



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists

Excellence in Women's Health

RANZCOG ANNUAL REPORT

2015–2016

The Royal Austr
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College of Obstetricians
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President's Report

It is with pleasure that I present my fourth, and final,
Annual Report to the membership of RANZCOG.

Education and training

Selection for FRANZCOG training

Training for a specialist career in obstetrics and gynaecology remains a very popular option for the large pool of medical graduates.

New Zealand has appointed 15 new year-one trainees from 30 applicants for the training year commencing December 2016. Australia will welcome 84 new trainees, from a field of 226 applicants, for the training year beginning February 2017. As in recent years, many outstanding potential future specialists will miss out on selection, largely because there are simply too many good applicants.

The selection process continues to undergo refinements as the College continues to strive to appoint the best future specialists to the training program. Hospital references have been used to ensure that those rated most highly by their employers reach interview. These institutional references have not as yet been incorporated in the final selection score, but this will be evaluated from the 2016 data for possible future use. All applicants completed a 'situational judgement test' as a trial selection tool that will also be evaluated for possible future inclusion in the selection process.

Bullying and harassment

Following general concern among the medical college community, the College asked all Fellows and FRANZCOG trainees to complete a survey on bullying and harassment in the O&G workplace.

I thank all those that contributed. It is clearly disappointing to learn that, as in other medical colleges, a substantial number have experienced

bullying. The College has implemented strategies to address this as a matter of urgency and will work in collaboration with other medical colleges to ensure that every Fellow and trainee adopts zero tolerance of bullying in the workplace.

e-Logbook and procedure numbers

The e-Logbook component of the e-Portfolio is a particularly welcome addition to the services provided for trainees.

While the education department has laboriously obtained hospital procedure numbers from the longstanding hard-copy logbooks, the advent of the e-Logbook in the last 12 months will greatly enhance the timeliness of these reports and streamline the interrogation of procedural data. It is unfortunately apparent that some hospitals see trainees primarily as a clinical workforce and fail to provide the necessary numbers of procedures. It is reassuring, however, that the majority are providing very good gynaecological surgical procedural numbers, particularly in the provincial training sites. While simulation and quality of training will undoubtedly receive progressively greater emphasis, there can be no shrinking from the need to provide quantity as well as quality in training.

Workforce

Specialist numbers in provincial centres remain the greatest workforce challenge for all the medical colleges: How to achieve a better distribution of Fellows and Diplomates? There is no single answer. It must start with the Medical Deans doing more to attract medical students who are more likely to practise in rural centres (especially rurally schooled), an enticing undergraduate rural experience, the colleges selecting trainees more likely to practise rurally, optimising rural training at core and advanced levels with the object of creating more rural specialists and, finally, giving maximal support

to rural practitioners through initiatives like the locum scheme and funded continuing professional development initiatives.

The locum scheme continues, but no longer from within the College. This year saw the third rural Integrated Training Program established in Mackay,

following on from successful programs in Dubbo and Orange. My personal thanks go to Dr Tony Geraghty who has worked tirelessly over the last four years in all these areas as Chair of the Provincial Fellows Committee.





Women's health

The Women's Health Committee has had a very busy year under the guidance of Prof Stephen Robson. As in previous years, many challenges have arisen in women's health, but these have been met with prompt and decisive responses with the timely release of College communiqués and statements. The Zika virus posed a special challenge and we are particularly grateful to Dr Lisa Hui for her contribution in this area, both to the suite of College information documents and also as a member of the national advisory committee. Unexpected (and unfortunate) shortages of clomiphene and PGF2alpha have received prompt recommendations from the Women's Health Committee with respect to suitable alternatives.

FSEP and PROMPT

The Fetal Surveillance Education Program (FSEP) has been widely acclaimed for providing multi-disciplinary training in this crucial area of women's health. Onsite training in obstetric procedures is another area where the College believes it can contribute to effective multi-disciplinary training to the benefit of women and their offspring. Fellows have invested considerable resources into adapting the PRactical Obstetric Multi-Professional Training (PROMPT) program for Australia and New Zealand and delivering the courses. RANZCOG is currently negotiating with the Prompt Maternity Foundation (UK) to enable the College to continue to deliver PROMPT training courses throughout Australia and New Zealand. Regardless of the outcome, multidisciplinary onsite obstetric procedural training will remain an important area of College activity.

Continuing Professional Development

National Cervical Screening Program

The renewed National Cervical Screening Program (NCSP; Australia) is expected to commence in May 2017. It seems extremely likely that the Federal Government will mandate submission of colposcopy findings to a central registry to sit alongside other aspects of NCSP. There is also an 'expectation' by government that all those performing colposcopy will participate in a quality-assurance activity such as the Colposcopy improvement Program (C-QulP). While

many Fellows will find it extraordinary that this relatively small component of generalist practice has been singled out for compulsory audit, it almost certainly reflects a very large investment by government in the program and a desire to see that the highest standards of quality assurance are met across all areas of the NCSP.

Events

Aldo Vacca Tribute Evening

In recognition of the exceptional contribution made by Aldo Vacca to the health of women and their babies around the world, a College Tribute Event took place in Brisbane in May 2016. Proceeds from the event, as well as those generated from the Aldo Vacca Symposium held recently in the UK, have been used to support the establishment of an Aldo Vacca Award to be presented at each RANZCOG Annual Scientific Meeting.

Concluding remarks

The Ninth RANZCOG Council concludes in November and the Tenth Council begins anew. I would like to formally thank all College staff, an outstanding Board, the Council and its hard-working Committees. A special thanks to those that have provided me with magnificent support through sage advice and wise counsel. I will resist naming them, but they know who they are!

Congratulations to Prof Stephen Robson on his election in March to President of the Tenth RANZCOG Council and also to the new members of the Board, Dr Ben Bopp, Dr Celia Devenish and Prof Yee Leung. Prof Robson has made enormous contributions to the College in almost every area of College activity – from examinations through to women's health and publications – and I wish him well in this new role.

Prof Michael Permezel

President



CEO's Report

It is with great pleasure that I present the CEO's Report for the 2015–16 financial year. This report will highlight some of the activities and achievements throughout the past year, as well as outlining the challenges to be tackled in the coming period.

Advocacy

The past 12 months have been a period of change; both for the College internally and for the external environment in which the College operates.

Now more than ever, postgraduate medical colleges, such as RANZCOG, need to ensure that they remain relevant, contemporary and responsive to the needs of both their members and the external groups with which they interact. This is achieved by engaging proactively with governments, agencies and other relevant bodies, and by ensuring that the College's training and education programs are meeting the needs of the profession, the health sector and the community.

During the past year, the College has engaged with the major government bodies and agencies including the Australian Medical Council, the Medical Board of Australia, the Medical Council of New Zealand, the New Zealand Ministry of Health and the Commonwealth Department of Health as well as jurisdictional health departments and other entities involved in women's health. The College receives many requests for feedback and review, and during the past year has provided a significant number of submissions including those relating to medical scopes of practice, Australian College of Midwives guidelines, National Safety and Quality Health Service Standards, Therapeutic Goods Administration schedules, clinical management guidelines and CPD/revalidation recommendations.

The Women's Health Committee continues to work tirelessly on the review and development of statements and guidelines, and members sit on a number of external committees, reference and working groups on behalf of the College. The Global Health, Aboriginal and Torres Strait Islander

Women's Health and He Hono Wahine Committees all contribute to improving health outcomes for women; many of whom may experience significant health disparities within their own communities.

These activities are just a snapshot of the work undertaken pro bono by the Fellows, trainees and members who donate their time freely and generously to support the College's vision of 'Excellence in Women's Health'.

Resources

In October 2016, the new College website will be launched at the RANZCOG Annual Scientific Meeting in Perth.

The new website has been designed to be user friendly, intuitive and mobile compatible. The site will provide information for the public as well as RANZCOG members and provides a contemporary and engaging public 'face' of the College. 2015–16 also saw the College embrace social media by establishing accounts across the broad spectrum of digital communication channels. The website, e-Logbook and new member database have been significant projects that will assist in streamlining processes and providing a better user experience for members.

The ability to access quality, online resources is an important part of the College's training program, and this year has seen continued growth and enhancements of RANZCOG's e-learning suite. The program includes not only core curriculum modules, but also an extensive list of additional resources that continues to grow and provide critical access to information at a time and place to suit the individual. The O&G Audit App, O&G Magazine App and Guidance App also provide information quickly and conveniently via portable devices such as phones or iPads.



Bullying and harassment

In 2016, RANZCOG disseminated a survey to Fellows and trainees to identify the extent of bullying and sexual harassment within the O&G workforce in Australia and New Zealand.

The results of this survey were recently published in the *O&G Magazine* and on the College website. The outcome of the survey has led to the establishment of a working group, which will address the issues arising through a planned and strategic approach. RANZCOG have partnered with the Royal Australasian College of Surgeons in committing to improving the existing culture through communication, education, support and regulation. The coming year will see the implementation of a Board-supported plan of action.

Revalidation

The Medical Board of Australia's Expert Advisory Group (MBA's EAG) released their interim report into Revalidation this year.

This report proposes an approach to support medical practitioners in maintaining and enhancing their professional skills and knowledge and remaining fit to practise that involves a two-part approach:

1. Strengthen CPD (with the following principles in mind)
 - a. Smarter not harder – increase effectiveness but not time needed to complete
 - b. Integration of existing systems – build on what is already there
 - c. Relevant, practical and proportional – feasible to implement and proportionate to public risk
2. Identify and assess at-risk and poorly performing practitioners.

The MBA is currently engaging with colleges to discuss options and by mid-2017, it is intended that a pilot or rollout will occur across Australia.

For RANZCOG, this will mean preparing for the introduction of revalidation by reviewing our current system, identifying the potential gaps and opportunities for improvement and ensuring we have the resources and the processes in place to meet the new requirements of the MBA. The ultimate goal is to make the process as efficient as possible so that the process is seamless for Fellows undertaking CPD at RANZCOG.

Governance and administration

I would like to take this opportunity to thank the RANZCOG Board and Council for their support during the past year and to welcome the new members of Board and Council that will commence from the November 2016 Annual General Meeting.

I would also like to thank the staff of RANZCOG for their ongoing support, willingness to embrace change and dedicated commitment to the College and the mission and values for which it stands.

Alana Killen

CEO



The Global Health Unit has progressed programs and projects in partnership with international government and non-government organisations that support capacity building in obstetrics, gynaecology and the reproductive health workforce in the Pacific Island Countries (PICs). The Pacific continues to be the focus for College-led global health activities, with the PICs RANZCOG's closest geographical neighbours.

RANZCOG's long-term strategic approach to the Pacific is now having an impact in real terms, with good results fed back to the College during the year. Significant programs that contribute to the delivery of improved obstetrics and gynaecology services through the provision of education, training and professional development of the O&G health workforce, include the Pacific Associate Membership Program and associated RANZCOG CPD Program for Pacific O&G Specialists. This program underwent an internal evaluation during 2015–16 and the

results were published and released to internal and external stakeholders in May.

RANZCOG and its Fellows have a long history of involvement with colleagues across the globe and this interest is actively pursued by many of our members. This year, the Global Health Unit developed the RANZCOG Asia Pacific International Development (RAPID) network, a web-based communication group hosted on the CLIMATE platform. A complementary initiative is the introduction of volunteer diaries on the RANZCOG website and through social media, to raise awareness.

The College believes that further engagement with Fellows, investment in partnerships and proactively working collaboratively with others with an interest in global women's health development will ensure that together, and as individuals, we can contribute to improvements in the health of women and their families both nationally and internationally.



Membership and Marketing

In April 2016, the College formed a new business unit, Membership and Marketing, to develop and manage the College's member-engagement, marketing, communications and business-development strategies.

The unit is accountable for the following areas:

- member services
- public relations and social media
- national events and conferences
- marketing and corporate identity
- College journals and publications, graphic design and branding
- website and other digital products.

In the first three months of operation, a new Director has commenced employment, an organisational restructure has been completed and the team are now working within the same work space.

The Australian State Executive Officers will also now report to the Director of Membership & Marketing, with the New Zealand Executive Officer reporting to the CEO.

Liam and Frankie Davison Award

RANZCOG is committed to promoting the role and work of the College within the education sector below tertiary level and established the Liam and Frankie Davison Award to meet this purpose. Introduced in 2014, secondary students in Australia and New Zealand who are in their final three years of schooling are eligible to submit a written piece relating to the topic of women's health.

In 2015, entries increased by 81 per cent. There were two exceptional submissions received and it was decided that both students would be presented with the \$1,000 Award. Rachel Machado of Whangarei Girls High School in New Zealand was acknowledged for her piece about sex trafficking and sex tourism, and Izabella Watkins-Gray from Hobart College in Australia, for her submission addressing maternal mortality in developing countries.

Women's Health Awards

The Women's Health Awards program, now in its 11th year, continues to promote the specialty of obstetrics and gynaecology (O&G) by recognising outstanding final-year medical students who have excelled in women's health.

All 22 medical schools in Australia, New Zealand, Papua New Guinea and Fiji are invited to participate in this initiative by nominating a student to receive the \$500 Award.

Medical schools in the region welcome the opportunity to participate, and in 2015 a total of 15 medical students were awarded. There were 11 recipients from Australia, two from New Zealand and two students from Papua New Guinea.

Website

A new College website is currently under development, it will be operational by October 2016 and launched at the RANZCOG Annual Scientific Meeting (ASM), held in Perth. The major change planned will be a greater emphasis on women's health, both in imagery and eventually content. The site will be built using dynamic HTML, so that it will display equally well on mobile devices and desktops.

Social media

There has been an increase in social media engagement this year and the College has recruited a Communications Officer who has previously specialised in social media in a women's health management organisation.

Print portal

Evaluation of a member-accessed print portal managed by an external print company has been completed. This will deliver a replacement print solution for the members who are currently using a third-party patient information pamphlet printer. If accepted by the Publications Committee in July, it will be operational by October 2016 and launched at the Perth ASM.

The portal will eventually allow members to design, order and obtain business cards and other stationery with the RANZCOG crest and their logos and details personalised to the stationery.

College brand and style guide

The unit has completed the development and implementation of a College brand/style guide that all staff are now using as the one source of truth. This will improve the consistency and quality of all print and digital publications as seen by our external stakeholders.

Mark Donato

Membership and Marketing Director



Practice and Advocacy

The restructure of the College in early 2016 saw the Women's Health Department renamed the Practice and Advocacy Unit. The Foundation and the Global Health Unit were integrated into the Unit as their priorities are closely aligned. The Continuing Professional Development (CPD) team was absorbed into the Education Unit.

Key initiatives during the year have included development of an Audit App and a Guidance App. The Audit App was designed specifically for Provincial Fellows and developed under the Rural Health and Continuing Education program, funded by the Australian Government and managed by the Committee of Presidents of Medical Colleges. The Guidance App contains recommendations of all RANZCOG statements and guidelines for easy access by clinicians from mobile devices. An area of priority, as specified in the RANZCOG Strategic Plan, has been the development of patient education resources. A suite of RANZCOG Patient Information Pamphlets is anticipated to be launched at the College Annual Scientific Meeting in 2016. The Colposcopy Online Learning Program (COLP), an evidence-based CPD training resource for colposcopists, is being updated to align with the renewed National Cervical Screening Program (NCSP).

Women's Health Committee

The Women's Health Committee (WHC) advocates for women's health issues on behalf of the College's Fellowship. It develops clinical advice on issues relating to many aspects of women's health care and is responsible for the ongoing revision of the College's suite of statements and guidelines. During the past year, the committee published new statements on 'Screening in early pregnancy for perinatal adverse outcomes' and 'Cross-border reproductive care'. More than 35 existing statements on a range of O&G topics have been revised. The WHC issued advice on emerging topics such as the Zika virus, mid-urethral slings and vaginal seeding, and provided clinical expert input to consultations and various requests from Federal and jurisdictional government committees and other external organisations.

Aboriginal and Torres Strait Islander Women's Health Committee

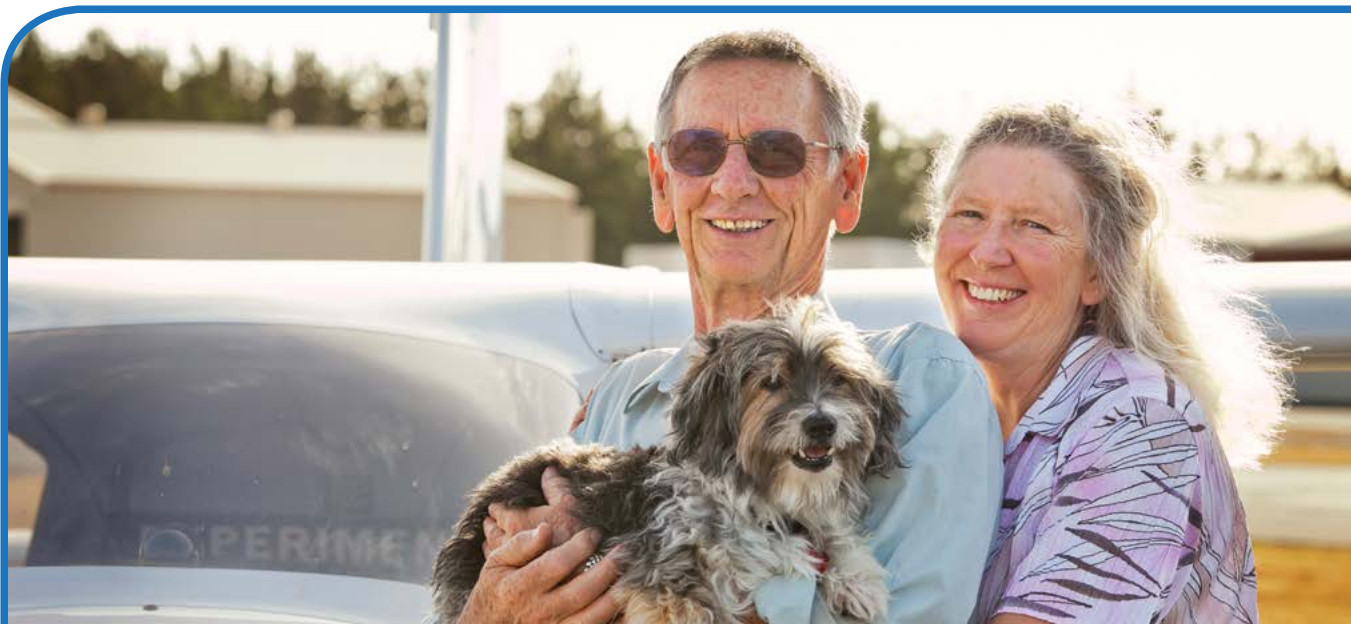
The College continues to strengthen its commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander women and babies. It is actively involved with initiatives through its Aboriginal and Torres Strait Islander Women's Health Committee.

One of the College's priorities in this area is to build strong relationships and collaborate with Aboriginal and Torres Strait Islander health organisations. The College recently signed a formal agreement with the Australian Indigenous HealthInfoNet to collaborate on matters of common interest. Specifically, the agreement states that 'both parties will join forces to seek funding to create resources specifically for women's health' and that we will 'explore opportunities to work together with the aim of improving knowledge about Aboriginal and Torres Strait Islander health with a focus on women's health'.

The College has implemented a number of scholarships for Aboriginal and Torres Strait Islander Trainees and medical students/graduates to attend various RANZCOG scientific meetings in 2016 and 2017. Other key activities in 2015–16 have included the ongoing implementation of the College's Reconciliation Action Plan (RAP) and development of an Indigenous Women's Health and Cultural Competency Online Learning Module. This module will consist of four brief scenarios with the aim of increasing health professionals' understanding and awareness of women's health issues in rural/remote and urban settings. A professional video production company has been hired and arrangements for filming are currently underway.

Michele Quinlan

Practice and Advocacy Director



The Provincial Fellows Committee (PFC) advises the RANZCOG Board on matters affecting obstetrics and gynaecology practice undertaken by Provincial Fellows. The PFC also organises an Annual Scientific Meeting (ASM) for rural Fellows. This event provides Provincial Fellows with an opportunity to discuss and share experiences specific to rural practice, and develop beneficial networks. The 2015 Provincial Fellows ASM was held in Taree, NSW. Two FRANZCOG trainees are currently completing the Provincial Training Pathway, which was launched in February 2015. Dubbo Base Hospital, NSW was the first hospital to offer the Provincial Pathway Training Program and Orange Base Hospital, NSW commenced with the Program in February 2016.

In 2015, Rural Obstetric and Gynaecological Ultrasound Practice visits were held in Bendigo VIC, Cairns QLD, Dubbo NSW, Hobart TAS, Mackay QLD, Mildura VIC, Toowoomba QLD and Wangaratta VIC. This project was funded by the Rural Health Continuing Education (RHCE) – Stream One as a continuing professional development (CPD) opportunity for rural and remote Fellows. The aim of the project was 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.

Six Provincial Fellows Practice Visits were conducted in the first half of 2016. Practice Visits are a highly regarded practice audit and reflection activity, and the visited Fellows in Warragul VIC, Albury NSW, Mount Gambier SA and Toowoomba QLD reported that having two experienced Provincial Fellows visit and review their practice was a very beneficial experience.

The Provincial Fellows Clinical Webinar series included presentations on the ethics of non-invasive prenatal testing; progesterone and preterm birth, management of preterm labour; taking a family history and familial cancer referral as a form of cancer prevention in your patient and close relatives; haemolytic disease of the newborn; current trends in laparoscopic surgery; and management of 55 year old with a 6 cm ovarian cyst. Recordings of the webinars are available via the CLIMATE e-Learning portal.

The government-funded Rural Obstetric and Anaesthetic Locum Scheme (ROALS) concluded in March 2016. RANZCOG played a key role in establishing and administering the program over a period of 10 years, providing essential locum support to rural obstetricians, anaesthetists and their communities. The program provided more than 10,000 days of locum support through 1200 locum placements.



The RANZCOG Foundation was established in 2014, following the transfer of the operations of the RANZCOG Research Foundation to the College. The College established the RANZCOG Foundation Management Committee to oversee the activities of the RANZCOG Foundation.

The Foundation is the central place within the organisation for all of the College's philanthropic activities. It gives organisations and individuals a designated place within the College to donate funds and enable the College to promote fundraising activities. The Foundation supports the philanthropic activities of the Research Grants, Historical Collections, Aboriginal and Torres Strait Islander Women's Health, and Global Health Committees by managing and raising funds for their use. It is hoped that funds raised will grow the work of these Committees as well as provide money for other worthwhile causes.

Research scholarships continue to be offered by the College through the RANZCOG Foundation. The 15 research scholarships, fellowships and travel awards offered for application in 2016 attracted 28 high-quality applications. The RANZCOG Research Grants Committee will consider the applications at its meeting in September.

The College is very grateful to all those who have supported its philanthropic work in the past.



Research Scholarship and Fellowship Recipients

Recipients of the scholarships available for application in 2015 were as follows:

Arthur Wilson Memorial Scholarship, 2016–17

Recipient: Dr Lufee Wong
 Project: Reproducibility of three-dimensional ultrasound of the junctional zone in myometrial pathology and their correlation with pregnancy rates
 Institution: Monash IVF and Monash Ultrasound for Women
 Supervisor: A/Prof Fabricio da Silva Costa

Brown Craig Travel Fellowship, 2016

Recipient: Dr Felicity Gould
 Purpose: To undertake research and observation within the Department of Urogynaecology at Addenbrooke's Hospital, Cambridge, UK

Fotheringham Research Fellowship, 2016–17

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

Luke Proposch Perinatal Research Scholarship, 2016

Recipient: Dr Natalie Hannon
 Project: Clopidogrel: a potential treatment for pre-eclampsia
 Institution: University of Melbourne/Mercy Hospital for Women
 Supervisor: Prof Stephen Tong

RANZCOG Fellows' Clinical Research Scholarship, 2016

Recipient: Dr Erin Nesbitt-Hawes
 Project: Four-dimensional ultrasound of the pelvic floor
 Institution: Royal Hospital for Women
 Supervisor: A/Prof Jason Abbott

RANZCOG/OvCan (ACT & Region) Ovarian Cancer Awareness/Support Scholarship, 2016

Recipient: Dr Noor Lokman
 Project: Targeting hyaluronan to overcome chemoresistance in ovarian cancer
 Institution: University of Adelaide
 Supervisor: Prof Martin Oehler, Dr Carmela Ricciardelli

Taylor-Hammond Research Scholarship, 2016

Recipient: Dr Teresa MacDonald
 Project: Improving the Prediction and Detection of Contributors to Term Stillbirth: Fetal Longitudinal Assessment of Growth (FLAG) Study
 Institution: Mercy Hospital for Women/University of Melbourne
 Supervisor: Prof Sue Walker

The following scholarship recipients were supported in their second year:

Ella Macknight Memorial Scholarship, 2015–16

Recipient: Dr Shakyalal (Shavi) Fernando
 Project: Melatonin and infertility: Can we improve outcomes of assisted reproductive technology – a placebo controlled randomised controlled trial
 Institution: Monash University
 Supervisor: A/Prof Luk Rombauts

Mary Elizabeth Courier Research Scholarship, 2015–16

Recipient: Dr Luke Larmour
 Project: Factors influencing the progression of high-grade cervical dysplasia to invasive carcinoma
 Institution: Monash University
 Supervisor: A/Prof Caroline Gargett

Glyn White Research Fellowship, 2015–16

Recipient: Ms Stella Liong
 Project: Can dietary phytochemicals prevent the development of gestational diabetes?
 Institution: Obstetrics and Gynaecology Department (Mercy Hospital for Women), University of Melbourne
 Supervisor: A/Prof Martha Lappas



Educational development

Key achievements

- A Basic Obstetric Skills Workshop manual has been developed. Extensive consultation was conducted and involved several pilot workshops with Training Supervisors, Integrated Training Program Co-ordinators, Regional Training Accreditation Committee Chairs and Trainees. This new workshop will provide trainees with the basic skills needed for labour ward cover and is compulsory for all FRANZCOG trainees who commence training on or after 1 December 2016. Where capacity allows, pre-vocational and Advanced Diploma trainees may also complete the workshop. The workshop can be delivered in a variety of models.
- The trial of the Advanced Training Modules (ATMs) that were finalised in early 2015 commenced in New Zealand in December 2015, with Australia following in February 2016. The Generalist O&G Skills ATM and the Essential Skills in O&G are being trialled across a range of sites, and a small number of sites are providing feedback on the special interest ATMs including Pelvic Floor Disorders, Hysteroscopic and Laparoscopic Surgery and Sexual and Reproductive Health. The evaluation will include the feasibility, impact, supervision and refinements required for the ATMs.
- STP Funding was secured to pilot two online anatomy resources for trainees to support this essential area of the curriculum. The resources were advertised widely to FRANZCOG and DRANZCOG Advanced trainees and worthwhile feedback has been received. Extensive surveys will be undertaken at the conclusion of the pilot.
- Development of a RANZCOG manual to support the Basic Surgical Skills Workshop continued. The manual includes links to instructional videos and to the RANZCOG surgical skills companion resources.
- The Education Strategy Committee revised the suggested minimum numbers for instrumental vaginal birth during core training of the FRANZCOG Training Program from 100 (50 forceps and 50 vacuum births) to 100 (any combination of forceps and vacuum), allowing for variation between training sites.
- A draft Undergraduate Curriculum in Women's Health was completed. The proposed curriculum outlines the minimum Women's Health standards that RANZCOG recommends students attain in their undergraduate medical studies. Feedback on the draft curriculum will be sought before it is finalised.
- The draft curriculum and learning and assessment framework for the new RANZCOG Pre-Vocational Program is complete and ready to undergo review.
- An audit of Certificate of Women's Health CLIMATE content identifying all online resources and mapping these to the curriculum is complete. All content will be sent to content experts for review and will be updated where required.
- Curricula update work with both COGU and CMFM – the draft curricula were forwarded to COGU and CMFM committees for review.
- Education Development Unit staff conducted three MCQ Writing and Review Workshops. Fellows and Diplomates attended the workshops and reviewed hundreds of questions from across the CWH/ DRANZCOG and FRANZCOG question banks and more than 150 new questions were developed.
- A sample learning and assessment framework was developed for the University of PNG Master of Medicine in Obstetrics and Gynaecology program.

Lyn Johnson

Education Director



FRANZCOG Training Program Initiatives

The new online portfolio system for the completion and recording of trainee assessment was launched in December 2015, for New Zealand trainees, and February 2016, for Australian trainees. This followed wide consultation with trainees and Training Supervisors. Use of the online portfolio is mandatory for all FRANZCOG trainees and the portfolio is accessible via laptops, desktop computers, tablets and mobile phones. The secure and confidential system now includes an e-Logbook, formative appraisal and summative assessment forms, and an Additional Requirements component, enabling trainees to upload documentation relating to Assessment of Procedural & Surgical Skills (APSS), In-hospital Clinical Assessments, their research project and compulsory workshop/course attendance. Online Consultant Assessment of Trainee forms will be in place for the second semester of 2016, while Prospective Approval of Training forms and automatic calculation of credited training time will be available in time for the next training year.

The Accreditation Standards & Guidelines for Hospitals in the FRANZCOG Training Program have been substantially revised and updated. This process has included extensive consultation with more than 400 stakeholders. In response to feedback from the hospitals, the guidelines are clearer and better define the College's expectations of training units, particularly in relation to gynaecological surgical lists, roster requirements, after-hours consultant support, the provision of basic obstetric and ultrasound training, and the importance of ensuring a supportive, harmonious workforce culture and environment.

A new Trainee in Difficulty Policy has been developed, together with new Guidelines on Supporting Trainees in Difficulty. Both documents apply to all RANZCOG trainees and Specialist International Medical Graduates on the pathway to Fellowship. They focus on appropriate support strategies for trainees experiencing difficulties relating to clinical and examination performance, professional conduct, physical and mental health issues, and environmental/organisational issues such as workplace culture, lack of support and/or appropriate clinical management.

A revised in-hospital ultrasound training curriculum has been developed and will apply to all trainees commencing FRANZCOG training from December 2016. It has been designed to ensure all new Core trainees are provided with formal and protected ultrasound training in order to achieve a set of basic competencies by the end of Year 2. It includes revisions to the Clinical Imaging section of the Curriculum; revised CLIMATE modules, including MCQs on Biometry, 1st Trimester and 2nd/3rd Trimester; a new APSS for ultrasound and attendance at a compulsory approved internal/external ultrasound workshop by the end of Year 2. Position descriptions have been developed for Ultrasound Co-ordinators and Ultrasound Educators.



Assessment

In the reporting period, the RANZCOG Assessment Services Department facilitated the development and conduct of 23 written and oral examinations across all RANZCOG training programs including FRANZCOG, Diploma and Certificate of Women's Health and the five Subspecialties, allowing a total of 751 candidates to be assessed in their field of training.

Significant changes were made to Regulations pertaining to trainee eligibility for the FRANZCOG examinations which allow trainees' first attempt at the written examination in their second year of training and remove any variation in requirements for trainees on leave. Together with a new online examination application and payment system. Regulations pertaining to the withdrawal from examinations were also changed.

RANZCOG Short Answer Question (SAQ) and Multiple Choice Question (MCQ) examinations continued to be trialled in online format across several sites in Australia and New Zealand. From 2017, all RANZCOG SAQ and MCQ examinations will be delivered as online examinations only in all regions.

The online delivery of examinations is complemented by online SAQ marking. The Education and Assessment Committee (EAC) has approved the ongoing use of Marking Centres for the FRANZCOG SAQ examiners due to their success in improving inter-marker consistency and examiners' experience. As a result of an analysis of the FRANZCOG SAQ examination, an educative program for examiners on standard setting and assessment of candidates at the Minimum Acceptable Passing Standard (MAPS) was implemented, a selective rounding strategy was introduced to ensure that candidates could not fail the examination by less than one percent and a review of the timing of the SAQ and MCQ components of the FRANZCOG examination is continuing.

To further support the FRANZCOG trainees' development of a Research Project, the Regulations regarding the timing of the submission of the Research Proposal were amended and Research Skills Workshops were offered in Adelaide and Brisbane.

Subspecialties

The College offers five subspecialty training programs for certification: Gynaecological Oncology (CGO); Maternal Fetal Medicine (CMFM); Obstetrical and Gynaecological Ultrasound (COGU); Reproductive Endocrinology and Infertility (CREI); and Urogynaecology (CU). Five subspecialty committees oversee selection, training, assessment and certification of the trainees in the respective programs. The Subspecialties Committee oversees processes and directions for all subspecialty programs.

Key metrics 2015–16

Subspecialty	Current trainees	Certified subspecialists	Accredited Training units
CGO	17	56	14
CMFM	31	55	18
COGU	10	44	10
CREI	26	76	15
CU	13	37	11
TOTAL	97	268	68

In the reporting period, five subspecialty trainees achieved certification, four in CMFM and one in CGO.

Subspecialty National Selection Process 2015

In 2016, 40 applications were received for subspecialty training for commencement in the 2017 training year. Of these, 36 candidates were interviewed, and 22 were deemed eligible for selection to enter subspecialty training for 2017 entry.

Key policy decisions and regulation changes:

- The Subspecialties Committee has reviewed and fine-tuned the Subspecialties National Selection Process, including selection criteria and scoring.
- Regulation amendments have been made in relation to eligibility to apply for and eligibility to commence subspecialty training, applying for certification and numbers of examination attempts.
- The Subspecialty Committees' Terms of Reference were reviewed and updated.
- The program for overseas specialists to undertake a period of short term subspecialty training has been updated and is now available as the Recognition of Training Program (RTP).

Specialist International Medical Graduates

The Specialist International Medical Graduate (SIMG) Assessment Committee oversees the processes for the assessment of SIMGs and the training or oversight of SIMGs accepted onto the pathway to Fellowship in Australia and New Zealand.

The following program developments were undertaken in the SIMG area in the past 12 months:

- Changes to the processes and Regulations to allow for SIMGs to elect one of three pathways to Fellowship, the Generalist, Academic or Subspecialist pathway.
- Updates to the assessment processes and Regulations in accordance with the Medical Board of Australia's Good Practice Guidelines for the specialist IMG assessment process.
- A review of assessor roles and responsibilities and processes for initial assessment and interviews
- Blueprinting, reviewing and updating of vignettes used in SIMG interviews.
- Ongoing monitoring and review of the SIMG Mentoring Program.

In the reporting period, 42 SIMG assessments were conducted in Australia in which 40.5 per cent of applicants were assessed as Substantially Comparable, 21.4 per cent as Partially Comparable and 38.1 per cent as Not Comparable. In New Zealand 11 applicants were assessed at interview and of these 10 were assessed as comparable (nine with 12 months of oversight required prior to registration and elevation to Fellowship and one requiring 12–18 months supervised practice and assessments). One applicant was deemed Not Comparable.

A total of 95 SIMGs were undertaking or ready to commence training or oversight requirements in the reporting period in Australia, 43 on the Substantially Comparable (oversight) pathway and 52 on the Partially Comparable (training) pathway. Seven SIMGs entered the pathway as Educational Affiliates in New Zealand.

Elevation to Fellowship was achieved by 34 SIMGs who completed their SIMG training or oversight requirements in the reporting period, including seven from New Zealand.

Four SIMG Area of Need applications were received in the reporting period of which two were assessed as suitable for the position. Twenty-one International Medical Graduates (IMGs) applied to the College and were approved to undertake training in obstetrics and gynaecology in Short-Term Training positions in Australian hospitals.



CPD and Revalidation

During the reporting 2106 Fellows participated in the College CPD Program and a further 47 participated in approved overseas programs. 41 Fellows were randomly selected for, and successfully completed, the CPD verification check. 102 new Fellows entered the CPD Program and 43 Fellows submitted a retirement declaration. RANZCOG has one Associate Member and 22 Educational Affiliates with 21 Educational Affiliates participating in the RANZCOG CPD Program. 23 Educational Affiliates have been elevated to Fellowship.

The RANZCOG CPD Committee was renamed the RANZCOG CPD and Revalidation Committee; Fellows can already participate in credentialing/revalidation activities.

In the past 12 months the CPDR Committee has approved:

- rotation of RANZCOG ASMs
 - 2018 – South Australia
 - 2019 – Victoria
 - 2020 – Tasmania
 - 2021 – New South Wales
- a donation from the profits of the 2013 RANZCOG ASM to Hamlin Fistula Ethiopia (Australia) to support midwifery training and/or a midwifery clinic
- CPD Points for Practice Visits.

The CPDR Committee granted extensions of 9–12 months to nine Fellows due to ill-health or parental leave and the Fellowship Review Committee granted 37 Fellows extensions of three months to complete their CPD requirements.

GP Obstetric Advisory Committee

During the reporting period, the RANZCOG Certificant/Diplomate membership increased by 245 to 2767; of which 416 held the DRANZCOG Advanced, 1859 DRANZCOG, 105 Certificate of Women's Health and 387 the DipRACOG; 1958 Diploma holders and 24 Certificate of Women's Health holders had Women's Reproductive Health CPD requirements; 36 Certificants/Diplomates resigned and 85 were removed from the Register of Diplomates for being unfinancial.

The CPD Committee and the RANZCOG Board approved the introduction of DRANZCOG and DRANZCOG Advanced Logos for use by Diplomates, recognising their dedication and commitment to the College's vision of 'excellence in women's health'.

The CPD Committee and the RANZCOG Board approved the introduction of an informal presentation of new Diplomates be held during the Diplomates' Cocktail Function at future RANZCOG Annual Scientific Meetings.

REGIONAL REPORTS





RANZCOG strives to promote 'excellence in women's health' and the New Zealand Committee therefore aims to be recognised as the peak medical organisation working for women's health within New Zealand. As well as meeting its collegial obligations in training, accreditation and outreach to members, the Committee maintains strong working relationships with other colleges, organisations, senior politicians and health officials to ensure that all women have access to quality health services and that the care provided to pregnant women and their babies is seamless and collaborative. As part of its core RANZCOG business, the Committee introduced a Fellowship Update Programme in late 2014. In this financial year, the program was consolidated, with a round of workshops offered in five regional centres on postpartum contraception. In addition to this, two successful workshops were run to improve report writing and expert witness skills.

The specialist training program continued to flourish. The New Zealand Training and Accreditation Committee (NZTAC) ran a number of well-attended workshops and the inaugural Trainees' Scientific Meeting was received very enthusiastically. A number of exciting developments occurred within Core and Advanced training and we were particularly pleased to establish a collaboration with the University of Auckland's Radiology Department, which enables NZTAC to offer NZ trainees excellent ultrasound training opportunities. The College's purchase of a portable scanner was greatly appreciated. This allows trainers the flexibility to work with trainees around the country as required. New Zealand trainees were the first to transfer to the e-Portfolio. The project was managed very well by the College online e-portfolio team and trainees made a very smooth transition.

He Hono Wahine (formerly, the Maori Women's Health Committee) held three lively meetings, including a weekend, family hui held at a marae in the Hawkes Bay. Cultural competence training is a key concern for this committee and it appreciates the opportunity to embed the principles and practice within RANZCOG.

Work continued with the Ministry of Health (MoH), Medical Council of New Zealand (MCNZ), Council of Medical Colleges (CMC) and Health Workforce New Zealand (HWNZ) on a wide range of sector issues and the NZ Committee continued to advance its two major priorities: the need for a structured, integrated plan to reduce the number of unintended pregnancies, particularly in deprived areas, and reducing potentially avoidable stillbirth.

The NZ Committee members and staff all contributed a great deal throughout the year and warm thanks are due to them for their commitment and energy. Acknowledgement is due once again to the Board, Council and staff members in Australia for their collegiality and assistance.

Dr Ian Page Chair, New Zealand Committee

Jane Cumming Manager, New Zealand Office



This type of weaving is used for making wahakura (a flax woven basket for newborns). The above was made during the hui in April 2016, at a traditional weaving lesson.

The New South Wales (NSW) Regional Committee comprises eight elected members, a provincial representative, six ex-officio members, two trainee representatives and one Diplomates' representative. The Committee meets bi-monthly and serves more than 1700 NSW Fellows, trainees, Educational Affiliates, Diplomates, DRANZCOG/Certificate of Women's Health trainees and Retired Fellows.

In December 2015, the NSW Regional office moved to the ground floor of the AMA (NSW) building in St Leonards. The new office comprises a board room, function room, four offices, reception area and a small meeting room. There are two part-time and one full-time staff members.

Education activities are the main focus of the NSW Regional Committee. The following events were held during the year:

- MRANZCOG Oral Pre-examination Course
- MRANZCOG Written Revision course
- DRANZCOG Revision Course
- three Fellows' Educational Evenings
- two luncheon meetings for NSW senior obstetricians and gynaecologists.

The significant event for the year was the NSW/Qld Regional Scientific Meeting held in June 2016. The Christopher Kohlenberg Memorial Medal was won by Dr Alice Burton and the Crown Street Medal was won by Dr Andrew McIntyre.

Two NSW Regional Committee Research Grants (worth \$10,000 each) were established in 2016, to support research in obstetrics and gynaecology by a NSW trainee and a NSW Fellow. These grants will be administered by the RANZCOG Foundation.

The NSW Training Accreditation Committee, comprising a Chair, nine Integrated Training Program Coordinators and two trainee representatives, held three meetings. The Committee appointed 33 year-one trainees for the 2016 clinical year, including one trainee for the new Orange Provincial Integrated Training Program.

The NSW Training Accreditation Committee continued its annual program of three Education Days for NSW Registrars and Orientation for year-one trainees.

The NSW Regional Committee members provided representatives for NSW Health committees, working groups and hospital selection panels and various careers events.

Dr Sue Valmadre Chair, New South Wales Regional Committee

Ms Lee Dawson Executive Officer, New South Wales Regional Office



The Queensland Regional Committee (QRC) continued to represent the interests of Fellows, Diplomates, trainees and women's health throughout 2015–16. The QRC once again delivered a well-attended Membership pre-exam course and DRANZCOG update courses as well as hosting two Fellows' Education Evenings and supporting four Registrar Training Days.

The success of these education events is reliant on the pro bono contribution from Fellows who provide their time and expertise to develop and present content. In all, 96 Queensland Fellows and Advanced trainees contributed to the Queensland education program this year and the Committee appreciates the ongoing support shown by many of our regional Fellows.

The QRC continued its relationship and involvement with various units within Queensland Health, notably the contribution to the Statewide Clinical Guidelines and the Queensland Medical Workforce Review. The Committee also continued its participation in the Queensland Council of Medical Specialist Colleges.

The QLD Training Accreditation Committee commenced implementation of a streamlined Integrated Training Program structure that, when fully implemented, will provide similar training outcomes for trainees regardless of their rotations, and increased support to both supervisors and trainees. The QLD Training Accreditation Committee (TAC) continues to have one representative from each of the Queensland FRANZCOG accredited hospitals sit on the Committee to ensure Queensland's regional needs are met.

This year, the QLD TAC supported the implementation of a Provincial Integrated Training Program commencing in Mackay, and will have one trainee commence at this site in 2017.

Dr Carol Breeze Chair, Queensland Regional Committee

Linda Cupitt Executive Officer (Acting), Queensland Regional Office



The 2015 selection process resulted in the selection of four FRANZCOG trainees for year one in 2016. The standard was once again high, with many keen local applicants not attaining a place. We welcomed our new 2016 FRANZCOG trainees, as well as those trainees who have transferred to train in South Australia, at an induction evening held in February 2016. 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 are performing well.

SA/NT & WA Regional Scientific Meeting

The inaugural combined RANZCOG SA/NT and WA regions' Annual Scientific Meeting was held at the Stamford Hotel Adelaide, 6–8 November. There were more than 100 delegates, with good representation from trainees, Diplomates and Fellows. The scientific meeting session themes were perinatology and oncological screening, with practical advice for screening and benign lower genital tract disorders. A neonatal workshop was held on 6 November, and was well attended. A Training Supervisors workshop was held on 5 November. A Research Project workshop was held over a six-hour period on Thursday and Friday; thank you to A/Prof Rosalie Grivell for running this workshop. The free communications sessions provided an opportunity for medical students, doctors-in-training and postgraduates to shine. With 17 delegates registered to present, it was difficult choosing the winners of the O'Loughlin Medal, the Tony McCartney Prize, and the SA/NT Regional State Committee Prize. Congratulations to Dr Elizabeth Beare, winner of the O'Loughlin Medal; Dr Fiona Langdon, winner of the Tony McCartney Prize; and Dr Sonia Kua, winner of the SA/NT Regional State Committee Prize. The Evaluation Feedback Summary reflected a highly successful meeting which was enjoyed by all who attended.

Birth Masterclass

A successful Birth Masterclass was held at the RCOG/RANZCOG Congress in April 2015 in Brisbane. It was organised in the main by the SA/NT RANZCOG State Committee with the Masters largely from Adelaide assisting a smaller faculty from Brisbane. To date, 120 registrants have participated in Birth Masterclasses in Australia, and we shall follow up this group to determine how successful or otherwise the program has been. The November 2015 Birth Masterclass, the fourth to be held in Adelaide, was arranged for 15 registrants in the Education Centre, Women's and Children's Hospital. Participants were able to join senior obstetricians to learn how to select and counsel women about planned vaginal breech delivery, selected vaginal twin delivery and rotational forceps delivery. The workshop included a refresher station on neonatal resuscitation conducted by an experienced neonatologist and a station on the Hofmeyr sling for dealing with shoulder dystocia. An obstetric anaesthetist was on hand to discuss anaesthetic aspects of complicated vaginal birth. The last session for the day was dedicated to troubleshooting, dealing with unreasonable demands, when to abandon attempts at vaginal birth and a detailed discussion of difficult cases in which all registrants enthusiastically participated. True to its aims since inception, there was no course examination but excellent reference materials were provided as part of the registration and, as with previous workshops, 8 RANZCOG PR&CRM points were awarded for attendance.

DRANZCOG Pre Exam and GP Revision Course

The 2016 DRANZCOG Pre Exam and GP Revision Course held on 13–15 May 2016. This year, RANZCOG hosted 17 candidates for the annual course. The GPs who attended the course qualified for 40 RACGP QI&CPD Category One points as well as Obstetric Grant, ACCRM 30 PRPD points, 30 O&G and 13 Core points. The summary of feedback evaluations was positive overall.

Dr Roy Watson

Chair, South Australia/Northern Territory Regional Committee

Tania Back

Executive Officer, South Australia/Northern Territory Regional Office



The Tasmanian Regional Committee (TRC) represents the interests of Fellows, Diplomates and trainees in obstetrics and gynaecology in Tasmania. Dr Emily Hooper continued in the role of Chair of the TRC for the 2015–16 term.

Tasmanian members continue to represent the College on various external committees and bodies, including the University of Tasmania Medical Advisory Committee, Tasmanian Perinatal Mortality and Morbidity Committee, and the Tasmanian Audit of Surgical Mortality.

The highlight of the calendar was the RANZCOG 2016 Tasmanian/Victorian Annual Scientific Meeting, which was held at the Hotel Grand Chancellor Launceston, from 25 to 28 February. The theme of the Scientific Meeting was the Practice of Obstetrics and Gynaecology in a New Age; where metropolitan and regional practitioners committed to women's health have changed focus from the purely medical to include the socio-determinants of health. The meeting provided an interesting program including practical workshops, instructive sessions, scientific research and College project activities. The program was developed to focus on the demands of today's practice and the challenges today's practitioners face.

Special thanks must go to the tireless work of the Organising Committee:

- A/Prof Amanda Dennis – Convenor
- Dr Kirsten Connan
- Dr Alexandra Frain – Trainee Representative
- Dr Alison Fung – Previous Convenor
- Dr Vanessa Hewson – Diplomate Representative
- Dr Kate Mitchell – Trainee Representative
- Dr Tania Hingston
- Dr Emily Hooper
- Mathew Davies – ASM Secretariat
- Sara MacArthur – RANZCOG Staff.

Dr Emily Hooper Chair, Tasmanian Regional Committee

Mathew Davies Executive Officer, Tasmanian Regional Committee

The Victorian Regional Committee (VRC) continued to represent the interests of Fellows, Diplomates, trainees and the wider community in obstetrics and gynaecology in Victoria in 2015–16. Following this year's 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 thanks the outgoing member of the committee, Dr Kathy Cook.

This year, the VRC have 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:

- AMA Victoria
- Australian Medical Students Association National Convention
- Australian Volunteers International
- Health Services Commissioner – Panel of medical experts
- Monash University Medical Students Society (MUMMS)
- National Association of Specialist Obstetricians and Gynaecologists (NASOG)
- Victorian Audit of Surgical Mortality (VASM)
- Victorian Department of Health.

Pre-Examination Courses

Courses were conducted for the DRANZCOG and MRANZCOG examinations. Numbers for the MRANZCOG course continue to rise each year. Of significance, were the large groups from interstate and New Zealand. The MRANZCOG course included more case-based discussion and greater opportunities to discuss controversial issues. The DRANZCOG course ran practical sessions on instrumental delivery, neonatal resuscitation, shoulder dystocia and mock exam situation scenarios. Trial examinations were held before the October 2015 and May 2016 MRANZCOG Oral Examinations. These critical practice sessions proved extremely popular with trainees and are an invaluable opportunity to refine examination technique.

Trainee Research Awards and Symposium

The Annual Trainee 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 evidence-based fertility treatment. The afternoon session saw six FRANZCOG trainees/New Fellows present their original research, plus a lively debate from Prof Ben Mol and Dr Alon Talmor. Following the Symposium, the VRC Annual Dinner was held at the Windsor Hotel, providing trainees and Fellows with the opportunity to mix and mingle.

Congratulations to Dr Fiona Brownfoot for winning the Trainees Award for her Research titled 'Metformin: A novel candidate therapeutic for preeclampsia'.

Victorian Membership of RANZCOG

Victoria boasts the second-largest number of College members out of all the regions. On behalf of the VRC, we wish to thank all members for their continued support of College and regional activities.

Dr Alison Fung

Chair, Victorian Regional Committee

Mathew Davies

Executive Officer, Victorian Regional Committee



The Western Australia (WA) Regional Committee Annual General Meeting was held on Monday 9 November 2015. WA farewelled longstanding Chair Dr Tamara Walters and welcomed the new Chair Dr Robyn Leake. WA thanked Dr Walters for her outstanding contribution. We are thankful that she has stayed on the Organising Committee for the RANZCOG ASM 2016. Our two WA College Councillors, Prof Yee Leung and Dr Donald Clark, attend the WA Regional Committee along with the Trainee Representative Dr Fiona Langdon. The other Committee Members are: Drs Liza Fowler (Secretary), Jason Chin (Treasurer), Dale Hamilton (WA TA Committee Chair until March 2016), Louise Farrell (WA TA Committee Chair from March 2016). They have been joined by Drs Julia Marcello (Diplomate Representative) and Sri Guruparan (Provincial Fellow from Albany).

The WA Training Accreditation Committee, chaired by Dr Dale Hamilton and supported by ITP Co-ordinator Dr Gordon Das, continues to meet to consider the training issues in the metropolitan and regional areas of the state. March 2016 saw Dr Hamilton stand down as Chair and Dr Louise Farrell take up the position. WA's rural sites include Albany, Bunbury and Geraldton. The other training sites are at Armadale, Fiona Stanley, Joondalup, Osborne Park and Rockingham hospitals. There was, as usual, a rigorous selection process for the FRANZCOG training program. The successful new trainees were welcomed to an Induction Evening at the beginning of the 2016 training year, followed by a gathering of all trainees and Training Supervisors.

Examinations were conducted in July 2015 and January 2016. Examinations are now held at the Clifton Conference Centre in Perth and eventually will all be conducted online. September 2015 saw WA hold its bi-yearly Communication Skills Workshop. Mini Expos and large Medical Careers Expos are organised throughout the year, with excellent attendance figures and a great interest shown in careers in O&G.

The Combined SA/NT/WA Regional Scientific Meeting was held in Adelaide in November 2015, hosted by South Australia. It was a very successful meeting and enjoyed by everyone who attended.

The WA Annual Dinner was held on Saturday 7 May 2016 at Royal Perth Yacht Club. It was a great success, attended by 100 Fellows, trainees and CEO Ms Alana Killen. We hope to encourage the consummate MC Dr Peter Hugo to host future events.

The Organising Committee for the RANZCOG Annual Scientific Meeting 2016 has been busy meeting on a regular basis with teleconference link ups with staff from College House and the Conference Convenor. It is to be held in Perth from 15–19 October 2016, with the theme 'East meets West'. The Chair is Dr Paul McGurgan and the Scientific Chair is Prof Yee Leung.

The WA Regional Committee co-ordinates the Tony McCartney Prize and has continued involvement in the Jean Murray Jones Oversight Bequest Committee – in memory of two wonderful contributors to the specialty.

Dr Robyn Leake Chair, Western Australia Regional Committee

Janet Davidson Executive Officer, Western Australia Regional Office

PROJECT REPORTS





C-QulP

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. C-QulP has a total of 900 certified practitioners.

The first recertification period since the program was established is now complete. The deadline for the first recertification period was extended from 1 January 2015 to 31 March 2016. The requirements for recertification changed in August 2015, and Fellows who were C-QulP certified remained certified contingent upon documented participation in a dedicated educational colposcopy course or scientific meeting recognised as such by the CPD committee of RANZCOG or by completing the Colposcopy Online Learning Program (COLP).

Fellows were encouraged to continue to maintain an audit of diagnostic and therapeutic procedures; however, this was not mandatory. Recertification requirements will be further reviewed to align with the Renewal of the National Cervical Screening Program (NCSP) which will begin in May 2017. Of the 799 practitioners due for recertification, to date 430 (53 per cent) practitioners have recertified. In addition, 11 Fellows have since retired and nine Fellows have chosen not to recertify.

During the reporting period, 352 practitioners enrolled in the Colposcopy Online Learning Program (COLP).

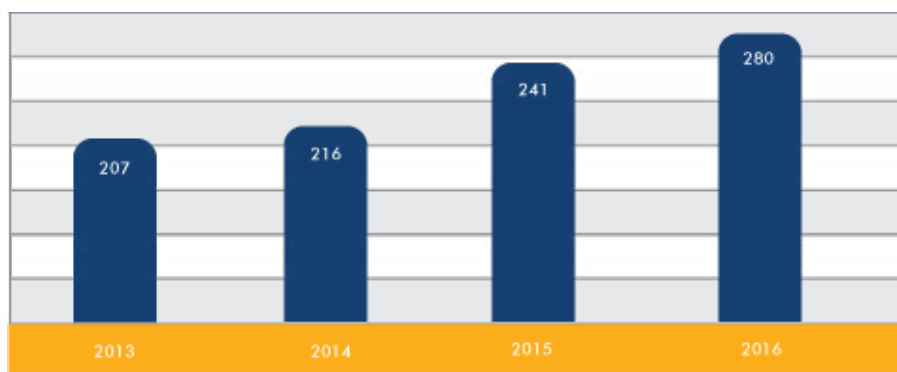
Dr Vijay Roach Chair, C-QulP Steering Committee
Jordan Chrisp C-QulP Senior Co-ordinator

FSEP

Face-to-face workshops

From July 2015 to June 2016, 259 workshops were delivered by our nine clinical educators, to 6171 participants, not including our university sessions. We have seen steady and sustained growth in both the number of sessions and participants year by year. Since commencement of FSEP in 2004, more than 50,000 clinicians have participated in the workshops. Additional educators are being sought.

Sessions booked



Online Programs (OFSEP and OFSEPlus)

OFSEP remains available as an open resource. OFSEPlus is freely available only to those with access to the RANZCOG members' portal. Payment is required for other users. In the last 12 months, more than 160 RANZCOG Fellows or members have enrolled in OFSEPlus and 1546 OFSEPlus courses have been sold to external users. The second edition of the FSEP book from RANZCOG and Monash Health, *Assessing fetal wellbeing: a practical guide*, is currently at the printers and will be available from September.

Mobile App

Since its release in February 2014, approximately 4000 units of the iPhone, iPad and android mobile app have been sold. Our mobile app is an educational tool that provides a direct link to the RANZCOG, FSEP and OFSEP websites and contains the current RANZCOG IFS Clinical Guideline.

Research and Development

FSEP continues to be underpinned by detailed analyses of the Assessment Tool, participant and clinical educator performance. These analyses are used to maintain high performance of the Assessment Tool and to direct future educational development. A number of additional publications are in preparation for submission to peer-reviewed journals. These are seen as valuable evidence of external validation of the program.

Prof Euan Wallace	Chair, FSEP Steering Committee
Mark Beaves	FSEP Manager
Sharon Chang	FSEP Senior Co-ordinator

NTUEMP

The Nuchal Translucency Ultrasound, Education and Monitoring Program (NTUEMP) administers the certification process and performs annual audit for all certified operators performing the NT scan in Australia. The program also provides education in the form of the Nuchal Translucency Online Learning Program (NTOLP), Uterine Artery Pulsatility Index (UAPI), Ductus Venosus (DV) and NT Teleconference Tutorials.

Audit

The NT Program performs annual audit for all certified operators in Australia. In total, 1445 operators from 427 centres were audited.

Education

During the reporting period, 201 participants have enrolled in the NTOLP course, 80 participants enrolled and completed the DV theoretical course and 78 participants enrolled and completed the UAPI theoretical course. Ten NT Teleconference Tutorials were held, with a total of 99 participants attending.



Certification

Overall, 151 applications for Nuchal Translucency certification were processed, 43 applications for Nasal Bone certification were processed, 26 applications for UAPI certification were processed and 12 applications for DV certification were processed.

A/Prof Ricardo Palma-Dias Chair, NTUEMP Steering Committee
Blessy Mannil NTUEMP Senior Co-ordinator

PROMPT

The PROMPT Train the Trainer (T3) program in Australia and New Zealand is delivered by RANZCOG under license from the PROMPT Maternity Foundation (PMF) UK. The program has run in Australia since 2011 and New Zealand since 2005.

PROMPT is an emergency obstetric training program aimed at improving communication, teamwork and situational awareness during obstetric emergencies, with the goal of improving outcomes for mothers and babies. The program is initially taught using the T3 model and delivered in a simulation centre after which it is designed to run on the maternity ward of the hospital where the full benefit of the program can be experienced.

Eight T3 Courses were delivered in the reporting period. Courses were held in Brisbane, Sydney, Melbourne, Adelaide, Perth and Hobart; 30 obstetricians, 16 GP obstetricians, two O&G registrars, 25 anaesthetists, four GP anaesthetists, 101 midwives, one registered nurse, two ED physicians and one emergency registrar attended.

In March 2016, the PROMPT Steering Committee approved an alternative model for delivery of the T3 Course that provides hospitals interested in the program the option of having the T3 Course delivered on site in their facility. While this option is open to all, it may be of particular benefit to rural and remote facilities that are unable to release key staff at the one time to attend training off site. Further information about the program can be found at www.promptmaternity.org/au.

Dr Ted Weaver Chair, PROMPT Steering Committee
Lauren Patten PROMPT Co-ordinator

FINANCIAL REPORTS



Treasurer's Report

I am pleased to present this report on the financial performance of the College for the year ending 30 June 2016. The College continues to be in a strong and secure financial position.

Statement of Profit or Loss and Other Comprehensive Income

The 2016 consolidated surplus is \$600,564 compared to a consolidated deficit of \$68,961 in 2015. This significant variance is mainly due to unrealised gains and losses of investments now recorded as movements in equity and not through the operating accounts. The accounts for 2015 are presented in accordance with this principle to enable comparison between the years.

College investments held with UBS Wealth Management and Pitcher Partners continued to contribute positively with an average annual return of approximately 4 per cent.

During the year, the College continued to receive Government funding for various strategic projects and this decreased by \$1,400,912 or 17 per cent in 2016.

Statement of Financial Position

In 2016, the net assets of the College increased slightly to \$21,651,063.

The College held investments of approximately \$9,042,192 at 30 June 2016 which represented an increase of 39 per cent from \$6,510,279 at 30 June 2015. The College also manages investments of around \$3,222,789 as Trustee for various trusts. The Finance Advisory Committee meets regularly with advisors from UBS and Pitcher Partners 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.

Statement of Cash Flows

The College's cash position at the end of the year of \$5,363,819 was a 20.6 per cent decrease on the cash balance at June 2015. This is mainly due to excess cash funds being invested with UBS and Pitcher Partners under an improved cash management strategy, resulting in greater returns for the College.

The College has had a busy, but successful, year and continues to maintain a strong financial position that will support the development and implementation of numerous key projects over the next few years.

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



Dr Martin Ritossa (Treasurer)

Statement of profit or loss and other comprehensive income for the year ended 30 June 2016

	Note	2016	2015
		\$	(Restated) \$
Revenue			
Subscription and services	2	12,600,262	10,224,876
Grants and donation	2	6,937,414	8,578,949
Other income	2	1,406,212	1,856,184
Employee benefits expense	3	(9,028,200)	(8,149,527)
Depreciation and amortisation expense	3	(186,429)	(238,643)
Member services expenses		(7,106,310)	(8,565,573)
Travel and accommodation expense		(1,421,845)	(1,302,681)
Occupancy expenses		(717,857)	(632,112)
Other expenses		(1,856,665)	(1,840,434)
Foreign exchange gain (loss)		(26,018)	-
Profit (loss) before income tax		600,564	(68,961)
Income tax expense		-	-
Profit (loss) for the year		600,564	(68,961)
Other comprehensive income			
Items that will not be reclassified subsequently to profit or loss:			
Currency translation adjustment		84,784	(83,183)
Revaluation of freehold land	10	(300,000)	3,754,130
Items that may be reclassified subsequently to profit or loss:			
Unrealised gain (losses) on investments		(329,619)	139,319
Other comprehensive income for the year		(544,835)	3,810,267
Total comprehensive income for the year		55,729	3,741,306
Profit attributable to members of the entity		55,729	3,741,306
Total comprehensive income attributable to members of the entity		55,729	3,741,306
The accompanying notes form part of these financial statements.			

Statement of financial position as at 30 June 2016

	Note	2016 \$	2015 (Restated) \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	5,363,819	6,754,555
Trade and other receivables	6	792,153	559,556
Short term investments	7	8,290,004	8,591,316
TOTAL CURRENT ASSETS		14,445,976	15,905,427
NON-CURRENT ASSETS			
Intangible assets	9	993,969	176,447
Property, plant and equipment	10	11,981,175	12,343,417
Investments	7	11,254,366	9,959,252
TOTAL NON-CURRENT ASSETS		24,229,510	22,479,116
TOTAL ASSETS		38,675,486	38,384,543
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	2,729,350	3,209,453
Deferred Revenue	12	10,012,362	9,293,659
Due to Trust	13	3,222,789	3,221,475
Employee Related Provisions	14	979,431	1,011,865
TOTAL CURRENT LIABILITIES		16,943,932	16,736,452
NON-CURRENT LIABILITIES			
Employee Related Provisions	14	80,491	52,757
TOTAL NON-CURRENT LIABILITIES		80,491	52,757
TOTAL LIABILITIES		17,024,423	16,789,209
NET ASSETS		21,651,063	21,595,334
EQUITY			
Retained earnings		17,868,675	17,268,111
Accumulated other comprehensive income			
Foreign currency translation reserve		1,601	(83,183)
Asset revaluation reserve		3,604,042	3,904,042
Unrealised gain (loss) on investments in equity securities		176,745	506,364
TOTAL EQUITY		21,651,063	21,595,334
The accompanying notes form part of these financial statements.			

Statement of changes in equity for the year ended 30 June 2016

	Retained Earnings	Foreign Currency Translation Reserve	Assets Revaluation Reserve	Other Comprehensive Income Unrealised Gain (Loss) on Investments in Equity Securities	Total
Balance at 1 July 2014	\$	\$	\$	\$	\$
Comprehensive income	17,337,072	-	149,912	367,045	17,854,029
Profit for the year (restated)	(68,961)	-	-	-	(68,961)
Other comprehensive income for the year:					
Foreign currency translation reserve adjustments	-	(83,183)	-	-	(83,183)
Gains (losses) on revaluation of land and buildings	-	-	3,754,130	-	3,754,130
Net fair value gains on available-for-sale financial assets	-	-	-	139,319	139,319
Total other comprehensive income	-	(83,183)	3,904,042	506,364	3,810,266
Total comprehensive income attributable to members of the entity for the year					
Balance at 30 June 2015 (restated)	17,268,111	(83,183)	3,904,042	506,364	21,595,334
Balance at 1 July 2015 (restated)					
Comprehensive income	17,268,111	(83,183)	3,904,042	506,364	21,595,334
Profit for the year	600,564	-	-	-	600,564
Other comprehensive income for the year:					
Foreign currency translation reserve adjustments	-	84,784	-	-	84,784
Gains (losses) on revaluation of land and buildings	-	-	(300,000)	-	(300,000)
Fair value gains (loss) on investments in equity securities	-	-	-	(329,619)	(329,619)
Total other comprehensive income	-	1,601	3,604,042	176,745	3,782,388
Total comprehensive income attributable to members of the entity for the year	17,868,675	1,601	3,604,042	176,745	21,651,063

The accompanying notes form part of these financial statements.

Statement of cash flows for the year ended 30 June 2016

	2016	2015
		(Restated)
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from members	21,382,386	23,458,951
Payments to suppliers and employees	(21,137,613)	(17,594,665)
Net cash generated from operating activities	244,773	5,864,286
CASH FLOWS FROM INVESTING ACTIVITIES		
Payment for investments	(993,801)	(3,129,515)
Payment for development of internally developed software	(833,169)	(176,447)
Purchase for property, plant and equipment	(117,114)	(88,989)
Proceeds from Research Foundation Investments	-	1,117,320
Proceeds from disposal of property, plant and equipment	8,575	68,226
Net cash (used in) investing activities	(1,635,509)	(2,209,405)
Net increase/(decrease) in cash held	(1,390,736)	3,654,881
Cash and cash equivalents at beginning of financial year	6,754,555	3,099,674
Cash and cash equivalents at end of financial year	5,363,819	6,754,555
The accompanying notes form part of these financial statements.		

Notes to the financial statements for the year ended 30 June 2016

Note 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Preparation

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in *AASB 1053: Application of Tiers of Australian Accounting Standards* and *AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements*.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the *Australian Charities and Not-for-profit Commission Act 2012*. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 23 October 2016 by the directors of the company.

Accounting Policies

a. Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customer. If revenue in relation to rendering of services cannot be measured reliably, then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period. If the outcome cannot be reliably measured, then revenue is recognised to the extent of expenses recognised that are recoverable.

Member fees and subscriptions are payable annually in advance. Revenue is recognised upon the receipt of the annual fees that are attributable to the current financial year.

All revenue is stated net of the amount of goods and services tax.

b. Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings are shown at their fair value based on periodic valuations by external independent valuers, less subsequent depreciation for buildings.

In periods when the freehold land and buildings are not subject to an independent valuation, the directors conduct directors' valuations to ensure the carrying amount for the land and buildings is not materially different to the fair value.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than the estimated recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(f) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Office furniture and equipment	25–33%
Furniture and fittings	20%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

c. Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the entity, are classified as finance leases.

Finance leases are capitalised, recognising an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values.

Leased assets are depreciated on a straight-line basis over their estimated useful lives where it is likely that the entity will obtain ownership of the asset. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised as expenses on a straight-line basis over the lease term.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

d. Financial Instruments

INITIAL RECOGNITION AND MEASUREMENT

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

CLASSIFICATION AND SUBSEQUENT MEASUREMENT

Financial instruments are subsequently measured at fair value (refer to Note 1(p)), amortised cost using the effective interest method, or cost.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

(i) Financial assets at fair value through profit or loss

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

(iv) Available-for-sale investments

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

(v) Financial liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

IMPAIRMENT

At the end of each reporting period, the company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance account.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

DERECOGNITION

Financial assets are derecognised when the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

e. Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in *AASB 116: Property, Plant and Equipment*). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

f. Employee Benefits

SHORT-TERM EMPLOYEE BENEFITS

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

OTHER LONG-TERM EMPLOYEE BENEFITS

The company classifies employees' long service leave and annual leave entitlements as other long-term employee benefits as they are not expected to be settled wholly within 12 months after the end of the annual reporting period in which the employees render the related service. Provision is made for the company's obligation for other long-term employee benefits, which are measured at the present value of the expected future payments to be

made to employees. Expected future payments incorporate anticipated future wage and salary levels, durations of service and employee departures, and are discounted at rates determined by reference to market yields at the end of the reporting period on government bonds that have maturity dates that approximate the terms of the obligations. Upon the remeasurement of obligations for other long-term employee benefits, the net change in the obligation is recognised in profit or loss classified under employee benefits expense.

The company's obligations for long-term employee benefits are presented as non-current liabilities in its statement of financial position, except where the company does not have an unconditional right to defer settlement for at least 12 months after the end of the reporting period, in which case the obligations are presented as current liabilities.

RETIREMENT BENEFIT OBLIGATIONS

Defined contribution superannuation benefits

All employees of the company receive defined contribution superannuation entitlements, for which the company pays the fixed superannuation guarantee contribution (currently 9.5% of the employee's average ordinary salary) to the employee's superannuation fund of choice. All contributions in respect of employees' defined contribution entitlements are recognised as an expense when they become payable. The company's obligation with respect to employees' defined contribution entitlements is limited to its obligation for any unpaid superannuation guarantee contributions at the end of the reporting period. All obligations for unpaid superannuation guarantee contributions are measured at the (undiscounted) amounts expected to be paid when the obligation is settled and are presented as current liabilities in the company's statement of financial position.

g. Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less.

h. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO) and the New Zealand Inland Revenue Department (NZIRD), as applicable.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO and NZIRD is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO and NZIRD are presented as operating cash flows included in receipts from customers or payments to suppliers.

i. Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the *Income Tax Assessment Act 1997*.

j. Intangibles

SOFTWARE

Software is initially recognised at cost. It has a useful life of 10 years and is carried at cost less any accumulated amortisation and impairment losses. It is assessed annually for impairment.

k. Provisions

Provisions are recognised when the entity has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions recognised represent the best estimate of the amounts required to settle the obligation at the end of the reporting period.

l. Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

m. Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

n. Critical Accounting Estimates and Judgements

In the application of accounting policies, management is required to make judgements, estimated and assumptions about the carrying value of assets and liabilities that are not readily apparent from other sources. The estimated and associated assumptions are based on historical experience and best available current information which is believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

KEY ESTIMATES AND JUDGEMENTS

(i) Valuation of freehold land and buildings

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties. There was no revaluation increment for the recognised for the year ended 30 June 2015.

At 30 June 2016, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers in 2015 and 2016 and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2016.

(ii) Available-for-sale investments

The company maintains a portfolio of securities with a carrying amount of \$11,254,366 at the end of the reporting period. .

(iii) Employee benefits

For the purpose of measurement, *AASB 119: Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. As the company expects that most employees will not use all of their annual leave entitlements in the same year in which they are earned or during the 12-month period that follows (despite an informal company policy that requires annual leave to be used within 18 months), the directors believe that obligations for annual leave entitlements satisfy the definition of other long-term employee benefits and, therefore, are required to be measured at the present value of the expected future payments to be made to employees.

o. Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability). In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and, where significant, are detailed in the respective note to the financial statements.

Note 2: Revenue and Other Income

	2016	2015
	\$	\$
Subscription and services revenue		
– Subscription fees	5,314,720	4,888,790
– Training Registration fees	2,903,906	1,789,039
– Examination fees	964,755	769,654
– Elevation, Assessment and other fees	530,186	635,135
– Meeting and function revenue	844,744	192,532
– Workshop and course income	2,041,951	1,949,726
	12,600,262	10,224,876
Grants and donation revenue		
– Grant monies expended	6,880,458	8,281,370
– Donations received	56,957	297,580
	6,937,414	8,578,949
Other income		
– Commercial Mailing & Advertising	338,356	278,582
– Dividends & Interest	554,541	449,986
– Miscellaneous Income	513,315	1,127,616
Total other income	1,406,212	1,856,184
Total revenue and other income	20,943,888	20,660,009

Note 3: Expenditure

	2016	2015
	\$	\$
Contributions to defined contribution superannuation funds	640,948	668,215
Bad and doubtful debts	47,607	130,676
Rental expense on operating leases	298,106	274,609

Note 4: Prior period restatement

As part of the 30 June 2016 financial review, the Company undertook a review of previously issued 2015 financial information. As a result of this review, certain restatements were considered necessary to correct identified errors and ensure the comparative nature of the current year financial information. The following table summarises the effect of restatements on previously stated financial information.

	As previously stated	Effect of restatement	Restated
As at 30 June 2015 and for the year then ended	\$	\$	\$
Balance sheet (extract)			
Trade and other receivables	2,320,727	(1,761,169)	559,556
Property, plant & equipment	12,369,952	(26,535)	12,343,417
Intangible assets	-	176,447	176,447
Trade and other payables	3,209,180	273	3,209,453
Deferred revenue	10,931,712	(1,638,053)	9,293,659
Due to trust	3,506,191	(284,715)	3,221,476
Employee related provisions	861,042	203,580	1,064,622
Net assets	21,487,563	107,771	21,595,334
Retained earnings	17,610,451	(342,340)	17,268,111
Other comprehensive income	3,877,112	450,111	4,327,223
Total equity	21,487,563	107,771	21,595,334
Statement of profit or loss (extract)			
Subscription and service revenue	10,087,804	137,072	10,224,876
Other income	1,609,398	246,786	1,856,184
Employee benefits expense	(7,945,947)	(203,580)	(8,149,527)
Other expenses	(1,769,666)	70,767	(1,840,433)
Surplus after income tax	(320,006)	251,045	(68,961)
Other comprehensive income	528,403	3,281,864	3,810,267
Total comprehensive income for the year	208,397	3,532,909	3,741,306

Note 5: Cash and Cash Equivalents

Note	2016	2015
	\$	\$
CURRENT		
Cash at bank	5,363,319	6,753,833
Cash on hand	500	722
	5,363,819	6,754,555

Note 6: Trade and Other Receivables

	2016	2015
	\$	\$
CURRENT		
Trade receivables	627,548	488,168
Other receivables	164,605	71,388
Total current trade and other receivables	792,153	559,556

Note 7: Investments

	2016	2015
	\$	\$

CURRENT

Short term Deposit	8,290,004	8,591,316
	8,290,004	8,591,316

NON CURRENT

Domestic Cash	1,319,374	1,247,594
Domestic Fixed Interest	2,431,270	1,822,681
Domestic Property	720,835	557,798
Domestic Equity	4,927,323	3,848,019
International Fixed Interest	109,033	1,090,035
International property	102,589	86,661
International equity	1,643,942	1,306,464
	11,254,366	9,959,252

Note 8: Fair Value Measurements

The following valuation hierarchy is used for disclosure of the inputs to valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows:

-Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities.

-Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument.

-Level 3 inputs are unobservable inputs based on our own assumptions used to measure assets and liabilities at fair value.

A financial asset's or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement. The following table represents the Company's fair value hierarchy for its financial assets and liabilities required to be measured on a recurring basis:

Basis of Fair Value Measurements

	Balance	Quoted Prices in Active Markets for Identical Items (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Observable Inputs (Level 3)
Balance as of 30 June 2016:				
Short-term Deposits	8,290,004	8,290,004	-	-
Investment Portfolios	11,254,368	11,254,368	-	-
Buildings on Freehold Land	11,650,000	-	-	11,650,000

The current use of all controlled assets is considered their highest and best use. There have been no transfers between levels of the hierarchy during the year.

Note 9: Intangible Assets

	2016	2015
	\$	\$
Software	1,009,616	176,447
Less: Accumulated amortisation	(15,647)	-
Net carrying amount	993,969	176,447

Note 10: Property, Plant And Equipment

	2016	2015
	\$	\$
Land and Buildings	11,650,000	11,950,000
Office Equipment	884,830	779,592
Furniture and Fixtures	28,275	24,976
	12,563,105	12,747,268
Less: Accumulated depreciation	(581,930)	(411,149)
Total	11,981,175	12,343,417

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Land and Buildings	Office Equipment	Furniture and Fixtures	Total
2015	\$	\$	\$	\$
Balance at the beginning of the year	8,195,870	588,216	23,081	8,807,167
Additions	-	81,489	7,500	88,989
Disposals	-	(60,210)	(8,016)	(68,226)
Fair value adjustments	3,754,130	-	-	3,754,130
Depreciation expense	-	(230,167)	(8,476)	(238,643)
Carrying amount at the end of the year	11,950,000	379,328	14,089	12,343,417
2016				
Balance at the beginning of the year	11,950,000	379,328	14,089	12,343,417
Additions	-	106,314	10,800	117,114
Disposals	-	(1,075)	(7,500)	(8,575)
Fair value adjustments	(300,000)	-	-	(300,000)
Depreciation expense	-	(168,880)	(1,901)	(170,781)
Carrying amount at the end of the year	11,650,000	315,687	15,488	11,981,175

Asset Revaluations

The value of freehold land and buildings is based on fair value, being the amounts for which the assets could be exchanged between willing parties in an arm's length transaction. The critical assumptions adopted in determining the valuation included the location of the land and buildings, the current strong demand for land and buildings in the area and recent sales data for similar properties. There was no revaluation increment for the recognised for the year ended 30 June 2015.

At 30 June 2016, management has performed a review of valuation on freehold land and buildings. This review includes an assessment of the reasonableness of existing valuations as well as the procurement of updated independent valuations on certain properties. The directors have reviewed the key assumptions adopted by the valuers in 2015 and 2016 and believe the carrying amount of the land correctly reflects the fair value less costs of disposal at 30 June 2016.

Note 11: Trade and Other Payables

	2016	2015
	\$	\$
CURRENT		
Accounts payables	1,170,630	1,171,013
General accruals	1,489,543	1,913,042
GST payable (net)	69,177	125,398
	2,729,350	3,209,453

NOTE 12: Deferred Revenue

	2016	2015
	\$	\$
CURRENT		
Members Subscriptions in Advance	5,095,464	4,518,240
Grants Received in Advance	4,881,898	4,735,419
Memorial Funds Held	35,000	40,000
	10,012,362	9,293,659

NOTE 13: Due To Trusts

The College acts as trustee to various trust funds, whose monies have been donated to the College with the intention to benefit the furtherance of the profession and College. The monies held in trust are to be invested into perpetuity. Any income earned by the funds is first to be utilised to pay all costs and expenses of and incidental to their management. The remainder income is to be utilised to achieve the specific purpose for which the applicable fund was established. Movements in due to trust relate to income earned on investments and expenditures to fund trust activities and management.

	2016	2015
	\$	\$
NON-CURRENT		
Due to trust	3,222,789	3,221,475
Total Due to trust	3,222,789	3,221,475

NOTE 14: Provisions

	2016	2015
	\$	\$
CURRENT		
Provision for employee benefits: annual leave	469,461	466,357
Provision for employee benefits: long service leave	509,970	545,508
Total annual leave provision	979,431	1,011,865
NON-CURRENT		
Provision for employee benefits: long service leave	80,491	52,757
	80,491	52,757
Total Provisions	1,059,922	1,064,622

Provision for employee benefits

Provision for employee benefits represents amounts accrued for annual leave and long service leave.

The current portion for this provision includes the total amount accrued for annual leave entitlements and the amounts accrued for long service leave entitlements that have vested due to employees having completed the required period of service. Based on past experience, the company does not expect the full amount of annual leave or long service leave balances classified as current liabilities to be settled within the next 12 months. However, these amounts must be classified as current liabilities since the company does not have an unconditional right to defer the settlement of these amounts in the event employees wish to use their leave entitlement.

Note 15: reserves

a. Revaluation Surplus

The revaluation surplus records the revaluations of non-current assets. Where revaluations are deemed to represent profits of a permanent nature, dividends may be declared from this reserve.

b. Financial Assets Reserve

The financial assets reserve records revaluation increments and decrements (that do not represent impairment write-downs) that relate to financial assets that are classified as available-for-sale.

Note 16: Capital and leasing commitments

	2016	2015
Operating Lease Commitments		
Non-cancellable operating leases contracted for but not recognised in the financial statements	\$	\$
Payable – minimum lease payments:		
– not later than 12 months	141,482	40,934
– later than 12 months but not later than five years	156,634	48,916
	298,116	89,850

The property lease commitments are non-cancellable operating leases contracted for but not capitalised in the financial statements with a five-year term. Increase in lease commitments may occur in line with the consumer price index (CPI).

Note 17: Related Party Transactions

Other related parties include close family members of key management personnel and entities that are controlled or jointly controlled by those key management personnel individually or collectively with their close family members.

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated.

Note 18: Key Management Personnel Compensation

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel (KMP). KMP include the Chief Executive Officer, Director of Membership and Marketing, Director of Corporate Services, Director of Education and Training and the Director of Practice and Advocacy.

The totals of remuneration paid to KMP of the company during the year are as follows:

	2016	2015
	\$	\$
KMP compensation	1,036,774	879,829

Note 19: Financial risk management

The company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and leases.

The carrying amounts for each category of financial instruments, measured in accordance with *AASB 139: Financial Instruments: Recognition and Measurement* as detailed in the accounting policies to these financial statements, are as follows:

	2016	2015
	\$	\$
Financial assets		
Cash and cash equivalents	5,363,819	6,754,555
Receivables	792,153	559,556
Financial assets at fair value through profit or loss	19,544,372	18,550,569
Total financial assets	25,700,344	25,864,680
Financial liabilities		
Financial liabilities at amortised cost:		
– trade and other payables	1,627,187	1,883,209
Total financial liabilities	1,627,187	1,883,209

Refer to Note 1 for detailed disclosures regarding the fair value measurement of the company's financial assets and financial liabilities.

Note 20: Company Details

The registered office of this Company is:

254 Albert Street

East Melbourne VIC 3002

Directors' Declaration

In accordance with a resolution of the directors of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the directors of the company declare that:

1. The financial statements and notes, as set out on pages 33 to 49, are in accordance with the *Australian Charities and Not-for-profit Commission Act 2012* and:
 - a. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
 - b. give a true and fair view of the financial position of the company as at 30 June 2016 and of its performance for the year ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.



Dr Martin Ritossa (Treasurer)
Dated this 23 day of October 2016

Declaration of Independence

As lead auditor of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been:

1. No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
2. No contraventions of any applicable code of professional conduct in relation to the audit.



James Mooney
Partner

BDO East Coast Partnership
Melbourne, 24 October 2016

Independent Auditor's Report To The Members

Report on the Financial Report

We have audited the accompanying financial report of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, which comprises the statement of financial position as at 30 June 2016, the Statement of profit or loss, Statement of comprehensive income, Statement of changes in equity and Statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors' Declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those 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 is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion the financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2016 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

BDO East Coast Partnership

James Mooney, Partner



Dated this 24 day of October 2016, Melbourne



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**

Excellence in Women's Health

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