao Low, John Hehir, Bish Mukerjee (Treasurer) and Philip Mutton.

The 2012 Annual Research Registrar day was held last November. Dr Charlotte Paull won the prize for her paper on post-dates pregnancies. The keynote speaker was Prof Michael Permezel, who spoke about the pathogenesis of preterm labour.

We had a clinical dinner meeting in August, with attendance by most of the visiting medical officers, staff specialists and Trainees, with a presentation on endometriosis. The meetings will continue regularly, and will also be used for the discussion of College issues and the briefing of our College representative before attending College Council.

The next Research Registrar Day will be held in November 2013.

Dr Andrew Foote
Chair, ACT Regional Committee

New South Wales

The NSW Regional Committee (NSWRC), comprising of 14 Fellows, two Trainee representatives and one Diplomates' representative, serves over 1350 NSW College Fellows, Members, Trainees, educational affiliates, Diplomates, DRANZCOG trainees and Retired Fellows. The Committee meets every two months. The NSWRC office is located at St Leonards and is supported by one full-time staff member and two part-time staff.

Education activities are the main focus of the NSWRC. A MRANZCOG Oral Pre-Examination Course was held in September 2012, followed by a MRANZCOG Written Pre-Examination course in October 2012. A DRANZCOG Revision Course was held in November 2012 and an FSEP Workshop in February 2013. Members of the Education Subcommittee attended various careers events.

The NSW Education Subcommittee has continued to hold Educational Evenings for Fellows. Three evenings were held during the year, covering the topics of: Overview of Stillbirth in 2012; Pelvic Floor Trauma in Childbirth: What does it mean for your Practice?; Prenatal screening and Diagnosis in the Molecular Age; Endometriosis: the Joker in our game; and Mesh and Prolapse Surgery: the Good, the Bad and the Ugly.

The NSW/ACT Training Accreditation Committee (TAC) held four meetings. This Committee comprises a Chair plus nine Integrated Training Program Coordinators and two Trainee representatives. The Committee appointed 34 year-one Trainees for the 2013 clinical year. The NSW TAC has continued its program of Education Days for Registrars. In July 2012, the day was held at Royal Hospital for Women, the theme being 'Infertility'. In November 2012 the day was held at Nepean Hospital, the theme being 'The Usefulness of Ultrasound in Obstetrics and Gynaecology' and in March 2013 the day was held at Liverpool Hospital, with the theme 'Medical Disorders in Pregnancy'.

In July 2012, the NSWRC's nomination of A/Prof Rodney Baber for the Award of the RANZCOG Distinguished Service Medal was approved by the RANZCOG Board. In September 2012, the NSWRC sponsored its first Annual Scientific Meeting (ASM) Scholarship for the Pacific and welcomed the recipient, Dr Amanda Noovao-Hill, to the Canberra ASM. The NSWRC continues to provide representatives for NSW Health committees, working groups and hospital selection panels.

Current issues facing the NSWRC include: provision of a rural workforce; the impact of extended leave from the training program; and the balance between service provision and training opportunities.

Prof Gabrielle Casper
Chair, New South Wales Regional Committee

Lee Dawson
Executive Officer, New South Wales Regional Office

Victoria

The Victorian Regional Committee (VRC) continues to represent the interests of Fellows, Diplomates and Trainees in obstetrics and gynaecology in Victoria. Dr Alison Fung has continued in the role of Chair for the 2012–13 term.

This year the VRC was approached by various external bodies for representation and the VRC is thankful to those who provide their valuable input and time into participating in these activities. Some of external committees/bodies that Victorian members have been involved in over the past year include:

- Coronial Council of Victoria
- Health Services Commissioner – panel of medical experts
- National Association of Specialist Obstetricians and Gynaecologists (NASOG)
- Medical Services Advisory Committee (MSAC)

The VRC hosted various educational evenings for members, which were well received. These evenings present an informal opportunity for members to discuss areas of interest and value to the specialty. Invited speakers are leaders in their field, recently the 'Árabin Cervical Pessary' was presented by A/Prof Ricardo Palma-Dias.

Diploma courses were held in February and July, attracting over 40 registrants each. We are grateful for the valuable contribution of all the presenters who generously provided their time and knowledge. Practical sessions were held in the use of Mirena and Implanon, and the Newborn Emergency Transport Service (NETS) education team coordinated a neonatal resuscitation session.

Interest in specialist training in Victoria remains strong, with many inquiries received at the VMPF medical careers expo in June 2013. This year continues to point toward a changing demographic, with only four males being recruited of the 22 year-one Trainees commencing in 2013. We manage the training requirements for our 156 registered Victorian Trainees with the assistance of many Training Supervisors across various training sites. Our appreciation is extended to all those who contribute to the training program, without whom our profession would cease to exist.

The VRC relocated its office to College House after a longstanding tenancy at the Royal Society of Victoria building. A farewell function was held in June to commemorate the College's relationship with 8 La Trobe Street. Executive Officer Fran Watson left the VRC for a role at College House after eight years of service. Mathew Davies joined Bree Morison in the Regional Office in January.

Dr Alison Fung

Chair, Victorian Regional Committee

Mathew Davies

Executive Officer, Victorian Regional Committee

Tasmania

The Tasmanian Regional Committee (TRC) continues to represent the interests of Fellows, Diplomates and Trainees in obstetrics and gynaecology in Tasmania. Dr Steve Raymond has continued in the role of Chair of the TRC for the 2012–13 term.

Representation continues on various external committees and bodies by Tasmanian members, including University of Tasmania Medical Advisory Committee, Tasmanian Perinatal Mortality and Morbidity Committee (TPMMC) and the Tasmanian Audit of Surgical Mortality.

Dr Tania Hingston has continued in the role of Chair of the Tasmanian Regional Training Accreditation Committee (TAC) this year. There are 13 Trainees completing various levels of training in Tasmania. In addition, Monash Medical Centre also includes Launceston as a rural training site supporting Victorian Trainees. Trainees have also continued to train at Burnie, which is recognised as a rural training site.

We had an increase from two to three new Trainees recruited to commence in 2013. In an effort to improve consistency and transparency across the country, Tasmania participated in the national College-approved recruitment process. This process has introduced various challenges and rewards. Many thanks to those who participated in the process.

The TRC held its annual dinner and mini-research symposium at The Henry Jones Art Museum in November 2012. The special guest for the evening was Dr Nicky Beamish, speaking on perinatal mental health issues. This evening also allowed ITP Trainees to present their research projects to the Tasmanian Membership.

Dr Stephen Raymond

Chair, Tasmanian Regional Committee

Mathew Davies

Executive Officer, Tasmanian Regional Committee

Western Australia

The Western Australia Regional Committee (WARC) has been busy throughout the year and active in holding its Committee meetings and General Meetings of the WA Fellowship. WA has valued the contribution of our College Councillors in Prof Yee Leung and Clinical A/Prof Krish Kathigasau and more recently Dr Donald Clark who attend the WARC and general meetings. WARC was also fortunate in having Dr Louise Farrell, former College Vice President, attend meetings and her contribution was very highly regarded.

The Annual General Meeting was held on Wednesday 7 November 2012.

The WA Training Accreditation Committee was chaired by Clinical A/Prof Krish Karthigasau and then taken up by Dr Dale Hamilton (ITP coordinator); Dr Gordon Das was appointed as ITP coordinator. The training in Western Australia is strongly supported by a good team of Training Supervisors across the state, not only in the metropolitan area but also in Albany, Bunbury and Geraldton. A strong field of candidates for the 2013 ITP was also forthcoming.

College examinations were held in July 2012 and February 2013.

WARC supports various Medical Careers Expos throughout the year and there is always a great interest in the specialty.

WARC's Annual Dinners continue to grow and are held either during a Regional Scientific Meeting (RSM) or as a standalone event.

In May/June of 2013 Western Australia and South Australia undertook a combined RSM held in Darwin and hosted by South Australia. This will be reciprocated in 2014 when Western Australia will be the host and the RSM will be held in Broome 20–22 June 2014.

Thanks must go to members of the WARC, Fellows, Trainees and Retirees for their ongoing support, interest and participation, and also to WA's Executive Officer Janet Davidson who keeps us well informed and on track to deliver a sound base for obstetrics and gynaecology in Western Australia.

Dr Tamara Walters

Chair, Western Australia Regional Committee

Janet Davidson

Executive Officer, Western Australia Regional Office

Queensland

This was a busy year for the RANZCOG Queensland Regional Committee (QRC), providing a number of opportunities for engagement with the College. Of particular interest was the rejuvenation of the North Queensland scientific meeting, held in October, which was well attended. In conjunction with the meeting, an optional perineal repair workshop was held on the Monday of the long weekend. One of the highlights was the awarding of the Bill Boyd Medal and the inaugural Michael Humphrey Medal for the best presentation of original research or case study by either a current RANZCOG Trainee or recent Fellow who had worked in Mackay, Townsville, Cairns or Mt Isa Hospitals. Both medals were won by Dr Katrina Vogler. The intention is to hold this meeting every two or three years.

QRC meetings are usually held via teleconference, however, in December 2012, the Queensland Training Accreditation (TA) Committee met face to face. The day provided the opportunity to meet and discuss training accreditation issues, including the equity of experience gained throughout the Integrated Training Program (ITP) rotations offered in Queensland. A/Prof Ted Weaver, Chair Qld TA Committee, advised that each Trainee receives approximately equal exposure and training, and, in particular, gynaecological surgical experience. The TA Committee were delighted with the high numbers and standard of applicants that presented for interview for the 18 year-one training positions, for commencement in February 2013.

The QRC offered a Membership pre-exam course in March 2013, a mock OSCE for those sitting the May 2013 OSCE in April, and a DRANZCOG update course in May. These courses are all extremely well received by Trainees. There is an enormous amount of work that goes into these courses and the QRC is very grateful to the course directors, Fellows and Trainees who give up their time to assist.

In May, the RANZCOG Board met in Brisbane and, in conjunction, the QRC hosted a Fellows' Evening. During the evening, Fellows who are involved in collaborative care arrangements with private practice midwives presented their experiences of this model of care to those in attendance. This provided the opportunity to ask questions and debate the topic. More than 50 Fellows attended and it is planned to hold similar events in the future.

The QRC continues to be represented on the Queensland Committee of Medical Specialist Colleges. The QRC received several requests for Fellows to represent the College on various committees and hospital credentialing panels. The committee is appreciative of all Fellows who accept these invitations to represent the College.

Dr Lee Minuzzo

Chair, Queensland Regional Committee

Lee-Anne Harris

Executive Officer, Queensland Regional Office

South Australia/Northern Territory

DRANZCOG Pre Exam and GP Revision Course

The 2012 DRANZCOG Pre Exam and GP Revision Course held in July. This year, RANZCOG hosted 15 candidates for the mid-year course. All registrations were done by IVvy Management System. GPs who undertook the course qualified for 40 RACGP QI&CPD Category One points as well as for 30 ACRRM PRPD points, 30 PRPD O&G MOPS Points and a two-day obstetric procedural grant for the 2011–13 triennium.

Integrated Training Program

The 2012 selection process resulted in the selection of four local Trainees for year one in 2013. The standard was high, with many keen local applicants not attaining a place in the RANZCOG integrated training program (ITP). All major teaching hospitals are to be congratulated not only on their support of the junior RANZCOG Trainees but also their mentoring of those aspiring to become Trainees. Current rotations, which include an increased emphasis on gynaecological training in the early years, are performing well.

Adult and Neonatal and Resuscitation Course

The 2012 Adult and Neonatal Resuscitation course was held at the Bio Skills Centre, which Dr Duggan organised together with Dr Michal Wozniak, Director, Bio Skills SA, Senior Lecturer. Ten SA/NT Fellows undertook the half-day course. Positive feedback was received in relation to the content and delivery of the course.

Colposcopy Course

The 2012 Colposcopy Course Dinner Meeting was held at The Lion Hotel, Melbourne Street. Dr Roy Watson, coordinator of the evening, organised for three presenters (A/Prof David Allen, Dr Chris Carter and Dr Amita Singla) to engage the audience with the latest information on the impact of cervical cancer immunisation, vulval disease and cytology into the future. More than 30 delegates attended the evening in which all expressed positive feedback. The meeting was supported by OLYMPUS Australia.

New Trainee Induction Evening – February 2013

Early this year we welcomed our new 2013 ITP Trainees as well as those Trainees who have transferred from interstate to train in South Australia. Dr Melanie Johnson, Dr Tran Nguyen, Dr Kasia Siwicki and Dr Amanda Poprzeczny are the new year-one Trainees in 2013, and Dr Brendan Miller is a year-six transfer Trainee from Queensland.

SA/NT & WA Regional Scientific Meeting

The inaugural combined RANZCOG SA/NT and WA Regional Scientific Meeting was held at the Vibe Hotel, in Darwin's Waterfront precinct, from 31 May to 2 June. There were more than 60 attendees, with good representation from Trainees, Diplomates and Fellows. The scientific meeting covered three broad themes: gynaecological and breast cancer; rural and remote care; and current controversies, with ample time interspersed for free communications.

The free communications sessions provided an opportunity for medical students, doctors-in-training, and postgraduates to shine. It was difficult choosing the winners of the O'Loughlin Medal, the Tony McCartney Prize and the SA/NT Regional State Committee Prize. Congratulations to Dr Debbie Utama, winner of the O'Loughlin Medal; Dr Jared Watts, winner of the Tony McCartney Prize; and Dr Scott White, winner of the SA/NT Regional State Committee Prize.

The meeting organisers did a great job in ensuring the smooth flow of proceedings – with thanks to Tania Back, Executive Officer SA/NT, and Janet Davidson, Executive Officer WA.

We are very grateful to our sponsors and exhibitors who made a very important contribution to the success of the meeting. The Evaluation Feedback Summary reflected a highly successful meeting that was enjoyed by all who attended.

Dr Christopher Hughes

Chair, South Australia/Northern Territory Regional Committee

Tania Back

Executive Officer, South Australia/Northern Territory Regional Committee

Rural Obstetric and Anaesthetic Locum Scheme

In October 2012, RANZCOG welcomed Federal Government funding to expand the highly successful Specialist Obstetrician Locum Scheme (SOLS) program to support rural anaesthetists. Under the program's new name, the Rural Obstetric and Anaesthetic Locum Scheme (ROALS), the program provides much needed locum relief to rural obstetricians and anaesthetists to take time off for recreation or up-skilling.

ROALS supports the rural obstetric and anaesthetic workforce through the provision of locum services and subsidies to rural obstetricians and anaesthetists to help to meet locum costs.

The objectives of the program are to:

- maintain and enhance the access of quality local obstetric and anaesthetic care by providing the rural and remote workforce (both specialist and general practice) with efficient and cost-effective locum support; and
- sustain safety and quality in rural practice by facilitating access to personal leave or professional development or breaks from on-call commitments for rural and remote obstetricians and anaesthetists.

The project services communities located in rural and remote Australia in the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) 2 to 5.

Each obstetrician and anaesthetist is eligible for 14 days of subsidised locum relief per financial year, plus locum travel costs.

The table below provides information relating to program targets and achievements for the reporting period 1 July 2012 to 30 June 2013. The services referred to in the table were accessed by ROALS obstetrician and/or anaesthetist locums (both specialists and GPs) in 53 rural towns.

A/Prof Ian Pettigrew

Chair, ROALS Advisory Committee

Melissa Glogolia

Coordinator, ROALS

2012–2013 ROALS Locum Placements

	<i>Target placements</i>	<i>Actual placements</i>	<i>Subsidised days</i>	<i>Unsubsidised days</i>	<i>Total days</i>
Specialist obstetrician	50–70	90	537	171	708
GP obstetrician	30–50	44	265	76	341
Specialist anaesthetist	9–17	1	3	0	3
GP anaesthetist	20–35	20	147	12	159

Fetal Surveillance Education Program

In the past 12 months, the Fetal Surveillance Education Program (FSEP) has further refined and developed its suite of products to support and underpin the stability and long-term success of the program. This includes employing and training a New Zealand-based educator and the development of an app-based educational resource. There has also been another original FSEP publication: *Fixed or mixed? A comparison of three, four and mixed-option multiple-choice tests in a Fetal Surveillance Education Program*. BMC Medical Education, 2013.

Almost 30,000 participants across 170 facilities throughout Australia and New Zealand have now attended the FSEP since it was piloted in 2004.

FSEP Online Programs

Our new online education program, OFSEPlus, was launched in September 2012. This is a sequential compliance-based online program, based on the OFSEP, with self-certification on completion. The OFSEPlus is freely available to those with access to the RANZCOG members' portal, but payment is required by other users. The original online education program, OFSEP, continues to be available as an open resource.

FSEP face-to-face lectures and assessment

The FSEP assessment results from the face-to-face programs are now reported as a score and practitioner level. This is accompanied by a Graphical Item Map (GIM) to help identify individual strengths and weaknesses in fetal surveillance knowledge. Descriptions of the GIM and practitioner level characteristics are made available online at: www.fsep.edu.au.

The FSEP Teaching and Assessment Tool; designed to help educators further assess clinicians' cardiotocography interpretation and management skills, was available for purchase from June 2012. This is sold to clinical leaders and educators and is not for general release. All 100 copies produced have now been sold and plans for a second edition are underway.

Several new face-to-face programs have been trialled, including independent/non-hospital based lectures in NSW, as well as College House-based small group lectures aimed specifically at clinicians' consistently underperforming on the FSEP assessment tool.

FSEP book

Since the publication of the 'Fetal Surveillance: A practical guide', more than 4,000 copies have been sold across Australia and internationally. The book is currently available for purchase as a PDF version on the FSEP website.

The FSEP team looks forward to the ongoing development and expansion of the program and to continue meeting the fetal surveillance educational and risk management needs across Australia and New Zealand.

Prof Euan Wallace

Chair, FSEP Steering Committee

Mark Beaves

Program Manager, FSEP

Sharon Chang

Coordinator, FSEP

The General Practitioner Procedural Training Support Program

The General Practitioner Procedural Training Support Program (GPPTSP) supports rural and remote general practitioners to obtain procedural training in obstetrics and anaesthetics. The Australian Government funds RANZCOG to administer the obstetrics component of the program. Successful applicants will be funded to undertake the RANZCOG Advanced Diploma of Obstetrics (DRANZCOG Advanced). The Australian College of Rural and Remote Medicine (ACRRM) administers the anaesthetic component of the GPPTSP.

The GPPTSP seeks to minimise any financial barriers experienced by rural and remote GPs in obtaining procedural skills in obstetrics and anaesthetics, at the same time assisting in overcoming workforce shortages and improving access to maternity services.

In Round One 26 applicants were selected as being eligible for GPPTSP funding. Two of these applicants had their grants re-allocated to applicants in Round Two as they were not able to secure training posts within the given time frame. As a result, there are a total of 24 active applicants currently on the list. Of these:

- 18 GPs have successfully completed the DRANZCOG Advanced, and
- six GPs are currently in the DRANZCOG Advanced training program.

In Round Two 25 applicants were selected as being eligible for GPPTSP funding. Two applicants in Round One had their grants re-allocated to applicants in Round Two, making a total of 27 active applicants for Round Two. Of these, currently:

- 13 GPs have successfully completed the DRANZCOG Advanced;
- 12 GPs are currently in the DRANZCOG Advanced training program; and
- two GPs are yet to be accepted into the DRANZCOG Advanced program.

Round Three applications were open from 1 July 2012 to 30 July 2012. RANZCOG received 70 applications. Of these, 55 met the GPPTSP eligibility criteria.

The Assessment Committee met on Friday 17 August 2012 to rank the eligible applications and recommended that 35 applicants receive GPPTSP funding. Eligible applications were ranked on the

basis of rurality/remoteness of their current training post or practice, and the need for obstetrics in the GP's geographical area of practice.

Eight GPs have withdrawn owing to a change in personal circumstances that has prevented them from undertaking the DRANZCOG Advanced program. Two of these positions have been reallocated to those on the Round Three reserve list. The remaining six grants will be reallocated to applicants in Round Four. As a result, there are 29 active applicants currently on the list. Of these:

- two GPs have successfully completed the DRANZCOG Advanced;
- 18 GPs are currently in the DRANZCOG Advanced training program; and
- nine GPs are yet to be accepted into the DRANZCOG Advanced program, eight of which have been granted an extension owing to exceptional circumstances.

Dr Louise Sterling

Chair GPPTSP Assessment Committee

Rosalie Sirotic

GPPTSP-Obstetrics Coordinator

Perinatal Mortality and Morbidity Audit

RANZCOG and the Paediatrics and Child Health Division of the Royal Australasian College of Physicians (RACP) secured Commonwealth funding to run the Perinatal Mortality and Morbidity (PNM&M) Audit project. This project is covered under the Commonwealth Qualified Privilege Scheme. Qualified Privilege encourages health professionals to undertake efficient quality assurance activities in connection with the provision of certain health services. The Scheme has been designed to provide important safeguards by protecting certain information from disclosure and protecting persons involved in the activity from civil liability.

The project seeks to improve the audit, investigation and peer-review skills of regional and rural obstetricians and paediatricians who have been involved in perinatal adverse events that have resulted in a transfer to a neonatal intensive care unit or a perinatal death.

The audit consists of one full-day visit by two facilitators, including: a retrospective 12–24 month review of records; interviews with staff, including obstetricians, paediatricians, midwives, registrars and anaesthetists; a review of practice surroundings; and checking compliance with the Perinatal Society of Australia and New Zealand (PSANZ) guidelines. Audit facilitators provide feedback on clinical and systems issues and an action plan for improvement is developed in collaboration with the clinician involved.

During the 2012–13 financial year, seven PNM&M Audits were held across Australia. Following the audit visits, a follow-up teleconference is held during which the auditors' written report is discussed and feedback delivered. This allows formal feedback to be given to the visited Fellow in a timely manner.

A/Prof Ian Pettigrew
PNM&M Audit

Angie Spry
RHCE Projects Coordinator

Practice Visits

The Practice Visits Project is funded by the Rural Health Continuing Education (RHCE) – Stream One as a unique CPD opportunity for rural and remote Fellows. Initially, RANZCOG was granted funding to conduct 16 site visits in 2011–13. Approval to use the funding to conduct up to 20 visits was subsequently approved by RHCE.

The project involves a one-day site visit by two Fellows. Prior to the visit, the Fellow receiving the visit is required to complete a memorandum of understanding, a self-assessment survey, a practice profile questionnaire, 50 patient satisfaction questionnaires and a three-month surgical logbook.

The objective of the visit is for the specialist to gain an understanding of their performance while gaining feedback about any areas of vulnerability that could be addressed to improve patient care.

On the day of the site visit, the visiting Fellows conduct confidential interviews with the Fellow's colleagues, observe the Fellow undertaking a major and minor surgical procedure, and review the practice surroundings. At the end of the visit, the Fellow receives feedback from the visitors, outlining positive aspects of work and areas of vulnerability from a risk-management perspective.

An overview and summary of recommendations is made at the end of the Practice Visit. This is formalised through a letter from the Practice Visits Working Party.

During the 2012–13 financial year, 12 Practice Visits were held across Australia: Albury, NSW; Bendigo, VIC; Bowral, NSW (two sites); Darwin, NT (three sites); Dubbo, NSW; Geraldton, WA; Greenfields, WA; Griffith, NSW; and Warrnambool, VIC.

A follow-up teleconference was arranged for all of the Fellows who received a Practice Visit. This forum provides the opportunity to gain feedback from the visited Fellows regarding the process and allows them to make suggestions as to how to improve the process should further funding be received.

It is hoped that the project will continue to be funded for an additional 8–10 visits in 2014.

A/Prof Ian Pettigrew
Practice Visits Project

Angie Spry
RHCE Projects Coordinator

PRactical Obstetric Multi-Professional Training: PROMPT

The PROMPT course is a multi-professional emergency obstetric training program developed by Dr Tim Draycott and colleagues in Bristol, UK. The program focuses on the development and refining of essential clinical, communication and teamwork skills required by a maternity care team, to enable them to improve their treatment, and ultimately, outcomes for mothers and babies during the management of common obstetric emergencies. The program is delivered using a Train the Trainer (T3) model and is designed to run 'in-house' on the maternity ward of the hospital, avoiding the need for expensive simulation equipment. There is now good published evidence that practising for obstetric emergencies in this way improves a variety of measurable outcomes. The course has been available in New Zealand for some years, and is now becoming increasingly available across Australia.

Funding secured through Rural Health Continuing Education (RHCE) Stream One has allowed RANZCOG to pilot the program in rural areas of Queensland and NSW. In the second half of 2012, seven hospitals in Queensland and six hospitals from NSW participated in the pilot through their attendance at a PROMPT T3 Course. Additional funding made available by RHCE in late 2012 allowed RANZCOG to further enhance the pilot by offering participating hospitals the opportunity of a PROMPT facilitator attending their hospital and mentoring the in-house PROMPT faculty in the delivery of their first in-house PROMPT workshop. The pilot is scheduled to conclude at the end of October 2013.

In November 2012, the RANZCOG Board approved a recommendation of the PROMPT Steering Committee that the program be approved as a College CPD Activity. Two PROMPT T3 Courses have been held thus far in 2013, one each in Victoria and Queensland with plans for a third course to be held in New South Wales in the second half of the year.

The Australian and New Zealand Edition of the PROMPT Trainer's Manual and Course Manual were published in March this year. Based on the UK edition of PROMPT 2, the Australian and New Zealand Editions were reviewed and edited by Dr Martin Sowter, A/Prof Edward Weaver and Mr Mark Beaves to reflect the different healthcare systems and diversity of practice in Australia and New Zealand, when compared with the UK. Following completion of a T3 Course, participants receive a PROMPT 'Course in a Box' set comprising the Trainer's Manual, Course Manual and USB of teaching and other resources. While this set is not available for purchase, the Course Manual as a standalone reference book is available for purchase through RANZCOG.

Flexibility in the delivery of the program allows it to be readily adapted to suit local hospital requirements and staff needs, and ensures that when an obstetric emergency does occur, maternity staff can perform optimally as a team in a familiar environment.

The PROMPT Steering Committee has plans to engage other states in accessing the program, in an attempt to ensure consistency of practice in obstetric emergency management in Australia, and to continue to progress the rollout of the course in both metropolitan and rural hospitals.

A/Prof Edward Weaver
Chair, PROMPT Steering Committee

Lauren Patten
PROMPT Coordinator

Colposcopy Quality Improvement Program

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

In the past year the C-QulP has:

- Reached 783 certified practitioners, 616 in Australia and 167 in New Zealand.
- Launched the Colposcopy Online Learning Program (COLP), a theory-based course available to RANZCOG Trainees, new applicants, certified colposcopists and the wider public. So far, 208 people have enrolled to do the course, which can be found at: <http://colp.cquip.edu.au>.
- Launched the C-QulP Web Portal, which has been developed for the purpose of capturing the information required by C-QulP for re-certification and audit and allows C-QulP certified colposcopists to enter the colposcopy data necessary for this. The web portal can be accessed at: <http://portal.cquip.edu.au/Default.aspx>.
- Finalised the process for RANZCOG Trainees and new applicants to become C-QulP certified. This can be found on the C-QulP website.

RANZCOG and the Commonwealth Department of Health and Ageing are committed to improving the quality of women's health care and maintaining high practice standards. RANZCOG Fellows are encouraged to register with C-QulP if they are practising colposcopy. Certification as a Practising Colposcopists forms can be found at: www.cquip.edu.au/certification/certification-as-a-practising-colposcopist.html.

Dr Vijay Roach

Chair, C-QulP Steering Committee

Jordan Chrisp

Senior Coordinator, Special Projects, Women's Health Services

Nuchal Translucency: Ultrasound Education and Monitoring Program

The Nuchal Translucency (NT) Program provides certification to operators (ultrasonographers, radiologists and obstetricians) performing the NT scan in Australia. The Program currently has 1363 active operators certified to perform the NT scan. The NT Program also performs annual audit for all certified operators in Australia. Currently, operators from 385 centres are audited.

In April 2013, the Quality Review and Ongoing Certification for the first trimester scan document was revised. This document provides the basis for audit of the NT scan in Australia.

The NT program provides education in the form of the Nuchal Translucency Online Learning Program (NTOLP) and Teleconference Tutorials. Teleconference Tutorials are offered regularly to assist operators with the technique associated with performing the NT scan and to further improve their understanding of the audit process. In the last year, 152 operators have attended the Teleconference Tutorial.

Successful submissions for funding were made to the Commonwealth Department of Health and Ageing Diagnostic Imaging Branch to support the ongoing developmental work of the program and measure effectiveness.

A/Prof Ricardo Palma Dias

Chair, NT Steering Committee

Vicki Petrou

Senior Coordinator, Nuchal Translucency Ultrasound Education and Monitoring Program

Treasurer's Report

The 2012–13 year saw an improvement in RANZCOG's financial position. The result of operations, after audit, is an operating surplus of \$1,083,839, compared to a surplus of \$639,425 for the 2011–12 year. However, a net gain on valuation of financial investments of \$489,170 saw total comprehensive income increase to \$1,573,009. This gain on valuation compares to a loss on valuation of \$314,785 in the previous year.

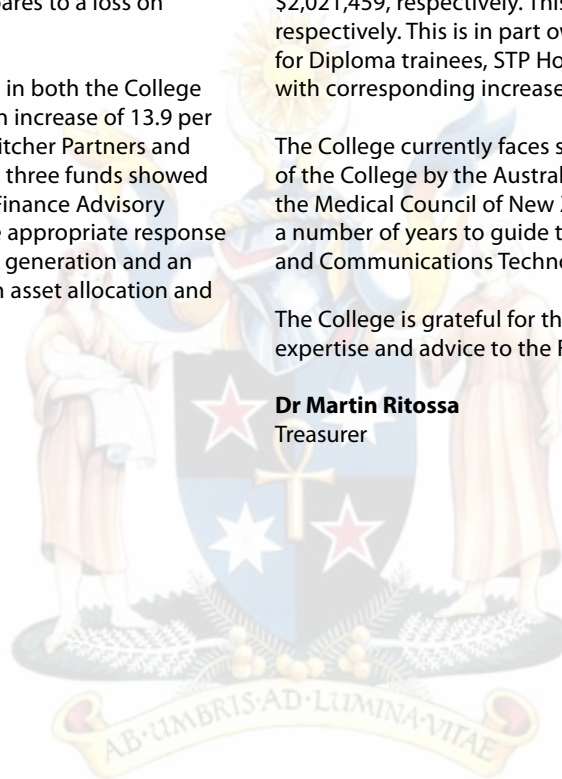
The College held investments of approximately \$5,488,700 on 30 June 2013 in both the College capital account and on behalf of regional committees, which represented an increase of 13.9 per cent from \$4,820,087 at 30 June 2012. The two main investments are with Pitcher Partners and UBS Wealth Management. A third smaller fund is held with Navigator. These three funds showed an increase of 12.2 per cent, 18 per cent and 8.8 per cent, respectively. The Finance Advisory Committee meet regularly with advisors from the three funds to discuss the appropriate response to the market, while maintaining a philosophy of balanced growth, income generation and an ethical approach appropriate for the College. Adjustments are made both in asset allocation and the products in which we invest.

The overall financial position of the College remains positive with net assets at the end of the financial year of \$13,718,813. The past year has seen a considerable increase in activity with total income and expenses (net of gain in value of investments) increasing by \$2,465,873 and \$2,021,459, respectively. This is on top of increases the previous year of \$2,924,135 and \$2,687,159, respectively. This is in part owing to externally funded projects, including commonwealth grants for Diploma trainees, STP Hospital funding and the Rural Obstetric and Anaesthetic Locum Scheme, with corresponding increases in cash flows and staffing levels.

The College currently faces significant cost increases for major activities including reaccreditation of the College by the Australian Medical Council on behalf of the Medical Board of Australia and the Medical Council of New Zealand (due for 2013) and the implementation of a strategic plan over a number of years to guide the College's use of further initiatives relating to the use of Information and Communications Technology (ICT) with several major projects underway or near completion.

The College is grateful for the assistance of Mr Rob Dowling and Mr David Haintz in providing expertise and advice to the Finance Advisory Committee.

Dr Martin Ritossa
Treasurer



Independent Audit Report to the Members

Report on the Concise Financial Report

The accompanying concise financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income and statement of cash flows for the year then ended and related notes, derived from the audited financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2013, and the discussion and analysis. The concise financial report does not contain all the disclosures required by the Australian Accounting Standards.

Directors' responsibility for the concise financial report

The directors are responsible for the preparation and presentation of the concise financial report in accordance with Australian Accounting Standard AASB 1039 Concise Financial Reports (including the Australian Accounting Interpretations), Statutory and other requirements. This responsibility includes establishing and maintaining internal control relevant to the preparation of the concise financial report, selecting and applying the appropriate accounting policies, and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2013. Our audit report on the financial report for the year was signed on the 20 September 2013 and was not subject to any modification. The Australian Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with, the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussion and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039: Concise Financial Reports and whether the discussion and analysis complies with the requirements laid down in AASB 1039: Concise Financial Reports.

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

We confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists on, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

In our opinion, the concise financial report including the discussion and analysis of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2013 complies with Accounting Standard AASB 1039: Concise Financial Reports.

MORTON WATSON & YOUNG
Chartered Accountants
51 Robinson Street, Dandenong
Victoria 3175

G A HALLAM FCA
Partner

Date: 2 October 2013

Discussion and Analysis of Financial Statements for the Year Ended 30 June 2013

Important Information for Members

The Directors' report, Concise Financial report and Auditor's Statement contained within this document represent a Concise Report. The full financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Audit Reports thereon will be sent, free of charge, to members on request. The concise financial statements cannot be expected to provide as full an understanding of the financial performance, financial position and financing and investing activities as the full report.

Fellows and Members wishing to receive the full financial reports and auditor's report may arrange delivery by calling (03) 9412 2947 or visiting our web site at www.ranzcog.edu.au. The discussion and analysis is provided to assist members in understanding the concise financial report. The information contained in the concise financial report has been derived from the full 2012–13 Financial Report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

Statement of Comprehensive Income

The result from operations other than investments was a surplus of \$1,083,839 compared with \$639,425 in 2011–12. Total income increased by \$2,465,873 during 2012–13. Income from subscriptions and fees increased by \$2,338,138. Grant Monies received and expended increased by \$1,009,036. Interest and Dividends decreased by \$118,165. Other income excluding gain on investments was \$245,900 higher than 2011–12.

Regional offices results moved from a surplus in 2011–12 of \$165,924 to a surplus of \$571,989 in 2012–13. Expenditure in 2012–13 was \$2,021,459, higher than in the previous year. The major increase resulted from Commonwealth grants paid to Diploma trainees under the General Practitioner Procedural Training Program of \$906,818 and \$2,630,186 paid to hospitals under the STP Hospital Funding Program. Salaries and superannuation increased by \$596,258, reflecting a CPI increase, additional leave provisions, performance-based increases and employment of additional staff members.

Audit, legal and consultancy expenses increased by \$69,786, due mainly to externally funded project requirements. Other College expenses increased by \$94,757.

Grants and Donations decreased by \$54,228 due to one-off large donations in the previous year.

Travel and Accommodation increased by \$155,479, representing increased travel associated with funded projects

Statement of Financial Position

Total assets increased by \$3,438,437. The overall increase in value of investments was \$668,613. Net change in written down value of assets held, after depreciation, was an increase of \$925,900. This includes the purchase and office fit-out of property in East Melbourne for \$793,058.

Short Term deposits increased by \$1,545,861, with funds held for externally funded projects. Cash and cash equivalents increased by \$613,116 and trade and other receivables decreased by \$315,052.

Liabilities have increased by \$1,865,427. Provision for employee benefits have increased by \$115,034 and grants received in advance have increased by \$1,494,519, with funds held for externally funded projects. Funds of \$353,662 are held in trust, compared with \$172,960 at 30 June 2012.

Statement of Cash Flows

Cash of \$3,491,614 was generated from operating activities. Cash investments of \$2,878,503 has resulted in cash holdings being decreased by \$613,116.

Directors' Report

Your Directors present their report on the The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the financial year ended 30 June 2013.

Directors

The names of the Directors in office at any time during or since the end of the year are:

Dr R Sherwood Resigned 15/11/2012	A/Prof S Robson
Prof M Permezel	Dr G Pecararo
Prof A Rane	Dr V Roach Appointed 15/11/2012
Dr D Ngan Kee Resigned 15/11/2012	Dr S Tout Appointed 15/11/2012
Dr L Farrell Resigned 15/11/2012	Dr M Ritossa Appointed 15/11/2012

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

Company Secretary

The following person held the position of Company Secretary at the end of the financial year: Dr Peter White. Appointed 24 November 2006.

Significant changes

No significant changes in the College's state of affairs occurred during the financial year.

Principal activities

The principal continuing activities of the College during the financial year remained unchanged and were the promotion of medical and allied sciences and the maintenance of the honour and interests of the medical profession, in accordance with the Constitution.

Result of operations

The Surplus of the College for the year amounted to \$1,573,009.

Subsequent events

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

Future developments

The College expects to maintain the present status and level of operations and hence there are no likely developments in the College's operations.

Environmental regulation

The College's operations are not regulated by any significant environmental regulation under the law of the Commonwealth or the State or Territory.

Dividends

In accordance with its Constitution, the College is prohibited from declaring any form of dividend in favour of its members.

Indemnities

During the financial year the College has paid premiums to insure the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the College, other than conduct involving wilful breach of duty in relation to the College. The amount of the premium was \$4,356.

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

Auditor's independence declaration

A copy of the auditor's independence declaration as required under Section 307C of the *Corporations Act 2001* is included.

Court proceedings

No person has applied for leave of court to bring proceedings on behalf of the College, or intervene in any proceedings to which the College is a party for the purpose of taking responsibility on behalf of the College, for all or any part of those proceedings. The College was not a party to any such proceedings during the year.

Directors' meetings

Directors' meetings held during the financial year:

Director's meetings held during the financial year were

	Meetings attended	Meetings held during term of office
Dr R Sherwood	2	2
Prof M Permezel	6	6
Prof A Rane	5	6
Dr L Farrell	2	2
Dr D Ngan Kee	2	2
Dr G Pecoraro	5	6
A/Prof Robson	4	6
Dr V Roach	4	4
Dr S Tout	3	4
Dr M Ritossa	4	4

Signed in accordance with the resolution of Directors.

Prof M Permezel, Director
President

Dr M Ritossa, Director
Treasurer

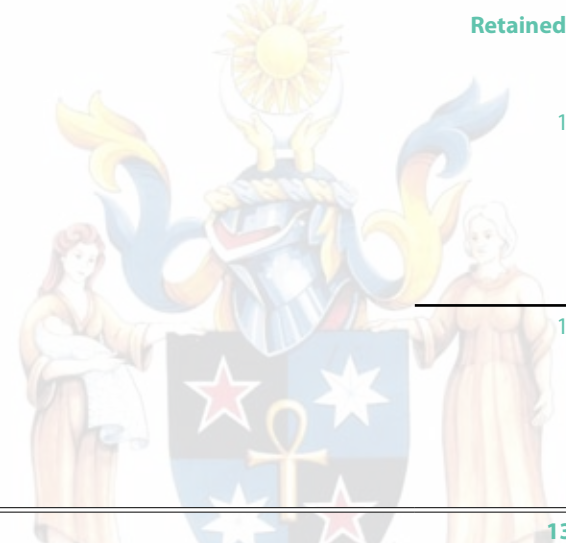


Date: 18 September 2013

Statement of Comprehensive Income for the Year Ended 30 June 2013

	2013 \$	2012 \$
Revenues from member services	15,788,924	13,450,786
Other income	519,792	273,892
Interest on investments	464,382	582,547
Employee benefits expense	(5,879,988)	(5,283,730)
Depreciation and amortisation expense	(181,234)	(196,925)
Repairs and maintenance	(296,374)	(93,383)
Fuel, light and power	(42,544)	(30,127)
Rental expenses	(243,124)	(187,566)
Audit, legal and consultancy expenses	(754,424)	(684,638)
Administration expenses	(2,657,496)	(2,566,393)
Other expenses	(5,634,074)	(4,625,038)
Profit before income tax	1,083,839	639,425
Income tax expense	—	—
Profit for the year	1,083,839	639,425
Other comprehensive income		
Donation of property	—	—
Net (loss)/gain on revaluation of non-current assets	—	—
Net (loss)/gain on revaluation of financial assets	489,170	(314,785)
Other comprehensive income for the year	489,170	(314,785)
Total comprehensive income for the year	1,573,009	324,640
Total comprehensive income attributable to members of the entity	1,573,009	324,640

Statement of Changes in Equity for the Year Ended 30 June 2013




	Retained Earnings \$	Reserve for Professional Development \$	Total \$
Balance at 1 July 2011	11,698,182	122,982	11,821,164
Profit/(loss) attributable to the entity	639,425	—	639,425
Other comprehensive income for the year	(314,785)	—	(314,785)
Balance at 30 June 2012	12,022,822	122,982	12,145,804
Profit/loss attributable to the entity	1,083,839	—	1,083,839
Other comprehensive income for the year	489,170	—	489,170
Balance at 30 June 2013	13,595,831	122,982	13,718,813

Statement of Financial Position as at 30 June 2013

	2013 \$	2012 \$
Current assets		
Cash and cash equivalents	1,569,751	956,635
Trade and other receivables	589,714	904,767
Financial assets	8,066,193	6,520,332
Total current assets	10,225,658	8,381,734
Non-current assets		
Financial assets	5,488,700	4,820,087
Property, plant and equipment	8,511,399	7,585,499
Total non-current assets	14,000,099	12,405,586
Total assets	24,225,757	20,787,320
Current liabilities		
Trade and other payables	9,553,946	7,803,552
Short-term provisions	952,999	837,965
Total current liabilities	10,506,944	8,641,517
Total liabilities	10,506,944	8,641,517
Net assets (liabilities)	13,718,813	12,145,803
Members' equity		
Accumulated surplus	13,595,831	12,022,821
Reserve for professional development	122,982	122,982
Total members' equity	13,718,813	12,145,803

The accompanying notes on page 39 form part of these financial statements.

Statement of Cash Flows for the Year Ended 30 June 2013



	2013 \$	2012 \$
Cash flows from operating activities		
Receipts from members	9,530,687	8,000,755
Interest received	464,382	582,547
Donations and appeals	3,400	4,350
Other income	8,278,637	5,953,023
Payment to suppliers and employees	(14,785,486)	(12,882,730)
Net cash provided by (used in) operating activities	3,491,619	1,657,946
Cash flows from investing activities		
Proceeds from (transfers to) investments	(1,771,368)	(1,908,662)
Payment for property, plant and equipment	(1,107,135)	(157,517)
Net cash provided by (used in) investing activities	(2,878,503)	(2,066,179)
Net increase (decrease) in cash held	613,116	(408,233)
Cash at beginning of financial year	956,635	1,364,868
Cash at end of financial year	1,569,751	956,635

Notes to the Financial Statements for the Year Ended 30 June 2013

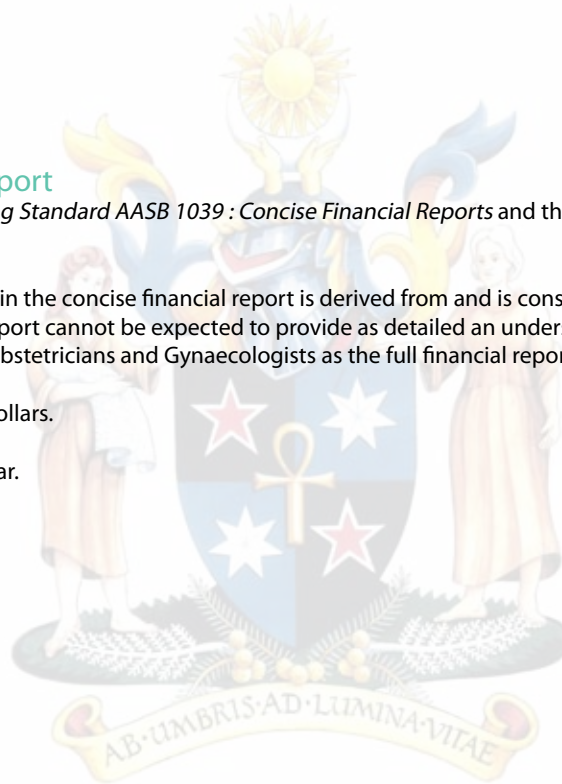
Note One: Basis of Preparation of the Concise Financial Report

The concise financial report has been prepared in accordance with *Accounting Standard AASB 1039 : Concise Financial Reports* and the *Corporations Law*.

The financial statements, specific disclosures and other information included in the concise financial report is derived from and is consistent with the full financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists as the full financial report.

The presentation currency used in this concise financial report is Australian dollars.

The accounting policies are consistent with those of the previous financial year.



Directors' Declaration

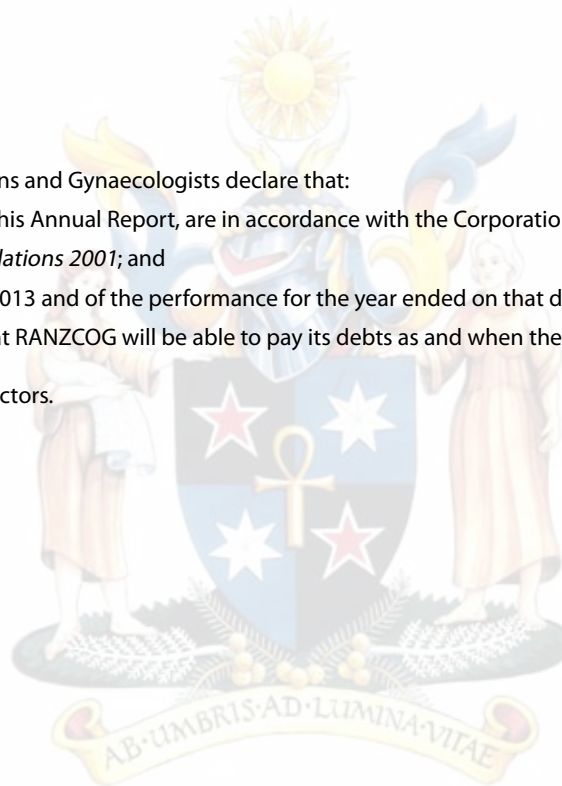
The Directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists declare that:

1. The financial statements and notes, as set out on pages 31 to 39 of this Annual Report, are in accordance with the Corporations Act 2001; and
 - a. Comply with Accounting Standards and the *Corporations Regulations 2001*; and
 - b. Give a true and fair view of the financial position as at 30 June 2013 and of the performance for the year ended on that date of the RANZCOG.
2. In the Directors' opinion there are reasonable grounds to believe that RANZCOG will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with the resolution of the Board of Directors.

Prof M Permezel, Director
President

Dr M Ritossa, Director
Treasurer



Date: 18 September 2013



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists