

The Royal Australian  
and New Zealand  
College of  
Obstetricians and  
Gynaecologists



Annual Report

2014

# RANZCOG Board and Council



Back row, left to right:

Mr James McAdam, CEO; Dr Kate van Harselaar (Trainee Representative); Dr James Harvey (SA/NT); Dr Christine Thevathasan (NASOG Rep); Dr John Hehir (ACT); Dr Rupert Sherwood (Immediate Past President); Dr Gregory Jenkins (NSW); Prof Yee Leung (WA); A/Prof Paul Duggan (SA); Dr John Regan (VIC); Dr John Tait (NZ); and Dr Donald Clark (WA).

Middle row, left to right:

Dr Louise Sterling (Chair, GP Obstetric Advisory Committee); Dr Tony Frumar (NSW); Dr Anthony Geraghty (Provincial Fellow); Ms Catherine Whitby (Community Representative); Dr Ian Page (NZ); Prof Susan Walker (VIC); Dr Simon Craig (VIC); A/Prof Anush Yazdani (QLD); Dr Stephen Lyons (NSW); A/Prof Boon Lim (TAS); and Dr Celia Devenish (NZ).

Front row, left to right:

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

Not present: Prof Malcolm Frazer (Subspecialties Representative to Council); Dr Amber Moore (VIC); Prof Ian Symonds (NSW); Dr Benjamin Bopp (QLD); and A/Prof Beverley Vollenhoven (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 2013–14 financial year. This has been an eventful year; one that included Australian Medical Council (AMC) Accreditation, the departure of our long-standing CEO, Dr Peter White, after more than 11 years with the College and almost eight years in this position, and the commencement of a new CEO, Mr James McAdam. Dr White left to assume a senior position with the AMC and, on behalf of the membership, I thank him most sincerely for his outstanding service to our College.

## AMC Accreditation

As College members will be aware, the AMC, on behalf of the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ), is responsible for accrediting the specialist medical colleges. RANZCOG was last assessed in 2003 and, as a result of satisfactory progress reports, had reached the maximum accreditation period. As such, in 2013 the College's education, training and continuing professional development (CPD) programs underwent a full reaccreditation assessment with the AMC.

Further to its written submission and site-visits conducted in the last week of August, the College hosted the AMC Accreditation Team in the first week of September. A team of clinicians from various disciplines and a community representative interviewed committee chairs and key College staff, in relation to the College's performance against the AMC accreditation standards.

The finding of the AMC was that the College's education, training and CPD programs meet the accreditation standards, with the College granted reaccreditation until 2019; the maximum permitted timeframe. The College is nevertheless required to continue to submit annual progress reports on its activities in relation to the conditions and recommendations set by the AMC and this will guide much of the College's activities over the next six years. This accreditation outcome is an outstanding achievement of which we can all be justifiably proud; one that would not have been possible without the contributions of a number of College Fellows and senior staff, most notably Dr Peter White, Ms Lyn Johnson and Ms Georgina Anderson.

## Education and Training

### The Revised Training Program

The FRANZCOG Revised Training Program is absolutely central to the College vision for Trainees and our future Fellows and took effect for Trainees commencing training from 1 December 2013. Some of the revisions, such as flexible training arrangements and credit for shorter periods of training, have also been introduced for Trainees already in the Training Program. For all Trainees, training time is now counted in weeks, with periods to complete specific assessment tasks now defined in terms of time in training rather than calendar time.

The College acknowledges that not all Trainees will complete the training program with the same scope of practice and significant work has been undertaken by the Education Strategy Committee to define the common scope of practice of all Fellows on the day they are elevated to Fellowship. In this regard, work has commenced on the development of Advanced Training Modules (ATMs) including Generalist O&G, Pelvic Floor Surgery, Laparoscopic & Hysteroscopic Surgery and Sexual & Reproductive Health.

### Revised RANZCOG Regulations

On 1 December 2013 the revised College Regulations also took effect. Separated from the Training Program Handbook, the regulations have been consolidated and now comprise seven sections, addressing the different College training programs as well as governance and recertification.

### CPD Online

CPD Online is now with us and all those commencing a CPD cycle from January 2014 will be enrolled in the online program. In addition to being a web-based tool for recording and documenting CPD activities, it now aligns to the FRANZCOG Curriculum, encompassing the three domains clinical expertise, academic abilities and professional qualities. The latter category is new for CPD and enables Fellows to claim a broad range of activities in areas such as management, health leadership and advocacy.

### Annual Scientific Meetings

September 2013 saw a very successful Annual Scientific Meeting in Sydney under the leadership of A/Prof Jason Abbott. Regional Scientific Meetings are also important events on the College calendar. Excellent meetings were held in New Zealand (Queenstown), Provincial Fellows (Port Lincoln), WA-SA (Broome) and Qld-NSW (Gold Coast). The August 2014 Vic-Tas meeting

in Melbourne is an important addition to the Regional Scientific Meeting calendar. As with all College activities, the successful running of a scientific meeting requires an enormous commitment of time and energy by Fellows working with a dedicated College staff. All should be congratulated on these very successful events.

### Reconciliation Action Plan

In 2013, as part of its strategy to improve the health of Aboriginal and Torres Strait Islander Women, the College committed to develop and implement a Reconciliation Action Plan (RAP) based on Reconciliation Australia's Reflect template. The aim of the RAP is to translate the College's good intentions into actions by setting measurable and, importantly, achievable goals, timelines and responsibilities and by building a framework for change. It provides the impetus necessary to fulfil our goals. The official RAP launch was a highlight of the RANZCOG 2014 Indigenous Women's Health Meeting, held in Adelaide in May. In addition to the official launch, an internal RAP launch took place at College House at a function to mark National Reconciliation Week. The CEO met with the then-CEO of the Australian Indigenous Doctor's Association (AIDA), Mr Romlie Mokak. Dr Kali Hayward, Vice President, AIDA was a welcome attendee at the College Indigenous Women's Health Committee meeting.

### FRANZCOG Logo

For all Fellows, the FRANZCOG post-nominal is a significant achievement. In late 2013, the RANZCOG Board approved a FRANZCOG Logo that is available for use by all College Fellows, on office stationery, letterhead, business cards, e-signatures and presentations. The logo is available in various colour schemes, including full-colour, the College blue and greyscale and can be downloaded from the RANZCOG website ([www.ranzcog.edu.au/members-services/fellows/franzcog-logo.html](http://www.ranzcog.edu.au/members-services/fellows/franzcog-logo.html)). All Fellows are encouraged to consider incorporating the FRANZCOG Logo into their stationery, whether hard copy or electronic. A logo for Diplomates is in development.

### Summary

This was a very important year for the College, highlighted by AMC accreditation and change in CEO. Many challenges lie ahead. Key to meeting these challenges will be an ongoing commitment to the College from the Fellowship, very ably supported by the College staff.



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# FRANZCOG

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FELLOW OF THE ROYAL AUSTRALIAN  
AND NEW ZEALAND COLLEGE OF  
OBSTETRICIANS AND GYNAECOLOGISTS

# CEO's Report

It is a great privilege to have been appointed the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' third Chief Executive Officer. As I look back over the first almost eight months in my role, the College can be justifiably proud of what has been achieved in the 2013–14 financial year. While many of the College's achievements have featured in the President's report, there are a number of challenges and issues I would like to touch on.

## New Government

Changes of governments always bring with them challenges to organisations, particularly those that have a regulatory or representative relationship with government. The College is affected on both these fronts. On 7 September 2013 the Abbott Government was elected and, in the ensuing several months, a number of changes were made or mooted. Some of these changes affect the College, while others may affect the College's members if they are enacted.

There have been alterations to key agencies with which the College has developed strong relationships – AusAID and Health Workforce Australia (HWA) – both of which have had their activities integrated into their parent departments, Foreign Affairs and Trade, and Health, respectively. Ensuring ongoing continuity of College programs and the maintenance of strong relationships with the key officials who manage them has been foremost in the College's approach to addressing these new arrangements.

At the same time, the government is seeking to enact a number of contentious changes to the funding and provision of healthcare in Australia. Where appropriate, the College will always strive to represent its Fellows and their patients – either through direct advocacy to government or through partner organisations such as the Committee of Presidents of Medical Colleges – to ensure the delivery of safe, high-quality healthcare.

## Financial Restructuring

The College has undertaken some significant financial restructuring in the course of the last year, with the following of particular note.

### RANZCOG Foundation

Firstly, the RANZCOG Research Foundation (RRF) was wound up and its activities transferred to the new RANZCOG Foundation within the College structures. This took place with the support of the RRF Board and following a vote of the RRF membership at an Extraordinary General Meeting.

Bringing the activities of the RRF inside the College heralds a new era of College philanthropy. The new RANZCOG Foundation will act as an umbrella for all the College's philanthropic activities – not just research. This includes our support for Aboriginal and Torres Strait Islander and Maori women's health, the Asia-Pacific humanitarian aid and education programs, along with research scholarships and the College Collection.

The new arrangements reduce duplication and other inefficiencies while providing a sound structure and allowing the Foundation to better engage with Fellows and members more broadly. Over time, I am hopeful that this will engender a culture of giving within the College.

### Consolidating our Finances

The other significant advance was agreement to consolidate all the College financial arrangements. This will see the six separate general ledger accounting systems, with their associated difficulties relating to transparency and appropriate oversight of accounting for assets, liabilities, revenue and expenditure by the Board, have their systems and functions centralised.

This will lead to more transparent accounting and less duplication of activities with all College financial processing activities occurring in College House, thereby freeing up regional staff to deliver front-line services. The new system will improve College efficiency, mitigate risk and deliver much stronger value for members' funds.

### Specialist International Medical Graduate processing

The College has successfully prepared for the new arrangements for processing specialist international medical graduate (SIMG) applications, which commenced on 1 July. This has seen the Australian Medical Council (AMC) devolve the processing of SIMGs to the specialist medical colleges with applications now to be submitted directly to RANZCOG rather than via the AMC.

These changes have necessitated changes to College regulations, in addition to a number of changes to College processes in relation to assessment of SIMGs prior to interview. Staff members in the SIMG and Area of Need department are to be commended for the work that has been completed to prepare for this substantial increase in processing requirements and workload.

### Collegiate

In March, the College launched its new e-newsletter, Collegiate. This monthly newsletter provides key information for all members, including forthcoming events, changes to important College guidelines and statements, honours and awards and relevant information from government agencies and regulators, such as the Australian Health Practitioner Regulation Agency (AHPRA).

Collegiate has been well received by the membership, but ongoing feedback is essential to ensure it remains relevant to the needs of practitioners.

### Scientific Meetings

The College Annual Scientific Meeting was held in Sydney in September 2013. The scientific program covered topic areas as diverse as mental health in O&G, infections and surgery, with speakers delving into the sea of evidence in O&G. The meeting was well attended, with over 750 registrants, speakers and exhibitors taking part.

Additionally, several successful meetings were held across Australia and New Zealand by the Regional Committees and Provincial Fellows. Destinations varied from Queenstown in New Zealand's South Island to Broome in the far north of Western Australia. The Provincial Fellows met

in Port Lincoln, while Queensland and New South Wales Fellows met on the Gold Coast. There was also a one-day Regional Scientific Meeting for South Australian Fellows in Adelaide.

These meetings represent an opportunity for Fellows, Trainees and Diplomates to meet to exchange the latest advances in obstetrics and gynaecology, as well as provide an outstanding opportunity for collegiality.

My thanks go to the Fellows and staff who worked tirelessly to make these events an outstanding success.

### Conclusion

It has been a pleasure to work for the College and serve as your CEO over the past eight months. The College has a bright and busy future and I look forward to continuing to play a role in its development.

**Mr James McAdam**  
CEO

# Media and Communications

RANZCOG is widely recognised in media reports relating to women's health issues and continues to respond to media requests in a prompt and professional manner. The College is progressively being identified externally as the key voice on women's health, such as female genital mutilation in Australia; and the delivery of maternity care in Australia and New Zealand.

RANZCOG media engagement objectives:

- enhance and maintain the professional image of RANZCOG and its dedication to the establishment of a high standard of practice in obstetrics and gynaecology and women's health;
- increase the College's presence in the wider media spectrum as well as awareness and understanding of the work of the College;
- use the College's website as an efficient information resource – encouraging health professionals, media outlets and the public to refer to the website and view it as providing up-to-date information;
- promote the College's innovative training, accreditation and continuing education programs;
- educate the media, health professionals and the wider community of the role of the College and its impact on women's health issues; and
- clearly communicate the vision of the College – 'to pursue excellence in the delivery of healthcare to women throughout their lives' in all internal and external communications activities.

To date, the College has achieved the following:

- Developed and launched the College's monthly e-newsletter, *Collegiate*, including articles on the latest initiatives developed by the College; upcoming events and workshops; and quick links to the College's publications, reports and statements. The June 2014 issue of *Collegiate* attracted an open rate of 46.9 per cent; 46.4 per cent in May; and 46.2 per cent for the April issue. The *Collegiate* team is always striving to enhance *Collegiate* by delivering new and interesting feature links and encouraging the recipients to navigate to information available on the College website.
- Used 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 comment on behalf of the College.
- Developed and increased the professional and co-operative relationship with both Federal and State parliamentarians and senior staff members.

- Developed, updated and circulated statements on women's health issues.
- Increased the College's involvement in online news articles from a variety of women's health websites such as: [www.kidspot.com.au](http://www.kidspot.com.au), [www.webchild.com.au](http://www.webchild.com.au) and [www.essentialbaby.com.au](http://www.essentialbaby.com.au).

The RANZCOG Media Wrap, sent to the RANZCOG Board, Council and staff every Friday, has received positive feedback, with an average open rate of 32 per cent. The RANZCOG in the Media section of the website is updated daily, featuring the latest articles with expert comment from College spokespeople on a variety of women's health issues. The News section on the homepage of the website also promotes the College's position on current issues; RANZCOG events and informs the Fellowship of initiatives that are relevant and beneficial to the specialty. A new feature on the homepage is From the President. Further changes include: support services for members (under Member Services) – this page provides a list of health advisory and support services available in Australia and New Zealand.

## Annual Scientific Meeting

More than 750 delegates attended the 2013 Annual Scientific Meeting (ASM), which was held in Sydney at the Convention & Exhibition Centre from 8–11 September 2013. Attracting health professionals from across Australia and New Zealand, the meeting featured overseas and interstate presenters who provided current thinking on all areas of obstetrics and gynaecology and its impact on women's health locally and internationally. The conference theme was 'Evidence in O&G: Food for thought or recipe for disaster?' Overall, the College was successful in liaising with a variety of media outlets (print, TV, radio, online) attracted to the range of issues relating to women's health issues showcased at this ASM.

## RANZCOG Women's Health Awards

Sixteen universities (from Australia, New Zealand and Papua New Guinea) were involved in the selection of outstanding university student in obstetrics and gynaecology as recipients of the RANZCOG Women's Health Award 2013. The College continues to be committed to promoting the specialty of obstetrics and gynaecology as an exciting and valuable career and envisages this award will help foster awareness of the specialty among the medical students in the region.

## RANZCOG Media Award of Excellence

The successful recipient of the RANZCOG Media Award of Excellence for 2013 was Ms Jo Chandler in recognition of her piece published in the Australian newspaper on 6 April 2013: Builder Barry Kirby's labour of love in PNG. Ms Chandler was presented with a gift and certificate during Council Week in March 2014, held at College House, Melbourne.

### Julia Serafin

Senior Co-ordinator, Media and Communications

# Continuing Professional Development

In the past financial year, 1962 Fellows participated in the College CPD Program and a further 42 participated in approved overseas programs. Fourteen Fellows were randomly selected for, and successfully completed, the verification check process. During the year, 105 new Fellows entered the CPD Program and 20 Fellows submitted a retirement declaration. RANZCOG has one Associate Member and 33 Educational Affiliates, with 32 Educational Affiliates participating in the RANZCOG CPD Program. Of these Educational Affiliates, 20 have been elevated to Fellowship.

## CPD Online Program

The CPD Online program was launched in August 2013, with 813 Fellows (of the 1962) now participating in the CPD Online Program. 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).

Tools to support Fellows with their entry into the new program include:

- CPD Online Instructional Video;
- CPD Online User Guide; and
- RANZCOG CPD Handbook.

## CPD Points

In the past 12 months, the CPD Committee has approved the following:

- CPD points for Mentoring and Head of Department or Clinical Director duties;
- recognition of the Singapore Medical Council CPD Program;
- surveys submitted by RANZCOG Trainees must be circulated within 24 months of date of approval; and
- 15 surveys for distribution to the RANZCOG membership.

## Australian Health Practitioner Regulation Agency/Medical Board of Australia

Early in 2014, the Australian Health Practitioner Regulation Agency (AHPRA)/Medical Board of Australia (MBA) began random auditing of health practitioners mandatory registration standards. Fellows will be aware of the declarations that are required to be made initially and at renewal of AHPRA registration. The announcement means Fellows may now be contacted by the MBA requiring evidence that the registration standards have been met.

This AHPRA initiative is part of a nationally consistent approach to auditing health practitioners' compliance with the mandatory registration standards that include:

- CPD;
- recency of practice;

- English language skills;
- professional indemnity insurance; and
- criminal history.

## Peer Support/Mentorship Program

The CPD Committee is discussing the introduction of a Peer Support/Mentorship Program similar to the pilot scheme currently running for RANZCOG specialist international medical graduates. In the coming months, a policy will be developed using the SIMG documentation and relevant feedback as a starting point.

### Dr Vijay Roach

Chair, CPD Committee

### Val Spark

Senior Co-ordinator, CPD

# Asia Pacific

The Asia Pacific Committee (APC) provides expert advice to the Board on matters relating to the College's activities in the Asia Pacific region. During the reporting period, the APC held two face-to-face meetings where the Workplan was progressed. The Workplan is consistent with the objective of the College's strategic plan relating to continued expansion of effective initiatives relating to women's health in Pacific Island Countries (PICs), through targeted projects to support capacity building for O&G specialists and reproductive health workers in the region. Many of the APC's activities take a multidisciplinary approach, recognising the critical role of midwives in the delivery of maternity services in the Pacific. Workshops are often held in collaboration with the Pacific Society for Reproductive Health (PSRH), such as occurred in July 2013, when joint RANZCOG/PSRH workshops were held in the areas of Pacific Emergency Obstetrics Care (PEmOC), a Midwifery Leaders Development workshop, and the Pacific O&G Ultrasound course for a basic and advanced level stream of practitioners. These workshops were held in conjunction with the 2013 PSRH Biennial Reproductive Health Meeting held in Apia, Samoa.

During 2013–14, the APC has overseen the continued roll out of the RANZCOG Intrapartum Care Workshop Program. This program, funded by the Department of Foreign Affairs and Trade (DFAT) through the Royal Australasian College of Surgeons (RACS), provided 12 workshops in Intrapartum Care over this period. More than 200 doctors and midwives attended workshops held in Kiribati, Vanuatu and Fiji. The RANZCOG Educational Development Unit was involved in strengthening the program, developing a syllabus, sourcing resources and providing educational input, so that the program bearing the RANZCOG name and crest is recognised as educationally robust.

RANZCOG has continued to provide the DFAT-funded Pacific Midwifery Leadership Fellowship Program, which is conducted in the Liverpool Hospital, South Western Sydney Local Health District, and the Nepean Hospital, Nepean Blue Mountains Local Health District. This program has been running for more than ten years, initially funded by the RANZCOG Brian Spurrett Foundation (BSF). During 2013–14, 12 senior Pacific midwives were funded by the DFAT Australia Leadership Awards to attend the leadership program and a further six midwives were funded by the BSF, including two fellowships held at Middlemore Hospital, Auckland, New Zealand.

The APC provides oversight of the Associate Membership and CPD Programs for Pacific O&G Specialists, via the CPD Program for Pacific O&G Specialists Advisory Committee. Scholarships, professional development, networking and collegial support has been provided to Pacific O&G Specialists, with the aim of contributing to local capacity building of the medical workforce and improving health service provision in the PICs.

In addition to support for Pacific O&G specialists, the APC and RANZCOG Board has approved further exploration and discussion of a range of training support services for O&G trainees attached to the Pacific medical schools, the Fiji National University and the University of Papua New Guinea. This matter was discussed by a Working Party comprising representatives from these institutes and RANZCOG in May 2014, and discussions are continuing.

In June 2014, the Asia Pacific Women's Health Fund was pleased to receive a donation from Send Hope Not Flowers and, through a consultation process, the donation was allocated to support a maternal health a project in Papua New Guinea. This project will run from July 2014 to December 2014, and provide much-needed practical assistance to support healthcare workers.

## **Dr Kenneth Clark**

Chair, Asia Pacific Committee

## **Carmel Walker**

Senior Co-ordinator, Corporate and Asia Pacific Services

# 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).

The Provincial Fellows ASMs provide an opportunity for rural Fellows to come together and discuss issues relevant to the provision of O&G services in rural Australia. These meetings also offer the chance to share experiences, develop networks and mix socially. The RANZCOG 2014 Provincial Fellows ASM was held in Port Lincoln, South Australia in March 2014. The meeting attracted more than 100 delegates and speakers.

The Provincial Fellows Committee is committed to the continued success of the Provincial Fellows ASMs and, to that end, in May 2014 an online survey was distributed to the Provincial Fellowship to identify barriers and enablers to improving the meetings. The completion of an evaluation report including recommendations will inform the direction of the meetings into the future.

Over the last 12 months the Provincial Training Working Party, chaired by Dr Tony Geraghty, has been instrumental in establishing the FRANZCOG Provincial Training Pathway (Pilot). Funding has been approved for a prospective Trainee to commence and undertake the FRANZCOG Training Program via a Provincial Pathway, beginning in 2015.

The 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 advocates for the continuation of Commonwealth Government funding to support the rural obstetric workforce.

The Provincial Fellows Clinical Webinars provide Provincial Fellows with access to continuing professional development (CPD) on educational topics, broadcast over the internet. In 2013–14, the following topics were delivered: tumour markers; melatonin in intrauterine growth restriction and pre-eclampsia; twin pregnancies; non-neoplastic vulval problems; auto-immune disease in pregnancy; chemotherapy in ovarian cancer; and the integral theory of pelvic floor dysfunction. Recordings of the webinars are available via the CLIMATE e-Learning portal.

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 the:

- Practical Obstetric MultiProfessional Training (PROMPT) project – focuses on training the obstetric team generally made up of obstetricians, anaesthetists and midwives;
- Ultrasound Practice Visits project – aims to improve the accuracy in the diagnosis of patients who present for pregnancy or common gynaecological conditions;
- Rural Procedural Audit (RPA) project – completed;
- Perinatal Morbidity and Mortality (PNM&M) Audit project – completed; and
- Practice Visits project – completed.

## **Dr Anthony Geraghty**

Chair, Provincial Fellows Committee

## **Ms Melissa Glogolia**

Co-ordinator, Provincial Fellows Committee

# RANZCOG Research Foundation

In order to improve the reach and efficiency of RANZCOG's philanthropic arm, the Boards of both the RANZCOG Research Foundation (RRF) and the College, as well as the members of the RRF, have approved a proposal to wind up the RRF and transfer its operations to a Foundation established within the College for this purpose.

It is hoped that this change will engender a culture of giving across the College by bringing together all of the College's philanthropic pursuits – research, scholarships, education and humanitarian aid – and encourage a new generation of members to look to their College as the destination for their philanthropy, safe in the knowledge that their donations will be used to benefit advances in women's health across our region. It is envisaged that all scholarships previously offered by the RRF will continue to be offered by the College Foundation.

Awards offered by the RRF continue to attract high-quality applications, with 25 applications received for the seven general awards offered for application in

2014. The process for evaluating this year's scholarship applications has been revised to take into account learning opportunities for the applicant and the extent of their contribution to the project. The Research Grants Committee will consider the applications at its meeting in September.

The recipients of RANZCOG Research Foundation scholarships, fellowships and grants for 2014 are listed on the facing page.

The Foundation is extremely grateful to all its supporters, past and present, and is confident that this support will continue to grow under the guardianship of the College.

**Prof Caroline de Costa**  
Chair, Board of Directors (2011–14)

**Delwyn Lawson**  
Co-ordinator, Research Foundation

# RANZCOG Research Foundation

## Scholarship, Fellowship and Grant Recipients

Recipients of the scholarships available for application in 2013 were as follows:

### Arthur Wilson Memorial Scholarship, 2014–15

Awardee: Dr Fiona Brownfoot  
 Project: Treating severe preterm preeclampsia with pravastatin: an early phase clinical trial  
 Institution: Mercy Hospital for Women, Department of Obstetrics & Gynaecology  
 Supervisor: A/Prof Stephen Tong

### Fotheringham Research Fellowship, 2013–14

Awardee: Dr Ryan Hodges  
 Project: Fetal therapy for congenital diaphragmatic hernia: a global partnership to translate surgical and cellular innovation  
 Institution: Monash Institute of Medical Research, The Ritchie Centre  
 Supervisor: Prof Euan Wallace

### Luke Proposch Perinatal Research Scholarship

Awardee: Dr Cecelia O'Brien  
 Project: Metformin and dietary advice to improve insulin sensitivity and promote Gestational Restriction of Weight in pregnant women who are obese (GRoW Trial) - Effects on fetal growth  
 Institution: The University of Adelaide, Women's & Children's Hospital  
 Supervisor: Prof Jodie Dodd

### Mary Elizabeth Courier Research Scholarship

Awardee: Dr Luke Larmour  
 Project: Factors influencing the progression of high-grade cervical dysplasia to invasive carcinoma  
 Institution: Monash Institute of Medical Research, The Ritchie Centre  
 Supervisor: A/Prof Caroline Gargett and A/Prof Tom Jobling

### RANZCOG Fellows' Clinical Research Scholarship

Awardee: Dr Ruchi Singh  
 Project: Vaginal dimensions in women with pelvic organ prolapse using vaginal casts  
 Institution: The Royal Women's Hospital and Frances Perry House, Department of Urogynaecology  
 Supervisor: Dr Marcus Carey

### Robert Wrigley Pain Research Scholarship

Awardee: Dr Jason Chow  
 Project: Quality of life outcomes following pudendal nerve release surgery in patients with pudendal neuralgia  
 Institution: Women's Health Institute of Australia  
 Supervisor: Prof Thierry Vancaillie

### Brown Craig Travelling Fellowship

Awardee: Dr Carin Black  
 Purpose: To undertake a meaningful research project within the St Thomas' Hospital research department, and to gain clinical skills working within the St Thomas' Hospital Maternal Fetal Medicine Unit  
 Institution: St Thomas' Hospital, London  
 Supervisors: Dr Lucy Chappell and Dr Dharmintra Pasupathy

The following scholarship recipients were supported in their second year:

### 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

### Glyn White Research Fellowship 2013–14

Awardee: Dr Mary Tolcos  
 Purpose: 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

# Education and Assessment

The following initiatives have been progressed by the Education Assessment Committee (EAC) to continue to build the quality, reliability and validity of assessment processes: enhanced examination feedback provided following the MRANZCOG Oral Examinations in October 2013 and May 2014; establishment and refinement of online marking processes for SAQ examinations; the trial and subsequent approval of a new online system of results publication via the Climate platform in May 2014; addition of a second venue for MRANZCOG Oral Examinations, to accommodate increased candidate numbers in May 2014; an Emergency Policy and Procedure for RANZCOG Written Examination Candidates; the Modified Rothmans method for standard setting was adopted for Subspecialty Written examinations; and the introduction of individual Examination Question Writing Workshops for the subspecialties.

Examinations conducted in the reporting period were as follows:

Written	2013	Pass Rate	2014	Pass Rate	Total Candidates
MRANZCOG	68	80.9	86	71.6	154
DRANZCOG	124	81.5	73	90.4	197
CWH	10	89	27	63	152
Oral	2013	Pass Rate	2014	Pass Rate	Total Candidates
MRANZCOG	68	75.6	109	87.2	177
DRANZCOG	94	84.0	88	73.9	182

## Additional assessment activities

- Communication Skills Workshops are presented by provider Cognitive Institute with whom the College collaborates to tailor the content to suit the needs of RANZCOG Trainees.
- 144 research projects were proposed, submitted and assessed in the reporting period.
- Approximately 100 Ultrasound/Colposcopy In-Hospital Clinical Assessments were undertaken in the reporting period.
- All subspecialties have progressed toward the implementation of a suite of workplace based assessments (WBAs) to support the learning and assessment of Trainees.
- Numbers enrolling in the Certificate of Women's Health (CWH), Diploma and Advanced Diploma qualifications have continued to grow. Changes to the Diploma and Advanced Diploma assessment regimes have necessitated minor amendments to the curriculum.

- Further development and enhancement of online modules to support specialist training has continued and an upgrade to the system has facilitated easier management of resources, greater functionality and easier access for Trainees and Fellows using remote or mobile devices.
  - An online examination and assessment portal has been developed and trialled.
  - An e-commerce portal has been deployed to allow access to select online resources to affiliates on a fee-for-service basis.
  - Online support modules have been developed for all subspecialties. Each carries a list of recommended online resources.
  - A dedicated Indigenous Women's Health Online Module has been developed.
  - The Women Want to Know: Alcohol and Pregnancy Course was developed in conjunction with the Foundation for Alcohol Research and Education.
  - The O&G Magazine app has been released to enhance the content of the magazine.
  - Webcast presentations from RANZCOG Annual Scientific Meetings have been added to the relevant CLIMATE core eLearning modules.
  - Dedicated online modules for Regional Committees to upload material related to their events, courses and presentations have been developed.

The EAC pays tribute to the enormous contribution of Mr Liam Davison, eLearning Manager, in the development of the eLearning resources portfolio, prior to his untimely death on 18 July 2014.

## Education Strategy Committee

The Education Strategy Committee (ESC) has introduced a number of initiatives:

- Statements that define the desired attributes of a Trainee on the completion of Core and Advanced FRANZCOG training have been developed. This will assist Trainees and Training Supervisors to identify the expected progression through the training program.
- The FRANZCOG Curriculum has been revised to better articulate teaching and learning strategies, and assessment methodologies for each learning area. Revised three-monthly Appraisals and six-monthly Assessments have been introduced for all FRANZCOG Trainees. The surgical procedures lists have been revised for all FRANZCOG Trainees. A revised WBA tool, Assessment of Procedural and Surgical Skills (APSS), has been introduced. The APSS is designed to be used as both a formative and summative tool. Senior registrars who have completed the MRANZCOG can now act as assessors of APSS for Year 1 and 2 Trainees.
- Work has been progressed on Advanced Training Modules. These will be available for Trainees that commenced after 1 December 2013.

### Prof Ian Symonds

Chair, Education and Assessment Committee

### Ms Lyn Johnson

Director of Education

# Training Accreditation

This year, the RANZCOG Training Accreditation Committee (TAC) focused on the following areas.

## Membership/Fellowship Elevation

The TAC considered and recommended 80 applications for Membership and 75 applications for Fellowship to the Board (25 were joint Membership/Fellowship applications).

## Re-accreditation of Core Training Hospitals (FRANZCOG Training Program)

The College's second four-yearly re-accreditation cycle is now in progress. In Australia and New Zealand, 52 Core training sites underwent re-accreditation during the past 12 months, including eight follow-up visits to hospitals where there were significant concerns about aspects of training delivery and the College had made a number of recommendations to be addressed within a specific timeframe.

## New Integrated Training Programs/Core Training Hospitals

The TAC approved the establishment of the Western Health Integrated Training Program (ITP), based at Sunshine Hospital, Melbourne, and also the accreditation of Casey Hospital as part of the Monash Health ITP. The total number of RANZCOG-accredited sites in Australia and New Zealand is now 106.

## FRANZCOG Trainee Selection Process

In consultation with the FRANZCOG Trainee Selection Working Party and the Board, the TAC has overseen the implementation of a new online system to support the selection process, which automates, simplifies and improves on previous systems. The new system includes an online application form with secure uploading, file management, file identification and auditing; online scoring by application assessors; online completion and submission of referee reports; automated collation of applicant scoring and ranking; and an online dashboard, which allows applicants to monitor progress of their application, including submission of referee reports. Interviews for the New Zealand selection process were held in May 2014: 17 applications were received and 11 were offered training positions commencing December 2014. In Australia, 253 eligible applications were received for the 81 first-year training posts available for the 2015 training year, with national interviews scheduled for August.

## Revised Definition of a Tertiary Training Site

In response to feedback from regional Training Accreditation Committees and individual hospitals that the College's official definition of what constitutes a tertiary hospital was too prescriptive, a substantially revised definition was developed in consultation with the Trainees' Committee and the Board. The revised version allows for regional variations in terms of what characterises a tertiary level unit (for instance, not all tertiary hospitals have a neonatal intensive care unit) while not compromising RANZCOG standards in terms of service provision and training delivery.

## Revised Hospital Accreditation/Re-accreditation Guidelines

The TAC is in the process of revising these guidelines, which were first formulated in 2006, to incorporate the changes to the FRANZCOG Training Program implemented in December 2013 and to provide further clarification of the accreditation/re-accreditation process.

## Anatomy and Ultrasound Working Groups

Working Groups have been established to investigate ways of improving the delivery of anatomy and ultrasound training to registrars in the Core Training Program, including whether the College needs to develop additional online modules in these areas and if it should consider making appropriate courses a compulsory requirement.

## Position Descriptions

The ITP Co-ordinator and Training Supervisor position descriptions have been revised to incorporate the changes to the FRANZCOG Training Program and to emphasise the pastoral care aspect of the key roles.

## Training Supervisor Workshops

Seven one-day workshops for new, experienced and prospective Core/Advanced Training Supervisors have been conducted around Australia and New Zealand in the past 12 months. To date, 35 workshops have been held with a total of 450 attendees. The workshops focus on the supervisory role in the context of the FRANZCOG Curriculum and include teaching/learning behaviours, providing constructive feedback and supporting Trainees in difficulty.

## Specialist Training Program

The Commonwealth Department of Health's Specialist Training Program (STP) currently funds 34.5 FTE training posts in expanded settings in Australia, including three posts in Tasmania (under the Department's new Tasmanian initiative). Funding for the mainland STP concludes at the end of 2015; funding for the Tasmanian initiative at the end of 2016.

### Dr Sarah Tout

Chair, RANZCOG Training Accreditation Committee

### Shaun McCarthy

Manager, Training Services

# GP Obstetrics Advisory Committee

The General Practice Obstetrics Advisory (GPOA) Committee, formed in 2005, represents the views of Diplomates within the College, thus providing an opportunity to provide input relating to CPD and College Statements. Since then, the GPOA Committee has expanded its activities in the representation of Diplomates. The GPOA Committee Terms of Reference have now been updated to include the Certificate of Women's Health holders.

Elections for the GPOA Committee will be held in August 2014 and the current membership for the 2012–14 term is as follows.

## **Intrapartum Care representatives**

- Dr Louise Sterling, Warragul, 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 2013–14**

RANZCOG Diploma membership increased by 94 to 2510; of which 293 hold the DRANZCOG Advanced, 1813 the DRANZCOG and 404 hold the DipRACOG. There are 2029 Diploma holders and 21 Certificate of Women's Health holders with Women's Reproductive Health requirements for the 2014–16 triennium.

During the year, 32 Diplomates resigned and 66 were removed from the Register of Diplomates owing to non-completion of the Women's Health requirements for the 2011–13 triennium.

## **Diplomates Days**

Two Diplomates Days were held at the 2013 RANZCOG Annual Scientific Meeting (ASM) in Sydney as part of the pre-conference workshop program. There were 106 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 2013, held in Cairns, QLD, 31 October to 2 November 2013. There were 29 participants and ACRRM has requested that this be an annual activity as part of their pre-conference workshop program.

## **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 credentialed 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. The closing date for applications was 31 December 2013. A total of 61 DRANZCOG holders were grandfathered to the DRANZCOG Advanced qualification.

## **Dr Louise Sterling**

Chair, GP Obstetrics Advisory Committee

## **Val Spark**

Co-ordinator, GP Obstetrics Advisory Committee

# Specialist IMGs

The Specialist International Medical Graduate (SIMG) Assessment Committee oversees the processes for the assessment of SIMGs and the training or oversight of SIMGs accepted on to the pathway to Fellowship. There were 60 SIMGs undertaking the training/oversight requirements in 2013, and 51 in 2014. Of these, 26 SIMGs completed their requirements and applied for elevation to Fellowship in 2013, and a further 17 in 2014.

## The SIMG Specialist Assessment Pathway (Comparability)

The SIMG applications received and assessment outcomes for 2013–14 were:

SIMG Assessment	NEFI	EFI	SC	PC	NC	Total
2013/2	2	17	11	5	1	19
2014/1	0	24	10	8	6	24
Total	2	41	21	13	7	43

NEFI Not Eligible for Interview; EFI Eligible for Interview; SC Substantially Comparable; PC Partially Comparable; NC Not Comparable.

## The SIMG Area of Need (AoN) Pathway

The SIMG AoN applications received and assessment outcomes for 2013–14 were:

AoN Applications	S	NS	Total
2013/2	1	0	1
2014/1	1	0	1
Total	2	0	2

S Assessed as Suitable for AoN Position; NS Assessed as Not Suitable for AoN Position

## The SIMG Specialist Assessment Pathway (New Zealand)

In New Zealand, the College conducts assessments of SIMGs as an advisory board to the Medical Council of New Zealand, in order for the Council to grant registration in the vocational scope of obstetrics and gynaecology.

NZ Outcomes	SC	PC	NC	Total
2013/2	8	0	0	8
2014/1	3	0	0	3
Total	11	0	0	11

## Occupational Training Visas

IMGs make an application to the College for training in obstetrics and gynaecology in short-term positions in Australian hospitals.

OTV Applications	Received	Approved
2013/2	13	13
2014/1	15	15
Total	28	28

## Program Enhancements

In the period July 2013 to July 2014, the following program improvements were undertaken:

- New vignettes were introduced into the interview process during 2013 and two associated workshops were conducted for assessors.
- College regulations regarding the assessment of SIMGs were updated in line with changes to the FRANZCOG Training Program regulations with respect to reporting processes.
- In conjunction with the Australian Medical Council and the Medical Board of Australia, the RANZCOG SIMG Assessment Committee facilitated the move to a new national pathway for the assessment of SIMG applications effective from 1 July 2014.
- The SIMG Assessment Committee approved the implementation of a Mentoring Program for SIMGs under assessment/oversight.

### Dr Christopher Hughes

Chair, Specialist IMG Assessment Committee

### Ms Lois Lowe

Manager Educational Services

### Ms Margaret Elsum

SIMG Training Coordinator

### Ms Melissa Brady

SIMG Program Coordinator

# Trainees

This year, 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:

- Working closely with the RANZCOG Education Strategy Committee to further revise the FRANZCOG Curriculum and associated assessment requirements, including the Assessment of Procedural and Surgical Skills (particularly competency assessment for ventouse and forceps delivery), the Six-monthly Summative Assessment Report/Clinical Training Summary, and the Logbook.
- In liaison with the RANZCOG Training Accreditation Committee, Working Groups have been established to investigate ways of improving the provision of anatomy and ultrasound training to registrars in the Core Training Program, including the need to develop additional online modules in these areas, revise the FRANZCOG Curriculum requirements where necessary, and identify appropriate internal/external courses Trainees should be expected to attend (possibly on a compulsory basis).
- Worked with the eLearning Committee to develop new online modules to support training, particularly anatomy-based modules which will take trainees through each surgical procedure in which they will be assessed for competency.
- Contributed to the revision of the College's guidelines on advanced training positions, including details of the appropriate scope of practice for these posts.
- Represented Trainees on the Basic Surgical Skills Working Group, which is currently revising the syllabus for the compulsory workshop for first-year trainees to ensure consistency of format and content across all states/regions.
- Worked with the Research Assessment Subcommittee to enhance the College's support of Trainees' compulsory research requirement, including reviewing research modules on CLIMATE and contributing to the establishment of a new database of RANZCOG-approved research projects over the past two years.
- In consultation with the RANZCOG Training Accreditation Committee, contributed to the revision of the College's hospital accreditation/re-accreditation guidelines, which will shortly be circulated to key stakeholders for comment prior to recommendation to the Board.

- Reviewed RANZCOG Trainee numbers and the impact on available clinical experience.
- Reviewed the limitations of Trainee working hours and the implications for required years of training.
- Contributed to the ongoing review of the MRANZCOG and DRANZCOG Written and Oral Examinations by the Education and Assessment Committee, particularly the provision of effective feedback to unsuccessful candidates.
- Provided ongoing support for and active encouragement of Trainees' Days at RANZCOG Annual Scientific Meetings.

Trainees have also acted as representatives on the following:

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

## **Dr Kate van Harselaar**

Chair, Trainees' Committee

## **Shaun McCarthy**

Manager, Training Services

# Subspecialties

## Certification

The College offers five subspecialty training programs. In the past 12 months, 9 Fellows have met the training and assessment requirements for certification:

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

The number of current certified subspecialists is as follows: COGU 42; CGO 54; CMFM 53; CREI 73; and CU 35. The total number of certified subspecialists is 257. All eligible subspecialists have met the recertification pathway requirements.

## Training

The table indicates the number of Trainees in the five Subspecialty Training Programs as of June 2014. Thirty-eight applications for subspecialty training were received, 34 candidates interviewed and 26 selected to join the training program in 2015: CGO two, COGU three, CREI seven, CMFM 11 and CU three.

Subspecialty	Year 1	Year 2	Year 3	Year 3+*	Total
CGO	3	5	2	1	11
COGU	4	1	3	0	8
CREI	6	3	5	6	20
CMFM	8	6	5	5	24
CU	4	0	1	1	6
Total	25	15	16	13	69

\* 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.

## Accreditation of Subspecialty Training Units

Thirty-one subspecialty training units have been re-accredited for subspecialty training for the period January 2014 to December 2018. Two new training units have been accredited – Gold Coast University Hospital for CMFM and Gold Coast University Hospital for CGO.

## 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 two candidates are registered in CORT training.

## Key policy decisions and regulation changes

Workplace-based assessments (WBAs) have been implemented or are in progress for all subspecialties:

- CGO – Multi Source Feedback (MSF) and Surgical Skills Assessments (SSAs)
- CMFM – In-Hospital Clinical Examination (IHCE) and MSF (remedial)
- COGU – MSF (remedial) and Research Based Discussions (RBDs)
- CU – MSF (Year 1, Semester 2) and Direct Observation of Procedures (DOPs)
- CREI – MSF (Year 1, Semester 2) and Assessment of Procedural Skills (APS)

Regulation changes in the past year include:

- From 2014 subspecialties accepted candidates applying through the National Selection Process while in their fourth year of training, to commence subspecialty training in Year 5.
- It has been approved that, from 1 December 2014, Trainees in any subspecialty must train in a minimum of two training units, with the minimum time being a six-month period.
- Year 1 of subspecialty training in the CGO, COGU and CU training programs must be undertaken on a full-time continuous basis. For Trainees commencing subspecialty training in the CMFM and CREI training programs from 1 December 2014, Year 1 of training may be undertaken as fractional (part-time) training. In subsequent years, for all subspecialty training programs, fractional (part-time) training may be undertaken.

### Dr James Harvey

Chair, Subspecialties Committee

### Jolene Davidson

Senior Co-ordinator, Training Program

# Women's Health

The Women's Health Committee (WHC) advocates for women's health issues on behalf of the College's Fellowship. It develops best-practice advice on issues relating to many aspects of women's health, based on evaluation of available evidence and expert clinical opinion. In 2013–14, the WHC activities have included:

- development of the following new statements:
  - Management of Hepatitis B in Pregnancy (C-Obs 50);
  - Management of Hepatitis C in Pregnancy (C-Obs 51);
  - RANZCOG Position on Assisted Reproductive Treatment for Older Women (C-Obs 52); and
  - Fetal Morphology Ultrasound Screening (C-Obs 57);
- revision of the Intrapartum Fetal Surveillance Guideline – Third edition 2014;
- revision of 26 statements; and
- retirement of the following statements:
  - Screening for the Prevention of Cervical Cancer (C-Gyn 5) Content of this statement was incorporated in revision of RANZCOG Statement on Cervical Cancer Screening in Australia (C-Gyn 19);
  - Clinical Training whilst Pregnant (WPI 16); and
  - Delivery of the Fetus at Caesarean Section (C-Obs 37).

The following guidelines and statements from external organisations have been considered by the WHC and subsequently endorsed by the College:

- Screening to Prevent Cervical Cancer: Guidelines for the Management of Asymptomatic Women with Screen-detected Abnormalities (2005). Published by National Cervical Cancer Screening Program.
- Guidelines for Cervical Screening in New Zealand (2008). Ministry of Health.
- Management of Perinatal Infections (2014). Published by Australasian Society for Infectious Diseases.
- Position Statement on Psychosocial Assessment and Depression Screening in Perinatal Women (2013). Published by Marcé International Society.
- Decreased Fetal Movements Guidelines (2010). Published by Australia and New Zealand Stillbirth Alliance.
- Guidelines for Prevention, Diagnosis and Management of Acute Rheumatic Fever – 2nd edition (2012). Published by Rheumatic Heart Disease Australia.
- National Blood Authority Blood Management Guidelines – Module 4: Critical Care.

A College Communiqué was introduced for communicating topical issues requiring a position statement from the College. Communiqués were issued for: DNA-based Noninvasive Prenatal Testing for Fetal Aneuploidy and Diagnosis of Gestational Diabetes Mellitus (GDM) in Australia.

The RANZCOG website has been re-designed, providing greater prominence and easier access to College statements and guidelines, endorsed statements and guidelines from external bodies, as well as links to relevant advice. Forty links to relevant advice from other bodies were added to the Statement and Guideline web page.

The College provides advice to Federal and jurisdictional Government committees and various other external organisations as requested. This year, these activities have included:

- convening a multidisciplinary gestational diabetes mellitus (GDM) working party to develop recommendations for reducing variation in diagnosis (published as a College Communiqué and as an update to the RANZCOG statement: Diagnosis of Gestational Diabetes Mellitus, C-Obs 7);
- consultation with the New Zealand College of Midwives (NZCOM) regarding New Zealand-specific implementation considerations arising from the update to the Intrapartum Fetal Surveillance Guideline (Third edition);
- revision of RANZCOG/Human Genetics Society of Australia prenatal screening and diagnosis statements;
- facilitating the communications strategy regarding the National Cervical Cancer Screening Program Renewal;
- contributing to the Department of Health's consultation on the Antenatal Care Guidelines;
- membership of the Diagnostic Imaging Advisory Committee (DIAC);
- membership of the RHCE Program Management Committee;
- a submission to House of Representatives Standing Committee on Indigenous Affairs inquiry into the harmful use of alcohol in Aboriginal and Torres Strait Islander communities;
- participation in the development of Module 5 Obstetrics and Maternity blood management guidelines and the endorsement of the suite of NBA's patient blood management modules;
- responding to Coronial recommendations from various State and Territories;
- responding to requests from the Consultative Council on Paediatric Mortality and Morbidity (Victoria);
- collaboration with VMIA in revision of Intrapartum Fetal Surveillance Guideline – Third edition; and
- collaboration on an update to the Cochrane Review: Prophylaxis for venous thromboembolic disease in pregnancy and the early postnatal period.

The College hosted the Indigenous Women's Health Meeting in Adelaide in May. Of particular significance at this meeting was the launch of the College's inaugural Reconciliation Action Plan developed and approved in 2014. The Reconciliation Action Plan strengthens the College's commitment to improving the health outcomes of Indigenous Australian women and their families.

## **A/Prof Stephen Robson**

Chair, Women's Health Committee

## **Michele Quinlan**

Director, Women's Health Services

# Historical Collections

The Historical Collections consist of the Frank Forster Library, the Museum, the Archives and a collection of art, furniture and decorative arts.

It is through the generosity of Fellows and friends of the College that the Frank Forster Library and the Museum were established and this generosity has continued over the years. Although the Archives mainly contain administrative records, a significant number of personal papers are also held.

The College acknowledges the following donors for their gifts, which included books, instruments, personal papers, MRCOG case records, decorative and crested items. Donors included: Prof D Saunders, Prof C de Costa, Prof N Beischer, Dr G Bishop, Dr G Betheras, Dr J Roche, Dr B Hill, Dr M Smith, Dr P Bourke, Dr M Spring, Dr M Stening, Mr R Lyon, Mr P Bourke, Mr R Blyth, Mrs J Lang, Mr B Fry, the NSW Family Planning Association and the Royal Australasian College of Surgeons (RACS). In particular, the College thanks Dr James Roche for his generous donation to the Frank Forster Library of more than 80 books from his personal collection.

The Archives received a number of enquiries relating to obstetrics and gynaecology in Australia and also hosted visiting researchers working on publications and films. Many requests were also received from the general public.

The Frank Forster Library produced a catalogue of its Rare Book Collection that can be searched by title or date of publication. Of the 1194 rare books held by the Library, 531 (44.5 per cent) are unique to this library, in other words, they are not held in any other Australia or New Zealand library. This is evidence of the importance of the Library as a medical research resource.

Museum donations included a contraceptive vaginal ring and Postinor -2 emergency contraception packaging from the NSW Family Planning Association; a CIG Trichlorethylene anaesthesia apparatus, and a WWII Japanese general surgical kit from New Guinea, donated by Dr Mark Spring. The RACS

donated a mucus extractor; a Coldite bi-valve vaginal speculum and various abdominal retractors. The Japanese surgery kit is currently being conserved. Two articles were published in *O&G Magazine* featuring recent Museum acquisitions: a rare neonatal incubator and contemporary menstrual cups.

The College is grateful to the Fellows and friends who generously donated a total of \$8,300 to the Friends of the College Collection Fund. Some of the money was spent on framing additional Courier lithographs for display at College House. The Friends of the College Collection raise funds to support the ongoing costs of developing, maintaining and conserving the Collection.

**Dr Anthony Frumar**  
Chair, Historical Collections Committee

**Sue Cawthorn**  
Librarian

**Gráinne Murphy**  
Museum Curator

**Rosalind Winspear**  
Archivist

# New Zealand

The New Zealand Committee and staff have finished another successful year, working to promote excellence in women's health. As the leading medical organisation working for women's health within New Zealand, the Committee operates at two levels. In addition to running core RANZCOG programs, a great deal of effort goes into collaborations with other specialist medical colleges, organisations, senior politicians and health officials to ensure that quality women's health services are accessible and sustainable.

The commitment continues to the seamless, collaborative care of pregnant women and their babies. This involves regular and respectful meetings with consumer groups, midwives, general practitioners, anaesthetists, sonographers and others who work in the maternity area.

In November 2013, there were some changes to the membership of the New Zealand Committee. Dr John Tait came to the end of his term as chair and Drs Sowter, Parry and Murray stood down from their positions. Drs East and Duncan were welcomed on to the Committee.

Highlights for the New Zealand Committee included:

- the re-establishment of the Maori Women's Health Committee, led by Dr Leigh Duncan;
- the collaboration with NZ College of Midwives to update the Intrapartum Fetal Surveillance Guideline;
- the contribution of \$26,000 to the Mercia Barnes Trust, raised at an auction during the Regional Scientific Meeting;
- the reinvigoration and review of the Practice Visit Program;
- the strengthening of the Clinical Directors' Network;
- the endorsement of the high calibre of New Zealand Trainees from the Health and Disability Commissioner, who attended the annual training day;
- the organisation of another lively training program, including anatomy courses, ultrasound, LapSim and trial OSCE exams; and
- the submission of 30 high-quality abstracts by registrars for the 2014 ASM and several high-quality applications for research funding to the Mercia Barnes Trust.

Throughout the year work continued with Medical Council of New Zealand

(MCNZ), Council of Medical Colleges (CMC) and Health Workforce New Zealand (HWNZ) to develop a long-term strategic view of workforce. Many colleges are particularly concerned about the situation facing the training and career pathway for subspecialists.

The other challenges occupying the Committee included promoting the need for women's health resources in the Ministry of Health; the need for a structured, integrated plan to reduce the number of unintended pregnancies, particularly in deprived areas; and the ongoing question about how to reduce potentially avoidable stillbirth.

Thanks are owed to all members of the New Zealand Committee and staff for their commitment and contribution to RANZCOG work in New Zealand and also to the Board, Council and staff members in Australia for their support and friendship.

## **Dr Ian Page**

Chair, New Zealand Committee

## **Jane Cumming**

Executive Officer, New Zealand Office

# New South Wales

The New South Wales Regional Committee comprises 14 Fellows, two Trainee representatives and one Diplomate representative. It meets every two months and serves more than 1700 NSW Fellows, Members, Trainees, Educational Affiliates, Diplomates, DRANZCOG trainees and Retired Fellows.

Education activities are the main focus of the NSW Regional Committee. A MRANZCOG Oral Pre-Examination Course was held in September 2013, followed by a MRANZCOG Written Pre-Examination course in October 2013. Both courses attracted attendees from Australia and New Zealand. A DRANZCOG Revision Course was held in November 2013 and an Fetal Surveillance Education Program Workshop in February 2014. Members of the Education Subcommittee attended various careers events. Two Educational Evenings for NSW Fellows were held during the year and two luncheon meetings were held for NSW senior obstetricians and gynaecologists.

The NSW/ACT Training Accreditation Committee held four meetings. Consisting of a Chair, nine Training Co-ordinators and two Trainee representatives, the committee appointed 31 year-one Trainees for the 2014 clinical year.

The NSW Training Accreditation Committee has continued its program of Education Days for NSW registrars. In August 2013, the day was held at St George Hospital and, in March 2014, the day was held at Westmead Hospital. This Education Day included orientation for new year 1 trainees and a welcome function at the end of education sessions.

In July 2013, the NSW Regional Committee's nomination of Adjunct Prof Annabelle Farnsworth, cytopathologist and gynaecologic pathologist, for Honorary Fellowship of RANZCOG was approved by the RANZCOG Board for her outstanding contribution to women's health in Australia and New Zealand.

The NSW Regional Committee sponsored an Annual Scientific Meeting Scholarship for the Pacific and welcomed the recipient, Dr Peter Sol from Papua New Guinea, to the Sydney ASM held at Darling Harbour in September 2013.

The NSW Regional Committee continues to provide representatives for NSW Health committees, working groups and hospital selection panels. Current issues facing the NSW Regional Committee include providing a workforce in rural NSW and balancing service provision and training opportunities.

The NSW Regional Committee is supported by one full-time staff member and two part-time staff. The NSW Executive Officer, Ms Lee Dawson completed 20 years' service with the College in February 2014.

**Prof Gabrielle Casper**

Chair, New South Wales Regional Committee

**Lee Dawson**

Executive Officer, New South Wales Regional Office

# 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 resigned from his role of Chair of the TRC. Dr Emily Hooper was elected to the TRC and accepted the role of Chair. 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 16 Trainees completing various levels of training in Tasmania. In addition, Monash Medical Centre 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. The TRC was successful in securing funding from the Department of Health to train more specialists to ensure workforce needs are met in the future.

The highlight of the year was the RANZCOG 2013 Tasmanian Scientific Symposium held at UTAS and MONA. Attendees were treated to a high-quality program, with Prof Sir Sabaratnam Arulkumaran, President of FIGO, presenting a Masterclass in the Management of Postpartum Haemorrhage. This day also allowed Trainees to present their Research to the Tasmanian Membership.

The Committee farewelled administration officer, Ms Bree Morison, after 3.5 years of service. Ms Sara MacArthur joined Mr Mathew Davies in the Regional Office in April 2014.

## **Dr Emily Hooper**

Chair, Tasmanian Regional Committee

## **Mathew Davies**

Executive Officer, Tasmanian Regional Committee

# Victoria

The Victorian Regional Committee (VRC) continues to represent the interests of Fellows, Diplomates and Trainees in obstetrics and gynaecology in Victoria. Following the regional committee elections, the VRC includes some new members, as well as retaining the valued input of returning and ex-officio members. Dr Alison Fung continues in the role of Chair. The VRC also thanks the outgoing member of the committee, Dr Graeme Dennerstein.

This year the VRC has been approached by various external bodies for representation and the committee 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 the:

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

The VRC revamped the Victorian MRANZCOG Course, holding two events. They were both a resounding success and resulted in more than 130 Trainees and Fellows attending, up from 14 registrants the year before. A trial MRANZCOG OSCE was held on 24 August. This is a new event for Victoria and will continue to be held before each MRANZCOG examination as it provides invaluable practice for registrants prior to sitting their exam.

The Annual Trainees' Research Symposium was held at the Royal Society Building. The morning session provided an opportunity for registrants to hear presentations from a number of experts on recent advances in clinical obstetrics practice. The afternoon session saw five RANZCOG Trainees present their original research, plus a lively debate from A/Prof Glyn Teale and Prof Sue Walker. Following the Symposium, the VRC Annual Dinner was held at the Hotel Windsor and provided Trainees and Fellows with the opportunity to mix and mingle. The VRC also held its first Regional Hospitals Forum. This was an opportunity for Trainees and newly qualified Fellows to meet with the heads of department of regional hospitals and learn about the benefits of working in the country.

The VRC farewelled administration officer, Ms Bree Morison, after 3.5 years of service. Ms Sara MacArthur joined Mr Mathew Davies in the Regional Office in April 2014.

## **Dr Alison Fung**

Chair, Victorian Regional Committee

## **Mathew Davies**

Executive Officer, Victorian Regional Committee

# Western Australia

The WA Regional Committee (WARC) had a busy schedule throughout 2013–14. The WARC is fortunate to have, as ex-officio members, College Councillors in Prof Yee Leung and Dr Donald Clark. We were pleased to welcome Drs Jason Chin and Robyn Leake to the WARC as well as Trainee Representative Dr Stephanie Green. We were delighted that Dr Louise Farrell has returned as a member after her years on Council and the College Board. We thank those leaving the WARC for their participation.

The WA Training Accreditation Committee (TAC), chaired by Dr Dale Hamilton and supported by ITP Co-ordinator Dr Gordon Das, met regularly to consider training issues in the region. Future training sites are being discussed, especially the soon-to-be-completed Fiona Stanley Hospital. It was heartening to see once again a strong field of candidates for the RANZCOG Training Program. We welcomed the new successful Trainees at an induction evening at the beginning of the training year. Fellows, Trainees and the Executive Officer also supported a variety of medical careers expos throughout the year. This is a rewarding exercise to promote the specialty.

College examinations were held in July 2013 and February 2014. The Annual General Meeting was held on Wednesday 6 November 2013, at St John of God Hospital in Subiaco, and was well attended.

The combined SA/NT and WA Regional Scientific Meeting, hosted by WA, was held in Broome, 20–22 June 2014. Attracting 120 delegates, it included a Training Supervisor Workshop, a Diplomates Day and a two-day scientific program for Fellows and Trainees. One of the highlights was the quality and number of presentations given by Trainees and junior doctors. The venue was superb and we received a lot of interest and support from the sponsors, all helping towards making this one of our most successful meetings in recent years. A large part of the credit for the success of the meeting goes to Dr Louise Farrell who, together with the WARC, did a fantastic job selecting the speakers and organising the meeting.

WA will host the RANZCOG Annual Scientific Meeting in 2016 and the Organising Committee has been established. The date and location of the meeting have been selected and the committee is discussing the program and speakers.

It has been a pleasure to be Chair of the WARC and I thank all the committee members for their participation.

## **Dr Tamara Walters**

Chair, Western Australia Regional Committee

## **Janet Davidson**

Executive Officer, Western Australia Regional Office

# Queensland

The Queensland Regional Committee (QRC) continued to provide opportunities to the membership for involvement in the College: participating at educational events; contributing to College committees; or by involvement in training. Educational activities included perineal trauma and vaginal surgery workshops, a membership pre-exam course, a Trial OSCE for those sitting the oral exam, and a DRANZCOG Update Course, including an optional Neonatal Resuscitation Course.

The Queensland and NSW Regional Scientific Meeting was held 6–8 June 2014. A diverse scientific program was prepared by Prof David Ellwood, with presentations on topics including: epigenetics of pregnancy and birth, late pregnancy stillbirth and violence against women. Three pre-meeting workshops – a Diplomates Day, Training Supervisor Workshop and C-QuIP workshop – were also offered.

The opportunity to be awarded the Crown Street and Christopher Kohlenberg Memorial Medals saw a number of high-quality presentations being made by eligible Trainees. Dr Bridget Gilson was awarded the Crown Street Medal and Dr Leigh Grant the Christopher Kohlenberg Memorial Medal. The inaugural Queensland Regional Committee Medal was awarded to Dr Salma Sabdia. A large number of Fellows, Trainees and Diplomates attended this meeting and it was pleasing to see the obvious collegiality that existed. Fellows' evenings were held twice during 2013–14. The November evening focused on innovations in training. The evening in May focused on complications: three Fellows spoke about complications they have faced during their career. In addition, the newly appointed Queensland Health Ombudsman provided an overview of the role.

The Queensland Training Accreditation Committee (TAC) met four times during the year. The TAC, led by A/Prof Ted Weaver, oversees the training of more than 100 Trainees. The contribution of Training Co-ordinators and Training Supervisors, is very much valued and appreciated.

The QRC Annual General Meeting was held in December, at which time the newly elected committee took office for the next two years. The QRC continued to be represented on various committees and hospital credentialing panels. The QRC 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 2013 DRANZCOG Pre-Exam and GP Revision Course was held in July. All registrations were done via the IVvy Management System. The ten GPs who attended the course qualified for 40 RACGP QI&CPD Category One points as well as ACCRM 30 PRPD points, 30 O&G and 2 day grant in obstetrics. The summary of feedback evaluations was positive.

## Integrated Training Program

The 2013 selection process resulted in the selection of four local Trainees for year one in 2014. The standard was high, with many keen local applicants not attaining a place in the RANZCOG Training Program. 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.

## New Trainee Induction Evening

We welcomed our new 2014 Trainees as well as those Trainees who have transferred from interstate to train in South Australia. Dr Rick Fielke, Dr Amy Schirmer, Dr Ellen Raghoudi and Dr Laura Tresize are the new first-year trainees in 2014. The following Trainees transferred to SA: Dr Helen Esdale, Dr Kate Gardner, Dr Skandarupam Jayaratnam, Dr Jessica Klein, Dr Paul Knight, Dr Monika Skubisz and Dr Claire Whitehead.

## Training Supervisors Workshop

The Adelaide Training Supervisors Workshop, held on 1 May 2014, attracted 14 delegates, including some from interstate. Verbal feedback from some of the delegates was positive about the content and delivery of the workshop.

## 2014 SA/NT Regional Scientific Meeting

The SA/NT Regional Scientific Meeting was held at the National Wine Centre, Adelaide, on 10 May 2014. Speakers from our specialty and colleagues from other specialties generously gave their time, knowledge and support to the meeting. The representatives from industry who supported the meeting were warmly welcomed. In particular, significant appreciation is extended to Bayer Australia,

Endotherapeutics, Avant Insurance, SciGen Australia, Hologic Australia, Ferring Pharmaceuticals, Boston Scientific, HoodSweeney and the Calvary North Adelaide Hospital who made a very important contribution to the success of the meeting.

There were more than 70 attendees, with good representation from Fellows, Trainees and Diplomates. The scientific program covered: genes, epigenetics and environment; single gene defects; free fetal DNA; familial cancers; genetics of endometriosis; and transfusion protocol and avoiding unnecessary transfusion. There was ample time interspersed for seven free communications. The combined Annual Fellows Dinner/Conference Dinner was held at the National Wine Centre in the Gallery Room that evening. A group of 40 attendees enjoyed the opportunity to talk with colleagues in a social setting, while enjoying quality food and fine wines.

The meeting organisers did a great job in ensuring the smooth flow of proceedings – with thanks to Dr Amita Singla, Program Convenor, Dr Roy Watson and Ms Tania Back, Executive Officer SA/NT. The Evaluation Feedback Summary reflected a highly successful meeting, with the majority of the responses received stating that the five objectives of the meeting, as well as the overall learning needs and relevance to practice were entirely met.

## 2014 WA & SA/NT Regional Scientific Meeting – June 2014

This year our Western Australian colleagues took the lead in organising the annual WA & SA/NT Regional Scientific Meeting, which was held at the picturesque Cable Beach Resort, Broome on 20–22 June 2014.

The conference program encompassed a Diplomate Day, Training Supervisor Workshop, free communication presentations and workshops for Implanon, Mirena and vacuum extraction as well as the obstetrics and gynaecology scientific program. The conference was very well managed and verbal feedback received from attendees was positive. The meeting organisers did a wonderful job in ensuring the smooth flow of proceedings. A special thank you is extended to all the WA Organising Committee members as well as Ms Janet Davidson, Executive Officer, WA.

### **Dr Roy Watson**

Chair, South Australia/Northern Territory Regional Committee

### **Tania Back**

Executive Officer, South Australia/Northern Territory Regional Committee

# Rural Obstetric and Anaesthetic Locum Scheme

The Rural Obstetric and Anaesthetic Locum Scheme (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.

During the 2013–14 financial year, ROALS exceeded both obstetric and anaesthetic placement targets, facilitating 149 obstetric and 62 anaesthetic placements. ROALS is consistently meeting the demand for obstetric and anaesthesia locum support, as evidenced by the very low number of applications that were unfilled.

The table below provides information relating to program targets and achievements for the reporting period. The services referred to in the table were accessed by ROALS obstetrician and/or anaesthetist locums (both specialists and GPs) in 59 rural towns.

**A/Prof Ian Pettigrew**  
Chair, ROALS Advisory Committee

**Melissa Glogolia**  
Co-ordinator, ROALS

## 2013–14 ROALS Locum Placements

	Target placements	Actual placements	Subsidised days	Unsubsidised days	Total days
Specialist obstetrician	50–70	119	682	163	845
GP obstetrician	30–50	30	256	26	282
Specialist anaesthetist	12–20	14	98	87	185
GP anaesthetist	20–35	49	262	138	400

# 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 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 as assisting in overcoming workforce shortages and improving access to maternity services.

Of the 24 active grant recipients in Round One, currently:

- 20 GPs have successfully completed the DRANZCOG Advanced; and
- four GPs are currently in the DRANZCOG Advanced training program.

Of the 25 active grant recipients in Round Two, currently:

- 17 GPs have successfully completed the DRANZCOG Advanced; and
- eight GPs are currently in the DRANZCOG Advanced training program.

Of the 22 active grant recipients in Round Three, currently:

- five GPs have successfully completed the DRANZCOG Advanced;
- 15 GPs are currently in the DRANZCOG Advanced training program; and
- two GPs have secured a post, however, they are yet to commence training.

Round Four applications were open from 1 July to 1 August 2013. RANZCOG received 47 applications. Of these, 33 met the GPPTSP eligibility criteria.

The Assessment Committee met on 9 October 2013 to rank the eligible applications and recommended that 26 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 geographic area of practice.

Four GPs have withdrawn owing to a change in personal circumstances that prevented them from undertaking the DRANZCOG Advanced program. As a result, there are 22 active applicants currently on the list. Of these:

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

Preparation has begun for the opening of Round Five from 1 July 2014 to 1 August 2014.

## **Dr Louise Sterling**

Chair GPPTSP Assessment Committee

## **Rosalie Sirotic**

GPPTSP-Obstetrics Co-ordinator

# Rural Obstetric and Gynaecological Ultrasound Practice Project

The Rural Obstetric and Gynaecological Ultrasound Practice Project is funded by the Rural Health Continuing Education (RHCE) – Stream One as a continuing professional development (CPD) opportunity for rural and remote Fellows. RANZCOG was granted funding to conduct seven visits in 2014. The aim of the project is to improve accuracy in the diagnosis of patients who present for pregnancy or common gynaecological conditions and to provide upskilling in a fast-changing discipline.

The project is open to RANZCOG Rural Fellows located in Australian Standard Geographical Classification (ASGC) Remoteness Areas Zoned 2–5. Each visit is conducted by a facilitator at a participating Fellow's practice, with up to three other participants.

The visit includes:

- a demonstration of the optimal use of an ultrasound machine;
- a demonstration of a systematic approach to ultrasound scanning;
- a 'hands on' practical session scanning volunteers;
- practical report writing opportunities;
- feedback on scanning;
- a discussion on how to explain findings to the patient; and
- an opportunity to discuss any questions that participants may have.

One visit was held in the reporting period in Gladstone, QLD. A further six have been scheduled for the remainder of the funding period.

Post-visit evaluation will be undertaken to allow for feedback to be provided and to assess the success of the visits.

**A/Prof Ian Pettigrew**

Rural Obstetric and Gynaecological Ultrasound Practice Project

**Angie Spry**

RHCE Project Co-ordinator

# Practice Visits

The Practice Visits Project, funded by the Rural Health Continuing Education (RHCE) – Stream One, provided continuing professional development (CPD) opportunities for RANZCOG Fellows working in rural and remote areas. Government funding for the project ended in 2013.

The objective of the visit was for the specialist to seek comment on their performance while gaining feedback about any areas of vulnerability that can be addressed to improve patient care.

The project involved a one-day site visit by two Fellows. Prior to the visit, the Fellow receiving the visit was 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.

On the day of the site visit, the visiting Fellows conducted confidential interviews with the Fellow's colleagues, observed the Fellow undertaking a major and minor surgical procedure, and reviewed the practice surroundings. At the end of the visit, the Fellow received feedback from the visitors, outlining positive aspects of work and areas of vulnerability from a risk-management perspective. An overview and summary of recommendations was made at the end of the Practice Visit. This was formalised through a letter from the Practice Visits Working Party.

During the 2013–14 financial year, five Practice Visits were held across Australia: Cairns, QLD; Coffs Harbour, NSW; Orange, NSW; Shepparton, VIC; and Toowoomba, QLD.

A post-visit teleconference was held for all of the Fellows who received a Practice Visit. This provided the opportunity for feedback from the visited Fellows regarding the Practice Visit process.

**A/Prof Ian Pettigrew**  
Practice Visits Project

**Angie Spry**  
RHCE Project Co-ordinator

# 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. The project was 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 was designed to provide important safeguards by protecting certain information from disclosure and protecting persons involved in the activity from civil liability. Government funding of this project ended in 2013.

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

The audit consisted of a full-day visit by two facilitators and included: 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 provided feedback on clinical and systems issues and an action plan for improvement was developed in collaboration with the clinician involved.

During the 2013–14 financial year four Perinatal Mortality and Morbidity Audits were held across Australia: Bendigo, VIC; Bundaberg, QLD; Griffith, NSW; and Warrnambool, VIC.

Following the audit visits, a teleconference was held to provide feedback and discuss the auditors' written report.

**A/Prof Ian Pettigrew**  
PNM&M Audit

**Angie Spry**  
RHCE Project Co-ordinator

# 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, and run in Australia and New Zealand under license by RANZCOG. The program focuses on the development and refining of essential clinical, communication and teamwork skills required by a multi-disciplinary maternity care team, to improve their treatment of obstetric emergencies. The program is delivered using the 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 and for staff to travel to receive such education. There is now good published evidence that practising obstetric emergency management in this way improves a variety of measureable outcomes. The course has been available in New Zealand for six years with two-thirds of all New Zealand hospitals trained; it is now also widely available in Victoria and Queensland, some areas of NSW and the Northern Territory. It has also been successfully run in some of the Pacific islands.

Funding received from Rural Health Continuing Education (RHCE) – Stream One has allowed RANZCOG to pilot the program in rural areas of Queensland and NSW since 2012. The T3 Course has been delivered to a total of 21 hospitals in RA 2–5 areas in QLD and NSW, with each hospital also provided with the opportunity for a RANZCOG PROMPT Faculty member to mentor their PROMPT team as they deliver their first in-house workshop. With additional funding received through RHCE in late October 2013, the pilot was extended and is now scheduled for completion in October 2014.

PROMPT T3 courses are also offered by the College as a continuing professional development activity and considerable program growth has been observed during the past 12 months, with courses conducted across Australia throughout the year. Course registrations are consistently high and feedback from participants has been excellent. At the conclusion of the course, each participant receives the Australian and New Zealand edition of the PROMPT 'Course in a Box' set. This set contains a Trainer's Manual, a Course Manual and a USB stick loaded with teaching and other resources, providing participants with sufficient information to implement PROMPT workshops at their facility. The Course manual is available for purchase from the PROMPT website and it has proven to be a popular resource.

The PROMPT website ([www.promptmaternity.org/au](http://www.promptmaternity.org/au)) was launched in June 2014, to provide details of upcoming courses, a history of the program and links to current evidence that details improved maternity care outcomes as a result of implementation of the program.

As the PROMPT Steering Committee continues to progress the rollout and sustainability of the Program, it is considering the establishment of an alternative model of delivery, which will allow the T3 course to be held in the maternity ward of a rural facility. This will be targeted at those facilities unable to spare key members of their obstetric team to attend an offsite course.

The PROMPT Steering Committee remains committed to the provision of quality emergency obstetric training for all those who care for mothers and newborns in Australia, New Zealand and the Pacific region, and hopes to expand the rollout of the program to other Australian states and remote sites in 2015.

**A/Prof Edward Weaver**

Chair, PROMPT Steering Committee

**Lauren Patten**

PROMPT Co-ordinator

# Fetal Surveillance Education Program

In 2014, the RANZCOG Fetal Surveillance Education Program (FSEP) marked its tenth anniversary since the pilot program. Almost 35,000 participants across 180 facilities throughout Australia and New Zealand have now attended the FSEP. Over the past 12 months, FSEP has continued to refine and develop its suite of products to support and underpin the long-term success of the program. This includes employing and training an additional educator, launching the FSEP mobile apps and developing an online store to sell the book, teaching tools and online program OFSEPlus.

## FSEP Teaching and Assessment Tool

The FSEP Teaching and Assessment Tool, designed to help educators further assess clinicians' cardiograph interpretation and management skills, was made available for purchase from June 2012. This is sold to clinical leaders and educators and is not for general release. All 100 copies of the initial print run have been sold and a second print run undertaken. An antenatal-specific Teaching and Assessment Tool is currently being prepared for print.

## FSEP online programs

Since the OFSEPlus was launched in September 2012, almost 1000 'seats' have been sold and 550 users have completed the OFSEPlus to certification. The original online education program, OFSEP, continues to be available as an open resource.

## FSEP book

More than 4800 copies of the Fetal Surveillance: a Practical Guide have been sold across Australia and internationally. Plans are underway for the development of a new book, updated and in line with the recently published third edition of the RANZCOG Intrapartum Fetal Surveillance Clinical (IFS) Guideline.

## FSEP app for iPhone, iPad and Android

The FSEP app provides easy access to the standardised terms, physiological approach and suggested management of intrapartum cardiotocography. The app is a handy educational tool, also providing a direct link to the RANZCOG, FSEP and OFSEP websites and includes the current RANZCOG IFS Clinical Guideline. The app is available for purchase through the FSEP website from iTunes and Google Play.

The FSEP team looks forward to the ongoing development and expansion of the program and to 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**

Co-ordinator, FSEP

# Nuchal Translucency: Ultrasound, Education and Monitoring Program

# Colposcopy Quality Improvement Program

The Nuchal Translucency – Ultrasound, Education and Monitoring Program (NTUEMP) provides certification to operators (obstetricians, ultrasonographers and radiologists) performing the nuchal translucency (NT) scan in Australia. At the end of the reporting period, the program had 1245 certified active operators. The program also performs annual audit for all certified active operators in Australia. Operators from 406 centres were audited during the period.

In March 2014, the Quality Review and Ongoing Certification for the first trimester scan document was updated. This provides the basis for audit of the NT scan in Australia.

The program provides education: The Nuchal Translucency Online Learning Program (NTOLP) and the Teleconference Tutorial. Teleconference Tutorials are offered regularly to assist operators with the techniques associated with performing the NT scan and to further improve their understanding of the audit process. In the reporting period, nine Teleconference Tutorials were held with 146 operators attending and 213 operators enrolled in the NTOLP.

In addition to providing Certification for Nuchal Translucency and Nasal Bone, the program now provides Certification for Uterine Artery Pulsatility Index (UAPI). An educational component is currently being developed for the Uterine Artery Pulsatility Index.

**A/Prof Ricardo Palma-Dias**  
Chair, NT Steering Committee

**Vicki Petrou**  
Senior Co-ordinator, Nuchal Translucency Ultrasound Education and Monitoring 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 a total 838 certified practitioners.
- Amended the Courses & Meetings Criteria. For a course to be C-QulP approved, it must consist of at least one complete day (now five hours or more rather than six) on issues relevant to colposcopy and its practice in Australia and New Zealand. This is now on the C-QulP website.
- Amended Standard 1 in Therapeutic Colposcopy so that there is no set minimum number of treatments. Rather, colposcopists are required to log all treatments in each three-year period from commencement of audit with histology. The practitioner should aim to have histological evidence of high-grade changes (punch biopsy and/or loop specimen) in 80 per cent of cases.
- Re-opened the Certification as a Practising Colposcopist application process to practitioners for a set period of time to encourage Fellows to register with C-QulP if they are practising colposcopy. This process has now closed.
- Divided the RANZCOG Trainee and New Applicants certification process to become two separate processes, one for RANZCOG Trainees and one for New Applicants (non-RANZCOG Trainees). These are now on the C-QulP website under the Certification tab.

**Dr Vijay Roach**  
Chair, C-QulP Steering Committee

**Jordan Chrisp**  
Senior Co-ordinator, Special Projects, Women's Health Services

# Treasurer's Report

The 2013–14 year saw an improvement in RANZCOG's financial position. The result of operations, after audit, is an operating surplus of \$1,428,826 compared to a surplus of 1,083,839 for the 2012–13 year. However, one off write-backs to income of \$893,033 saw the total comprehensive income increase to \$2,688,904 compared to \$1,573,009 for the previous year. The write-backs related to adjustments to funds held in advance and the provision for improvements to JMJ House in Western Australia.

The College held investments of approximately \$6,110,704 on 30 June 2014, which represented an increase of 11.3 per cent from \$5,488,700 at 30 June 2013. The two investments are with Pitcher Partners and UBS Wealth Management. These two funds showed an increase of 25.5 per cent and 32.1 per cent, respectively. The smaller Navigator fund was dissolved during the 2013-14 year and the monies were reinvested with Pitcher Partners and UBS Wealth Management equally. This contributed to the higher movements in these two funds. The Finance Advisory Committee meets regularly with advisors from the two 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 \$16,407,716. The past year has seen a considerable increase in activity, with total income and expenses (net of gain in value of investments and not including abnormal write-backs to income) increasing by \$2,230,296 and \$1,885,309, respectively. This is on top of increases the previous year of \$2,465,873 and \$2,021,459, 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 faces significant costs in the next few years for major projects including the development and implementation of a central web application for recording, reporting, and automating the administration and CPD/training requirements of the RANZCOG Fellows, Diplomates, members and trainees (e-Portfolio).

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 2014, 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 2014. Our audit report on the financial report for the year was signed on the [20 September 2014](#) 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 2014 complies with Accounting Standard AASB 1039: Concise Financial Reports.

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

Kerpal Singh, Partner  
Registered Co & SMSF Auditor  
Morton Watson & Young

Date: [2 October 2014](#)

# Discussion and Analysis of Financial Statements for the Year Ended 30 June 2014

## 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 website at: [www.ranzcog.edu.au](http://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 2013–14 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 \$1,428,826 compared with \$1,083,839 in 2012–13. Total income increased by \$2,465,873 during 2012–13. Income from subscriptions and fees increased by \$2,098,024. Grant Monies received and expended increased by \$790,340. Interest and Dividends decreased by \$137,909.

Regional offices results moved from a surplus in 2012–13 of \$571,989 to a surplus of \$602,712 in 2013–14. Expenditure in 2013–14 was \$1,885,308 higher than in the previous year. The majority of this increase resulted from Commonwealth grants paid for the Rural Obstetric and Anaesthetic Locum Scheme. Salaries and superannuation increased by \$565,317 reflecting a CPI increase, additional leave provisions, performance-based increases and employment of additional staff members.

Grants and Donations increased by \$67,398 due to a one-off write-back to income.

Travel and Accommodation increased by \$1,547,115, mainly due to travel associated with the fully funded Rural Obstetric and Anaesthetic Locum Scheme.

## Statement of Financial Position

Total assets increased by \$6,149,661 and this was mainly due to the 2015 annual subscriptions debtors raised in advance. The overall increase in value of investments was \$622,004. Net change in written down value of assets held, after depreciation, was an increase of \$145,855 mainly associated with the capitalisation of the new finance system.

Short-term deposits increased by \$135,438, with funds held for externally funded projects. Cash and cash equivalents increased by \$1,529,922 and trade and other receivables increased by \$3,761,441.

Liabilities have increased by \$3,460,758 and this was mainly due to 2015 annual subscriptions invoiced in advance. Provision for employee benefits have decreased by \$228,188 and grants received in advance have increased by \$143,035, with funds held for externally funded projects. Funds of \$507,081 are held in trust, compared with \$353,662 at 30 June 2013.

## Statement of Cash Flows

Cash of \$2,368,929 was generated from operating activities. A decrease in cash investments has resulted in cash holdings being higher than 30 June 2013 by \$1,529,922.

# Directors' Report

Your directors present their report on the College for the financial year ended 30th June 2014

## Directors

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

- Prof M Permezel
- Prof A Rane Resigned 24/4/2014
- A/Prof S Robson
- Dr S Tout
- Dr M Ritossa
- Dr G Pecararo
- Dr V Roach

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: Mr James McAdam. Appointed 6 November 2013.

## Significant Changes

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

## Principal activities

The principal activities of the College are:

- promoting and encouraging the study, research and advancement of the science and practice of obstetrics and gynaecology;
- promoting excellence in healthcare services for women and their families and cultivating and encouraging high principles of practice, ethics and professional integrity in relation to obstetric and gynaecological practice, education, training and research;
- determining and maintaining professional standards for the practice of obstetrics and gynaecology in Australia and New Zealand;
- conducting and supporting programs of training and education leading to the issue of a certificate, diploma or other certification attesting to the attainment/maintenance of appropriate levels of skills, knowledge and competencies commensurate with specialist and sub-specialist practice in obstetrics and gynaecology in Australia and New Zealand; and
- ensuring College members undertake continuous professional improvement and participate in effective, ongoing professional development activities.

## Result of operations

The Surplus of the College for the year amounted to \$2,688,904.

## 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:

Directors' meetings held during the financial year were

	Meetings attended	Meetings held during term of office
Prof M Permezel	9	9
Prof A Rane	3	5
A/Prof S Robson	8	9
Dr S Tout	8	9
Dr M Ritossa	8	9
Dr G Pecoraro	7	9
Dr V Roach	9	9

Signed in accordance with the resolution of Directors.

Prof M Permezel, Director  
President

Dr M Ritossa, Director  
Treasurer

Date: 18 September 2014

# Statement of Comprehensive Income for the Year Ended 30 June 2014

	2014 \$	2013 \$
Revenues from member services	17,887,901	15,788,924
Other income	513,201	519,792
Interest on investments	602,291	464,382
Employee benefits expense	(6,445,305)	(5,879,988)
Depreciation and amortisation expense	(167,523)	(181,234)
Repairs and maintenance	(220,818)	(296,374)
Fuel, light and power	(36,789)	(42,544)
Rental expenses	(220,134)	(243,124)
Audit, legal and consultancy expenses	(795,393)	(754,424)
Administration expenses	(4,187,585)	(2,657,496)
Other expenses	(5,501,020)	(5,634,074)
<b>Profit before income tax</b>	<b>1,428,826</b>	<b>1,083,839</b>
Income tax expense	—	—
<b>Profit for the year</b>	<b>1,428,826</b>	<b>1,083,839</b>
<b>Other comprehensive income</b>		
Donation of property	595,557	—
Net (loss)/gain on revaluation of non-current assets	297,476	—
Net (loss)/gain on revaluation of financial assets	367,045	489,170
<b>Other comprehensive income for the year</b>	<b>1,260,078</b>	<b>489,170</b>
<b>Total comprehensive income for the year</b>	<b>2,688,904</b>	<b>1,573,009</b>
<b>Total comprehensive income attributable to members of the entity</b>	<b>2,688,904</b>	<b>1,573,009</b>

# Statement of Changes in Equity for the Year Ended 30 June 2014

	Retained Earnings \$	Reserve for Professional Development \$	Total \$
Balance at 1 July 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
Profit/loss attributable to the entity	1,428,826	—	1,428,826
Other comprehensive income for the year	1,260,078	—	1,260,078
<b>Balance at 30 June 2014</b>	<b>16,284,735</b>	<b>122,982</b>	<b>16,407,717</b>

# Statement of Financial Position as at 30 June 2014

	2014 \$	2013 \$
<b>Current assets</b>		
Cash and cash equivalents	3,099,673	1,569,751
Trade and other receivables	4,306,156	589,715
Financial assets	8,201,631	8,066,193
<b>Total current assets</b>	<b>15,607,460</b>	<b>10,225,659</b>
<b>Non-current assets</b>		
Financial assets	6,110,704	5,488,700
Property, plant and equipment	8,657,255	8,511,399
<b>Total non-current assets</b>	<b>14,767,959</b>	<b>14,000,099</b>
<b>Total assets</b>	<b>30,375,419</b>	<b>24,225,757</b>
<b>Current liabilities</b>		
Trade and other payables	13,242,892	9,553,946
Short-term provisions	724,811	952,999
<b>Total current liabilities</b>	<b>13,967,703</b>	<b>10,506,945</b>
<b>Total liabilities</b>	<b>13,967,703</b>	<b>10,506,945</b>
<b>Net assets (liabilities)</b>	<b>16,407,716</b>	<b>13,718,813</b>
<b>Members' equity</b>		
Accumulated surplus	16,284,734	13,595,831
Reserve for professional development	122,982	122,982
<b>Total members' equity</b>	<b>16,407,716</b>	<b>13,718,813</b>

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

# Statement of Cash Flows for the Year Ended 30 June 2014

	2014 \$	2013 \$
<b>Cash flows from operating activities</b>		
Receipts from members	9,456,443	9,530,686
Interest received	602,291	464,382
Donations and appeals	70,798	3,400
Other income	9,023,747	8,278,637
Payment to suppliers and employees	16,784,350	(14,785,486)
Net cash provided by (used in) operating activities	<b>2,368,929</b>	<b>3,491,619</b>
<b>Cash flows from investing activities</b>		
Proceeds from (transfers to) investments	(487,656)	(1,771,368)
Payment for property, plant and equipment	(351,351)	(1,107,135)
<b>Net cash provided by (used in) investing activities</b>	<b>(839,007)</b>	<b>(2,878,503)</b>
Net increase (decrease) in cash held	1,529,922	613,116
Cash at beginning of financial year	1,569,751	956,635
<b>Cash at end of financial year</b>	<b>3,099,673</b>	<b>1,569,751</b>

# 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 2014 and of the performance for the year ended on that date of 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