



Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program

Process and Criteria for Accreditation

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Education Directorate
RANZCOG College Place
Djeembana, 1 Bowen Crescent, Naarm (Melbourne), VIC, Australia 3004
accreditation@ranzcof.edu.au

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Version Control Register

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1.8	Curriculum, Evaluation & Accreditation (CEA) Unit, Education Directorate Accreditation Steering Group	TAC ESC RANZCOG Board	Jul/Aug 2022	Aug 2022	Accreditation cycle changed from four years to five years: references throughout	Feb 2023
1.7	CEA Unit, Education Directorate Accreditation Steering Group	ESC RANZCOG Board	Jul/Nov 2021	Feb 2022	<ol style="list-style-type: none"> 1. Inclusion of NZ panellists for NZ site visits (p11) 2. Reaccreditation visits – inclusion of interviews with non-accredited registrars (p12) <p>Standard 1:</p> <ol style="list-style-type: none"> 3. Removal of Standard 1 Appointment and Support for ITP Coordinators; replacing with NEW Standard 1 Support for RANZCOG Officers and Engagement with Hospital Accreditation Processes <p>Standard 2:</p> <ol style="list-style-type: none"> 4. Combined criteria 2.1.1 and 2.6 Ratio of Training Supervisors and Onsite Presence 5. Amendments to 2.3.1 Training Supervisor Workshops 6. Removal of 2.4.2 In-Hospital Credentialing 7. Moved 2.5.2 to Standard 1 <p>Standard 3:</p> <ol style="list-style-type: none"> 8. Amendments to 3.2.3 Appropriate After-Hours Supervision and Teaching 9. Amendments to 3.2.4 On-call Arrangement 10. Amendments to 3.2.5 Team Structure 11. Removal of 3.2.6 Primary Operator (duplication) 12. Amendments to 3.2.7 Consultant Support in Clinics 13. Moved 3.3.1 to Standard 6 <p>Standard 4:</p> <ol style="list-style-type: none"> 14. Split into five sections: General, Gynaecology, Ultrasound, Colposcopy, Family Planning 15. Multiple amendments and additions to criteria including: <ul style="list-style-type: none"> • 4A.1.1 Clinical Experience – Addition: training experience not compromised by those in a short-term training pathway. • 4B.1.1 Gynaecological Surgery Lists – Detailed requirements for Basic trainees moved to accompanying guideline. • 4B.1.4 Priority Access to O&G Theatre Lists – Addition: priority over those in a short-term training pathway. • 4C.1.1 Ultrasound – Detailed requirements for Basic trainees’ ultrasound training time moved to accompanying guideline. • 4E Family Planning – New criteria relating to family planning clinics and LARC insertions. <p>Standard 5:</p> <ol style="list-style-type: none"> 16. 5.2.1 Paid and Protected Non-Clinical Time – consolidation of, and amendments to, criteria relating to training/teaching time, research/study/clinical audit time, and administration time. 	Jul 2022

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Introduction

Background

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

The Fellowship of the RANZCOG (FRANZCOG) Training Program occurs primarily within hospitals and other appropriate private and expanded settings which provide the rich clinical environment and learning opportunities crucial for training. Training is considered to be a shared relationship between the hospitals, O&G specialists, FRANZCOG trainees and RANZCOG.

This document outlines the accreditation and reaccreditation processes and the Standards and Criteria considered essential to ensure FRANZCOG trainees develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently, and as part of a Multidisciplinary Team (MDT), across the O&G scope of practice.

FRANZCOG Training Program

The FRANZCOG Training Program is a six year (276 weeks) structured postgraduate program, culminating in Fellowship of the RANZCOG, comprising:

- four years (184 weeks) Basic Training
- two years (92 weeks) Advanced Training.

The essential components of the Training Program are designed to ensure that all FRANZCOG trainees have access to the educational resources, clinical experiences and learning environments necessary for satisfactory attainment of requirements.

The Training Program is designed to ensure FRANZCOG trainees progressively reach the necessary level of competence under appropriate supervision to enable them to practise at the level required before advancing to the next level.

The requirements of Basic and Advanced Training are set out in the *RANZCOG Regulations*, the *FRANZCOG Curriculum* and *Training Handbook*, available respectively on the RANZCOG website at:

<https://ranzcof.edu.au/our-college/governance/constitution-regulations>

<https://www.ranzcof.edu.au/Training/Specialist-Training>

FRANZCOG Curriculum

The FRANZCOG Curriculum outlines the six-year FRANZCOG Training Program and is an essential tool for understanding its educational basis and structure. The Curriculum emphasises that competency is achieved through an incremental process of learning and development within, and across, the key domains of clinical expertise, academic abilities and professional qualities.

The ITP Coordinators, Training Supervisors and consultants involved in the training of FRANZCOG trainees at accredited hospitals are expected to be familiar with this document.

RANZCOG Code of Conduct

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

The Role of Hospital Training Sites in the FRANZCOG Training Program

FRANZCOG training in Years 1–4 is primarily conducted in major teaching hospitals, outer suburban/peripheral, rural/provincial hospitals and other expanded setting sites across Australia and New Zealand that have been accredited for such training by RANZCOG. A combination of these different training sites forms a consortium, known as an Integrated Training Program (ITP). FRANZCOG trainees receive a significant proportion of their Basic Training at a single home/base hospital and rotate to other hospitals in that ITP. An ITP normally comprises at least two training sites, and includes at least one tertiary hospital and one rural hospital.

Collectively, the participating hospitals must be able to provide, over the four years of Basic Training, the range of O&G experiences stipulated in the training and assessment requirements and RANZCOG Regulations. All training sites offering Basic Training must be accredited by RANZCOG.

It is recognised that not all individual training sites within an ITP can provide the depth and breadth of specialist training necessary to fulfil all the requirements of Basic Training. Collaboration and flexibility is necessary within an ITP to ensure each FRANZCOG trainee has the opportunity to meet the requirements across the four years of their training within those training sites.

Details of all ITPs in Australia and New Zealand are located in Appendix 1 of this booklet and can also be found in the *FRANZCOG Training Handbook* on the RANZCOG website at:

<https://www.ranzcog.edu.au/Training/Specialist-Training/Curriculum-Handbook>

In contrast to Basic Training, Advanced Training is not confined to training sites which have been formally accredited by RANZCOG. Where Advanced Training has been prospectively approved, training sites must be able to provide a range of clinical training opportunities that will enable a FRANZCOG trainee to build on core competencies already achieved and to develop higher level knowledge, skills and attitudes in any areas of special interest that will enable their transition to specialist. Where an Advanced Training Module (ATM) has been prospectively approved, training sites must be able to provide all requirements of that ATM.

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

Oversight of the FRANZCOG Training Program in each training region is the responsibility of the relevant State/Territory/New Zealand Training Accreditation Committee (TAC). These in turn are responsible to the RANZCOG TAC, and ultimately to the RANZCOG Board.

Objectives of the Training Site Accreditation Process

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

- Ensure that the key requirements for clinical and educational experience, as defined in the FRANZCOG Curriculum and RANZCOG Regulations, are being met for all FRANZCOG trainees in participating hospitals and training sites.
- Assist the hospitals in their role as training providers by identifying factors that are adversely affecting their capacity to deliver effective and supportive training to FRANZCOG trainees.
- Work with the hospital and the relevant State/Territory/New Zealand TAC to formulate strategies which will maximise training opportunities, while ensuring efficient and safe service delivery provision by FRANZCOG trainees.

Principles of the Training Site Accreditation Process

In accrediting and reaccrediting FRANZCOG training sites, RANZCOG will:

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

Administration of the Training Site Accreditation Process

The management of the accreditation and reaccreditation process is the responsibility of the Head of Curriculum, Evaluation and Accreditation in the Education Directorate.

The accreditation and reaccreditation process is coordinated by the FRANZCOG Accreditation Team under the Curriculum, Evaluation and Accreditation Unit in the Education Directorate.

Training Site Accreditation Process

The Training Site Accreditation Visit

The accreditation visit is the centrepiece of the processes outlined below for initial accreditation and reaccreditation of sites.

The training site visit is conducted by a RANZCOG Accreditation Panel, which generally comprises:

- A RANZCOG Fellow(s) from a region other than the one in which the training site visit is being conducted; this Fellow is the Panel Chair.
- A FRANZCOG trainee representative from a region other than the one in which the training site visit is being conducted, with sound knowledge and experience of the FRANZCOG Training Program. Trainee representatives must be in Year 3 of training or above.
- One or more senior members of RANZCOG staff responsible for the administration of the accreditation process.

In circumstances where a Fellow or trainee representative from a different region is unavailable, a Fellow or trainee representative from the same region (but not the same ITP) may be a member of the Panel, if approved by the Chair of the RANZCOG TAC, the Specialist Advisor: Accreditation, and the Head of Curriculum, Evaluation and Accreditation in consultation with the Panel Chair and the Chair of the relevant State/Territory/New Zealand TAC.

Other Fellows may also attend the visit as probationary Panel members for the purpose of Accreditation Panel training/experience. These probationary Panel members may actively participate in interviews and Panel discussions at the discretion of the Panel Chair, but do not have a say in rating decisions.

For New Zealand training sites, a New Zealand Fellow and/or trainee from a different ITP may attend the visit (as Panel Chair/trainee representative/observer) to provide an understanding of the context in which O&G training is delivered in New Zealand.

A visit may be either:

- A physical accreditation visit, where Accreditation Panel members attend the hospital training site.
OR
- A virtual visit, conducted using video conferencing technology.

Generally, accreditation visits are of one day's duration (two days for larger sites) and include the following:

- Attendance at the morning handover(s) in the birthing suite.
- A tour of the O&G Department, including birthing suite, theatre, clinics, O&G registrars' room, etc.
- A visit to the accommodation provided for FRANZCOG trainees if a rural hospital.
- A review of the library and/or online resources offered by the hospital.

For initial accreditation:

- Confidential interviews with all available non-accredited registrars, Diploma/Advanced Diploma O&G trainees, the Director(s)/Head(s) of O&G, consultants, senior midwifery and nursing staff and hospital management.

For reaccreditation:

- Confidential interviews with all available FRANZCOG trainees in all year levels; these interviews are conducted either individually or in small groups, generally by Year level (i.e. Year 1 to Year 4, Year 5 to Year 6).

- Confidential interviews with all available Fellows and other relevant health professionals at the training site (e.g. the Director(s)/Head(s) of O&G, ITP Coordinator if applicable, Training Supervisors, consultants, senior nursing and midwifery staff, theatre managers, paediatricians and anaesthetists who have worked with the FRANZCOG trainees).
- For smaller sites with few trainees, and/or at the discretion of the Accreditation Panel: confidential interviews with non-accredited registrars.

It is important to note that the interviews on the day are private and confidential. Recordings are taken by the Accreditation Team on the day and used exclusively for report writing purposes. These recordings are deleted once the Accreditation Report (the *Report*) is approved. No individuals' names are recorded on the hospital *Report*.

At the conclusion of the scheduled interviews, the Accreditation Panel meets privately to discuss their initial findings and the most appropriate accreditation ratings. These initial findings, and the likely accreditation outcome, are then discussed with the Director(s)/Head(s) of O&G and Hospital Management in a confidential meeting held before the Accreditation Panel leaves the hospital.

Initial Accreditation of Training Sites

1. The hospital must complete an *Application for Accreditation as a Training Site for the FRANZCOG Training Program* form, available on the RANZCOG website at: <https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals>, demonstrating the training site's capacity to meet RANZCOG's Accreditation Standards. This application must be supported by the relevant State/Territory/New Zealand TAC, which must also provide information regarding the ITP in which the new training site will be included, if accredited. The application and supporting documentation must be sent to accreditation@ranzcog.edu.au.
2. An initial training site visit is conducted as outlined above.
3. A recommendation on the hospital's accreditation or otherwise is then considered at the next meeting of the RANZCOG TAC. The RANZCOG TAC will then forward a recommendation to the RANZCOG Board.
4. Twelve months after the first FRANZCOG trainee commences prospectively approved training at the newly accredited training site (or no later than 24 months after the initial visit), a reaccreditation visit is conducted by RANZCOG. During this initial period of accreditation, the relevant State/Territory/New Zealand TAC will monitor the training provided and provide advice to RANZCOG should an earlier review be considered necessary.
5. Processes thereafter are as for reaccreditation of training sites, described below.

Reaccreditation of Training Sites

Hospitals are normally reaccredited within a five-yearly cycle, for periods of six months to three years with provisional accreditation, or five years with full accreditation. When due for reaccreditation, the Accreditation Team makes contact with the training site to arrange a mutually convenient date for a training site visit to occur, and convenes an Accreditation Panel.

The Accreditation Panel's objective is to assess the training provided by the relevant training site in accordance with *FRANZCOG Accreditation Standards and Guidelines for Hospitals*. The process for reaccreditation of training sites before and after the visit itself (described above) is as follows:

Before a Training Site Visit – Preparation

1. At least three months prior to the accreditation end date, the Accreditation Team contacts the Director(s)/Head(s) of O&G and the Chief Executive Officer (or equivalent) at the hospital to set the date of the visit. The hospital is sent a copy of the *FRANZCOG Accreditation Standards and Guidelines for Hospitals and Information Sheet on Accreditation Standards for Hospital Staff* about how the training site visit will be conducted.
2. A *Hospital Questionnaire* form and an *Accreditation Visit Timetable* template for the day are then sent to the Director(s)/Head(s) of O&G at the hospital.

The *Hospital Questionnaire* form requires detailed information on all aspects of training at the training site, covering each of the Accreditation Standards, and including:

- Proposed FRANZCOG trainee/O&G registrars' **Roster**
- Proposed **Education Program** for FRANZCOG trainees/O&G registrars
- Current **In-Hospital Credentialing Document** for the O&G Department

The *Hospital Questionnaire* form and *Accreditation Visit Timetable* must be submitted to RANZCOG no later than four weeks before the scheduled visit.

3. A confidential feedback *Trainee Questionnaire* is sent to all FRANZCOG trainees currently at the training site (or from the previous six-monthly rotation if there are no trainees currently in place) asking them to provide comments on their training experiences in accordance with each of the Accreditation Standards.
4. A questionnaire is sent to the relevant ITP Coordinator.
5. Questionnaires are also sent to Training Supervisors and other O&G consultants at the site.
6. The Accreditation Team will source trainee responses to the six-monthly assessment training surveys for the previous six rotations (ten rotations if there are usually fewer than five trainees at the site).
7. The Accreditation Team will source available information on procedural training numbers at the relevant training site(s) from Education Directorate data.
8. The Accreditation Team will advise the Chair of the relevant State/Territory/New Zealand TAC, the relevant State/Territory/New Zealand Office and, if relevant, the STP Program Manager of the upcoming visit and request information on any matters arising pertinent to the training site.
9. The Accreditation Team collates the following items and forwards them to the Accreditation Panel:
 - The completed *Hospital Questionnaire*
 - *Trainee Questionnaire* and six-monthly assessment training survey responses
 - ITP Coordinator, Training Supervisor and other consultant survey responses
 - Procedure number data
 - Relevant information from the State/Territory/New Zealand TAC
 - Relevant information from the STP Program Manager
 - All previous hospital reaccreditation Reports and Progress Reports for the relevant hospital, which include the previous recommendations made by RANZCOG.

Panel members analyse the data and identify areas where the hospital may be experiencing difficulties in providing effective training delivery.

After a Training Site Visit – Reports

10. Within 14 days of the training site visit, RANZCOG prepares the hospital reaccreditation *Draft Report*, comprising:

- An assessment of whether each of the Standards has been met.
- Areas of strength and any areas of concern for each of the Standards.
- Conditions, if any, that must be addressed to comply with the Standards, and the associated timeframe.
- Recommendations for further improvement.
- Commendations, where the training site’s performance against a specific criterion significantly exceeds minimum requirements.
- Overall accreditation outcome.

The hospital *Draft Report* is then sent for review to the following, allowing seven days for feedback to be provided:

- Accreditation Panel members (including Probationary Panel members) that attended the training site visit on the day AND
- Head of Curriculum, Evaluation and Accreditation (or the Executive Director, Education)

THEN (allowing seven days for feedback to be provided)

- Specialist Advisor: Accreditation
- Chair of the RANZCOG TAC.

The hospital *Draft Report* is then sent to the Director(s)/Head(s) of O&G and Chief Executive Officer for the possible identification of any factual errors.

Any comments must be submitted to the Chair of the RANZCOG TAC via the Accreditation Team within 14 days of the date on which the hospital *Draft Report* is sent.

NB Timeframes outlined above will be extended appropriately to allow for holiday periods where relevant.

11. Any comments submitted are reviewed by RANZCOG, and may result in revisions to the *Draft Report*, which is then submitted to RANZCOG’s Accreditation Steering Group (ASG) for approval. If the hospital does not provide comments on the *Draft Report* within the 14-day deadline, the *Draft Report* is submitted to the ASG without further changes being made.

12. Once approved by the ASG, the hospital *Draft Report* then becomes the *Final Report* and is forwarded to the:

- Director(s)/Head(s) of O&G
- Chief Executive Officer/ General Manager
- Training Supervisors
- ITP Coordinator(s)
- Chair of the relevant State/Territory/New Zealand TAC

A summarised version of the hospital *Final Report*, including the accreditation rating, is sent to the relevant State/Territory/New Zealand TAC, and to the current* FRANZCOG trainees at the training site. The hospital may disseminate the *Final Report* to any individuals it considers appropriate.

* Trainees at the training site when the visit occurred and those at the training site when the report is approved, if different

13. As with all RANZCOG decisions, hospitals have the right to request a review and/or formal appeal of RANZCOG’s accreditation rating under the terms of RANZCOG Regulation A2 Appeals Procedures, which may be accessed via the College website at <https://www.ranzcog.edu.au/Our-College/Governance/Policies-Procedures/Appeals-Procedures>.

Ratings Given in the Accreditation Process

The accreditation and reaccreditation process aims to ensure that each accredited training site meets the agreed Standards necessary to provide specialist O&G training and to encourage further improvement and development. RANZCOG negotiates with the training site to determine which conditions and/or recommendations are realistically achievable within a given timeframe.

The hospital (accreditation or reaccreditation) *Report* will specify whether a training site has MET, PARTIALLY MET or NOT MET each of the Accreditation Standards (or state when the Standard is NOT APPLICABLE). This rating will reflect the training site's performance against each of the minimum requirements for that Standard. In addition, the hospital *Report* is likely to contain conditions and/or recommendations for further improvement (noting that any condition(s) against a Standard lead to a rating of NOT MET for that Standard).

Outcomes of the Accreditation Process

Full Accreditation

Full Accreditation for a period of five years is given to those training sites that meet all RANZCOG Accreditation Standards. Even though Full Accreditation is granted, the hospital *Report* may contain some recommendations for further improvement.

During the accreditation period, the training site may be required to provide a *Progress Report* that addresses progress on recommendations and any other significant developments. A template document is provided by RANZCOG for this purpose prior to the deadline date.

If the *Progress Report* indicates that the hospital is continuing to progress satisfactorily, the hospital retains Full Accreditation for the remainder of the accreditation period.

The accreditation outcome may be reviewed during the five-year Full Accreditation period if it is found through a *Progress Report* or other means (e.g. an intervention based on new information provided to RANZCOG – see “Ongoing Monitoring of Accredited Training Sites” below) that a hospital may be experiencing difficulties in meeting the Accreditation Standards. Such a review may involve conditions being put in place, further *Progress Reports* and an earlier training site visit.

Provisional Accreditation

Provisional Accreditation is given to those training sites that meet some, but not all, of the RANZCOG Accreditation Standards. The period for which Provisional Accreditation is granted will be determined by the findings of the RANZCOG Accreditation Panel in relation to each Standard and the conditions necessary to meet that Standard. Periods of Provisional Accreditation range from six months to three years.

The RANZCOG Accreditation Panel will determine the period of Provisional Accreditation, and the date for submission of a hospital *Progress Report*.

The provisional accreditation pathways are:

- If a hospital *Progress Report* demonstrates that the Accreditation Standards are now met, accreditation is upgraded to Full Accreditation for the remainder of the five-year accreditation cycle.
- If a hospital *Progress Report* demonstrates progress against conditions/recommendations, but not all Standards have been met, Provisional Accreditation will be retained by the training site. The RANZCOG Accreditation Panel will determine the timeframe for any further Progress Reports within the remaining accreditation period.
- If the first hospital *Progress Report* demonstrates inadequate progress against conditions/recommendations, or deterioration in relation to the Standards, the RANZCOG Accreditation Panel will determine the timeframe for a further hospital *Progress Report* and/or training site visit. Provisional Accreditation will be retained by the training site for the period to the next visit.

- If the second hospital *Progress Report* and/or training site visit still demonstrates inadequate progress against the Accreditation Standards and conditions/recommendations or further deterioration in relation to the Standards, Provisional Accreditation will be extended for a further limited period, with the training site also notified that at the next visit the decision may be one of loss of accreditation.

Loss of Accreditation

Loss of Accreditation may occur in the following circumstances:

- Where a training site has been unable to meet the Accreditation Standards with the result that patient or trainee safety is impacted.
- Where a training site cannot demonstrate, to the satisfaction of RANZCOG, progress against the conditions imposed as the result of a site visit and subsequent Progress Reports.

In circumstances where the RANZCOG Accreditation Panel, in consultation with the Accreditation Steering Group, recommends that accreditation be withdrawn, the training site will be invited to respond in writing (within 14 days) to the findings of the RANZCOG Accreditation Panel before a final decision to withdraw accreditation is approved by the Board.

In the event of loss of accreditation, RANZCOG may elect to allow FRANZCOG trainees to complete their current rotation at that training site. As a new rotation cycle commences, FRANZCOG trainees will not be allocated to the training site, until accreditation has been regained.

The training site and relevant State/Territory/New Zealand TAC will be notified in writing of RANZCOG's decision and advised of the date on which accreditation is to be withdrawn to allow time, where possible, for alternative rotation arrangements to be made for the Basic trainees at the training site.

Extensions to Accreditation

As an accreditation period ends, a new phase of review begins with a reaccreditation visit. Visit schedules are determined by the Accreditation Team (in collaboration with the Head of Curriculum, Evaluation and Accreditation, the Chair of the RANZCOG TAC and the Specialist Advisor: Accreditation), and are subject to a range of factors including:

- Prioritisation of training sites with known issues
- Issues arising that were previously unforeseen
- Operational capacity to undertake the number of visits required in a certain period, noting that:
 - a limited number of visits are undertaken in December and January
 - no visits are undertaken during February and August due to changes in training rotation.

A site remains accredited if preparatory processes for a visit are underway, even though the new visit may be scheduled after the prior accreditation period finishes.

In cases where operational capacity prohibits scheduling a visit within a reasonable time of the end of the accreditation period, the training site may receive an extension to accreditation, in order that they maintain accredited status. The extension period is approved by the Head of Curriculum, Evaluation and Accreditation, the Chair of the RANZCOG TAC and the Specialist Advisor: Accreditation, and is set with the intention that the reaccreditation visit will occur by the end of the extension period.

Extensions will be limited so that the maximum period without a site visit is six years.

Ongoing Monitoring of Accredited Training Sites

In addition to the training site accreditation processes detailed above, FRANZCOG has a number of ongoing processes for evaluating the effectiveness of training provided to FRANZCOG trainees, including:

- Compulsory online six-monthly questionnaires for all FRANZCOG trainees who commenced training after 1 December 2013.
- Compulsory exit survey for FRANZCOG trainees completing the FRANZCOG Training Program.
- Survey of new Fellows 12 months after completing the FRANZCOG Training Program.
- Annual survey of FRANZCOG ITP Coordinators and Training Supervisors.
- Hospital reports delivered by State/Territory/New Zealand TAC Chairs at FRANZCOG TAC meetings.
- Monitoring of procedural numbers through the FRANZCOG Trainee Online Portfolio System.

RANZCOG may also receive information about hospital training sites via other avenues e.g. the Training Support Unit, direct feedback from Training Supervisors or other Fellows.

During an accreditation cycle, where information gathered through any of these means indicates that the hospital may not be meeting the requirements of the Standards, and a visit is not already scheduled, RANZCOG may implement one of the following accreditation interventions:

- Letter to training site asking for their response in relation to a specific issue or issues.
- *Progress Report* brought forward, with inclusion of trainee surveys for trainees from previous rotations.
- *Situational Analysis Report*, which comprises the preparatory processes for a site visit:
 - *A Hospital Questionnaire* form to be completed by the Head of O&G
 - Questionnaires to be completed by the site's training supervisors, named consultants and the ITP Coordinator
 - *Trainee Questionnaire* sent to trainees currently at the training site, plus six-monthly assessment training survey responses
 - Procedure number data
 - Relevant information from the State/Territory/New Zealand TAC
 - Relevant information from the STP Program Manager
- An accreditation visit may be scheduled if the issues raised are significant, or as the result of the *Progress Report* or *Situational Analysis Report* outcomes.

Any of the interventions indicated above may result in a review of the training site's accreditation outcome, including processes leading to loss of accreditation.

Standards and Criteria

The Standards are considered necessary for the provision of effective training and support for trainees in the FRANZCOG Training Program, including the Criteria associated with each Standard.

The following Standards are applicable to all training sites in both Australia and New Zealand, but allow for variations in location and function.

Standards	
1	Support for RANZCOG Officers and Engagement With Hospital Accreditation Processes
2	Appointment and Support for Training Supervisors
3	Consultant Involvement With and Support for FRANZCOG Trainees
4	Provision of Clinical Supervision and Experience
5	Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities
6	Workplace Culture, Registrar Staffing, Safe Working Hours, Leave Arrangement and Assistance for Rural Rotations

Standard 1 – Support for RANZCOG Officers and Engagement With Hospital Accreditation Processes

CRITERIA	
1.1	The hospital supports the work of the relevant ITP Coordinator/s and State/Territory/New Zealand TACs.
1.1.1	<p>Access for the ITP Coordinator:</p> <p>The hospital, and the O&G Department in particular, allows reasonable access for the ITP Coordinator/s to liaise with FRANZCOG trainees, Training Supervisors and other relevant consultants so as to ensure that the planned program of teaching and experiences for FRANZCOG trainees is implemented and appropriately supported.</p>
1.1.2	<p>Assisting with the provision of trainee experiences in subspecialty and other domains:</p> <p>The hospital works with the ITP Coordinator to ensure that, within the ITP, sufficient opportunities are provided to trainees to cover all aspects of the training program.</p>
1.1.3	<p>Training Supervisor liaison with ITP Coordinator and State/Territory/New Zealand TAC Chair:</p> <p>Training Supervisors liaise closely with the relevant ITP Coordinator and/or State/Territory/New Zealand TAC Chair, proactively where possible, to discuss training issues and problems, particularly where the hospital is unable to provide FRANZCOG trainees with the clinical experience or support needed to meet the requirements of the FRANZCOG Training Program.</p>
1.2	Where a RANZCOG ITP Coordinator is employed by the hospital, they are provided with a minimum of one paid and protected session per fortnight to enable them to carry out their duties effectively.
1.2.1	<p>Hospital Support:</p> <p><i>NB This criterion applies only to home/base hospitals where an ITP Coordinator is employed.</i></p> <p>The ITP Coordinator is provided with a minimum of one paid and protected session per fortnight and suitable administration support by the hospital to allow satisfactory performance of their duties. The special responsibilities of the ITP Coordinator are acknowledged in their employment contract and position description, including the provision of this paid and protected time. Payment for this time can be in addition to the Supervisor's salary or factored in as part of the contracted salary.</p>
1.3	The hospital engages with and facilitates training site accreditation processes.
1.3.1	<p>Accreditation visits:</p> <p>The hospital, in the person of the O&G Director, responds in a timely manner to RANZCOG Accreditation Team requests in relation to an accreditation visit:</p> <ul style="list-style-type: none"> • In setting and agreeing visit date/s • In completing pre-visit hospital questionnaires and other documentation to meet required timelines • In drafting and finalising visit timetables to ensure trainees, consultants and other hospital staff are available to be interviewed at appropriate times.
1.3.2	<p>Progress reports and other interactions:</p> <p>The hospital completes required accreditation progress reports to meet required deadlines, and with comprehensive information.</p> <p>The hospital responds to all other accreditation queries in a timely fashion.</p>

Standard 2 – Appointment and Support of Training Supervisors	
CRITERIA	
2.1	An appropriate number of Training Supervisors has been appointed to ensure FRANZCOG trainees receive effective education and clinical supervision.
2.1.1	<p>Ratio of Training Supervisors and Onsite Presence:</p> <p>Training Supervisors have been appointed to ensure there is at least one Training Supervisor to every four FRANZCOG trainees.</p> <p>Each Training Supervisor is available onsite on a regular weekly basis, and holds a minimum of a 0.2 FTE contract at the hospital where their allocated FRANZCOG trainees are employed.</p>
2.2	Training Supervisors receive support from the hospital to undertake their supervisory roles.
2.2.1	<p>Support for Training Supervisors:</p> <p>Training Supervisors are given sufficient paid and protected supervision/teaching time to enable them to carry out their duties effectively. This paid/protected time is calculated as at least 10 hours annually per FRANZCOG trainee supervised. The special responsibilities of the Supervisor are acknowledged in their hospital contract and Position Description, including the provision of this paid and protected time.</p>
2.3	Training Supervisors undertake training in order to perform their supervisory role.
2.3.1	<p>Training Supervisor Workshops:</p> <p>Training Supervisors must attend a RANZCOG Training Supervisors’ Workshop during their first year as a Training Supervisor. It is recommended that Training Supervisors attend refresher workshops and/or undertake other upskilling activities every three years thereafter to ensure they are up to date with curriculum and assessment changes.</p>
2.3.2	<p>Clinical Educator Training (CET) Modules:</p> <p>New Training Supervisors undertake the eight CET online interactive modules that are located on the RANZCOG eLearning platform as part of the application process. The modules cover a range of topics relevant to teaching, supervising and mentoring, including the principles of workplace-based training and assessment, effective communication, different teaching and learning styles, effective teaching practice, performance appraisal and how to conduct meaningful assessments to provide useful feedback.</p>
2.4	Training Supervisors carry out their roles and responsibilities as outlined in the RANZCOG Training Supervisor Position Description.
2.4.1	<p>Roles and Responsibilities:</p> <p>Training Supervisors are familiar with and perform the roles and responsibilities required of a RANZCOG Training Supervisor including conducting the three-monthly Appraisal and six-monthly Assessment Reports, as per the RANZCOG <i>Training Supervisor Position Description - Roles and Responsibilities</i> document, available on the RANZCOG website at: https://www.ranzcog.edu.au/Training/Specialist-Training/Supervisors-Coordinators</p>
2.4.2	<p>Training Program Requirements:</p> <p>Training Supervisors are familiar with the content and requirements of the FRANZCOG Training Program as set out in the <i>RANZCOG Regulations</i> and the <i>FRANZCOG Curriculum</i> documents available on the RANZCOG website at, respectively: https://www.ranzcog.edu.au/Our-College/Governance/Constitution-Regulations https://www.ranzcog.edu.au/Training/Specialist-Training/Curriculum-Handbook</p>
2.4.3	<p>Rosters:</p> <p>In consultation with the Director(s)/Head(s) of O&G, Training Supervisors are responsible for ensuring that rostering arrangements are made in conjunction with Consultants and Advanced trainees familiar with the specific needs of FRANZCOG Basic trainees.</p>

Standard 3 – Consultant Involvement With and Support for FRANZCOG Trainees

CRITERIA	
3.1	There is an adequate number of senior medical staff to provide effective training, support and supervision of FRANZCOG trainees.
3.1.1	<p>Full-Time Staff Specialist or Academic O&G Specialist:</p> <p>The hospital employs a minimum of two RANZCOG Fellows as members of staff. For hospitals undertaking more than 3000 births, there is at least one full-time Staff Specialist in O&G or full-time Academic O&G Specialist.</p> <p>There is an appropriate FTE of O&G to meet the clinical workload including after-hours clinical requirements.</p> <p>The hospital has sufficient O&G Consultant FTE to support, sustain and deliver the FRANZCOG Training Program, in addition to service provision requirements.</p>
3.1.2	<p>Consultant Staff:</p> <p>The hospital has sufficient Consultant FTE, determined by the workload and number of Registrars and Residents, to cover the following areas:</p> <ul style="list-style-type: none"> • 24-hour birthing suite supervision (whether onsite or on-call). • Teaching, supervision and mentoring of FRANZCOG trainees in obstetrics and gynaecology. • Regular and active involvement in a Structured Educational Program, which includes making formal presentations on a rostered basis and regular attendance at sessions to provide a strong Consultant presence and involvement in discussions. • Coordination of audit activities in both obstetrics and gynaecology. • Supporting FRANZCOG trainees' compulsory research activities.
3.2	FRANZCOG Consultants are actively involved and engaged in the teaching and training of Registrars in theatre, clinics and on the wards and birthing suite.
3.2.1	<p>Consultant position description or statement of duties:</p> <p>Each Consultant's position description or statement of duties clearly stipulates the requirement for Consultants to teach and supervise FRANZCOG trainees. A sample position description or statement of duties should be available for review by the RANZCOG Accreditation Panel during an accreditation visit.</p>
3.2.2	<p>Appropriate Consultant Support:</p> <p>A Consultant is always available to attend the birthing suite in a timely manner when requested by any trainee, or when the clinical circumstances indicate that attendance is warranted.</p> <p>A Year 1 FRANZCOG trainee rostered to cover labour ward has the continuous presence of a more senior trainee or Consultant at all times on the labour ward until they are credentialed by the hospital to manage birth suite without continuous senior presence.</p>
3.2.3	<p>Appropriate After-Hours Supervision and Teaching:</p> <p>FRANZCOG trainees have immediate access to the duty Consultant for advice and, where appropriate, their physical presence, to assist with decision making, for the supervision and assistance of procedures, and for teaching and training opportunities.</p> <p>Each FRANZCOG trainee with less than two years' postgraduate experience in obstetrics and gynaecology who is rostered on night duty has adequate supervision by an onsite (or immediately available – within five minutes) Consultant or more experienced Registrar, even when the FRANZCOG trainee has been credentialed by the hospital to perform specific procedures without direct onsite supervision.</p>

3.2.4	<p>On-call Arrangement:</p> <p>As many Consultants as is reasonable are involved in the on-call arrangements to assist in lowering the individual loads and to facilitate provision of educational opportunities for FRANZCOG trainees.</p> <p>All Consultants on the on-call roster are available to physically attend within 30 minutes at all times, or are contractually required to stay overnight when on-call and are provided with appropriate accommodation.</p>
3.2.5	<p>Team Structure:</p> <p>Hospitals have a planned team/unit structure which ensures a high quality and continuity of patient care whilst maximising teaching, learning and training opportunities.</p> <p>NB Training sites with fewer than five trainees are not obligated to meet this criterion.</p>
3.2.6	<p>Role of the Consultant:</p> <p>Designated Consultants have day-to-day responsibility for effective supervision and training, including:</p> <ul style="list-style-type: none"> • Treating FRANZCOG trainees with respect and courtesy. • Providing regular constructive feedback. • Taking FRANZCOG trainees through each new procedure and giving adequate opportunities to practise their skills. • Taking every opportunity to complete formative and summative Assessments of Procedural and Surgical Skills (APSSs) as appropriate, using the designated WBA forms. • Close observation of each FRANZCOG trainee’s practice and training, including their pre-operative assessment of a case, intra-operative performance, and post-operative care. • Involving FRANZCOG trainees in case follow-up and appropriate documentation. • Daily attendance at morning birthing suite handovers and gynaecology ward rounds, including weekends. • Involvement in credentialing of FRANZCOG trainees. • Involvement in the structured In-Hospital Education Program, including leading case presentations and perinatal mortality and morbidity sessions. • Assisting FRANZCOG trainees to improve their communication and decision-making skills. • Listening to FRANZCOG trainees’ concerns about training and responding respectfully. • Contributing to the formal assessment of FRANZCOG trainees, through completion of RANZCOG Consultant Assessment of Trainee Forms, available on the RANZCOG website at: https://www.ranzcog.edu.au/Training/Specialist-Training/Online-portfolio-assessments/Summative-Assessment and providing the Training Supervisor with an objective and fair assessment of a FRANZCOG trainee’s performance and progress.
3.2.7	<p>Consultant Support in Clinics:</p> <p>A Consultant or Advanced trainee is continuously present in all clinics attended by Basic FRANZCOG trainees. Where the Advanced trainee is the most senior person in the clinic, a consultant must be available by phone for consultation.</p>

Standard 4 – Provision of Clinical Supervision and Experience	
4A: GENERAL	
CRITERIA	
4A.1	Trainees are provided with the appropriate clinical supervision and experience to meet training program requirements and to ensure the progression of clinical competence from ‘novice’ to ‘proficient’.
4A.1.1	<p>Clinical Experience:</p> <p>Trainees are provided with the clinical experience and opportunities to enable them to meet training program requirements.</p> <p>Access to training experience in Subspecialist/special interest disciplines is not limited because of Subspecialty/special interest trainees.</p> <p>Training experience is not compromised by Registrar, Senior Registrar or Fellow positions occupied by non-FRANZCOG trainees, or those in a short term training pathway.</p>
4A.1.2	<p>Assessment of Procedural and Surgical Skills (APSS):</p> <p>Consultants teach and provide appropriate feedback to FRANZCOG trainees undertaking their formative and summative APSS workplace-based assessments as required by the RANZCOG Regulations and <i>FRANZCOG Curriculum</i>, and relevant to a FRANZCOG trainee’s year level in the FRANZCOG Training Program.</p>
4A.1.3	<p>Increased Responsibilities:</p> <p>Clinical responsibilities and training opportunities increase in complexity as the FRANZCOG trainee progresses through the FRANZCOG Training Program.</p>
4A.1.4	<p>Roster Requirements – Basic Trainees:</p> <p>Rosters for Basic trainees ensure regular sessions in the following (noting that smaller sites may not be able to offer all components and that coverage of these components is determined as part of ITP rotation arrangements):</p> <ul style="list-style-type: none"> • Full day in the birthing suite • General gynaecological surgery (including operative laparoscopy) • Caesarean section list • Antenatal clinic • Gynaecological clinic • Antenatal, postnatal and gynaecology ward rounds • Minor procedures • Ultrasound • Colposcopy • Pre-admission clinic • Involvement in the continuity of care from admission to discharge • Family planning (clinics and relevant surgical opportunities)
	<p><i>In Australia:</i> In line with the Medical Practitioners Award 2020, trainees are given at least two weeks’ notice of rosters to be worked in relation to ordinary hours, including additional (overtime) rostered hours. It is noted that, on occasion, rosters may need to be changed without notice to meet emergency situations.</p> <p><i>In New Zealand</i> In line with the Multi-Employer Collective Agreement (MECA), trainees are given at least four weeks’ notice of rosters.</p>

<p>4A.1.5</p>	<p>Support by Colleagues and Juniors for FRANZCOG Trainees, including After Hours:</p> <p>FRANZCOG trainees are not required to provide cover for both the birthing suite and Accident and Emergency when working on their own after hours in a hospital with more than 2000 births per year.</p> <p>FRANZCOG trainees working after hours on the birthing suite are provided with support, at a minimum, by a Hospital Medical Officer / House Officer in at least their second postgraduate year (i.e. PGY2 – not an Intern) to enable them to safely perform their clinical responsibilities and maximise available training opportunities:</p> <ul style="list-style-type: none"> • > 2000 births: 24-hour cover (particularly where the FRANZCOG trainee is expected to concurrently cover emergency, antenatal/gynaecology ward and the postnatal ward) • 1000-2000 births: 8am to 10pm • < 1000 births: not required. <p>After a short period of instruction, Hospital Medical Officers are able, at a minimum, to:</p> <ul style="list-style-type: none"> • Take blood and insert intravenous cannulas • Conduct initial assessments by taking an appropriate clinical history • Perform vaginal and speculum examinations • Assist with episiotomy repairs • Assist in emergencies • Assist in theatre • Handle drug orders/prescriptions. <p>In smaller hospitals with less than 2000 births per year, the night Registrar may be required to cover the birthing suite and also see acute O&G cases in Accident/Emergency/Women’s health assessment if appropriate.</p>
<p>4A.1.6</p>	<p>Experience in Clinics:</p> <p>FRANZCOG trainees at tertiary and home/base hospitals are provided with experience in the care of a broad range of ambulatory (outpatient) cases as well as those presenting with urgent problems. Each FRANZCOG trainee is given the opportunity, under the supervision of a Consultant, to provide an initial assessment and consultative service to patients presenting with emergency conditions. At training sites where the provision of outpatient services has been delegated to the private sector or Consultants’ rooms, the FRANZCOG trainee is provided with opportunities to act as the primary clinician with appropriate oversight.</p> <p>Rosters for FRANZCOG trainees at all training sites ensure that the FRANZCOG trainees have the maximum available experience, including access to gynaecology, colposcopy, antenatal and pre-operative anaesthetic clinics.</p>
<p>4A.1.7</p>	<p>Policies, Procedures and Clinical Guidelines:</p> <p>All policies, procedures and clinical guidelines relevant to O&G are regularly reviewed and revised, and consistently followed by all Consultants to an auditable standard.</p>
<p>4A.1.8</p>	<p>Birthing Suite Handover:</p> <p>The morning birthing suite handover is utilised as an educational opportunity for FRANZCOG trainees (noting operational requirements) and includes proactive planning and triaging. Consultants take opportunities as they arise to highlight valuable learning points and provide constructive feedback to trainees (with negative feedback provided separately and individually, rather than in this public forum). In a tertiary hospital, the Consultant on duty, the Senior Registrar and the Team Leader/Midwife are present at handovers. The handovers are multidisciplinary and frequently include a Paediatrician and Anaesthetist. Respectful discourse is a key feature of handover.</p>

4A.1.9	<p>Training in Expanded Settings:</p> <p><i>Patient consent:</i></p> <p>Where FRANZCOG trainees utilise training in an expanded setting, including consultants' private rooms, informed patient consent is obtained for all procedures in which FRANZCOG trainees are involved.</p> <p><i>Insurance:</i></p> <p>The training site also ensures that medical indemnity insurance is in place for both the FRANZCOG trainee and the Consultant undertaking the training/supervising activities.</p>
4A.1.10	<p>FRANZCOG Trainee In-Hospital Credentialing:</p> <p>The hospital has a documented credentialing process in place to identify each FRANZCOG trainee's competence in relevant obstetric and gynaecological surgical procedures. The In-Hospital Credentialing process is the responsibility of the Director(s)/Head(s) of O&G in consultation with the Training Supervisor and in collaboration with Consultants, Advanced trainees (where relevant) and other relevant Health Practitioners.</p> <p>The hospital may develop its own credentialing process or utilise that of the RANZCOG <i>In-Hospital Credentialing</i> document, available on the RANZCOG website at: https://www.ranzcog.edu.au/Training/Specialist-Training/Hospitals/In-hospital-Credentialing-Documentation</p> <p>The hospital may also have a list of procedures where the Consultant must always be present. If this exists, it supersedes the level of credentialing of any individual FRANZCOG trainee.</p> <p>The credentialing document specifies the level of supervision each FRANZCOG trainee requires for specific procedures particularly where these are performed after hours. If a FRANZCOG trainee is listed as requiring after hours direct supervision for a particular procedure, the on-call Consultant attends.</p> <p>Regardless of the credentialing for a particular procedure, FRANZCOG trainees feel comfortable to seek assistance from a Consultant(s), who provides support when requested to do so.</p> <p>The credentialing document is distributed to all relevant Staff, such as Consultants, including Locums, Senior Midwifery and Theatre Staff, Advanced trainees and Theatre Nurses. All relevant staff adhere to the level to which an individual FRANZCOG trainee is credentialed.</p> <p>The credentialing document is reviewed and updated for each FRANZCOG trainee every six months at a minimum. For Basic trainees, where necessary, and in addition to their own credentialing processes, hospitals other than the home/base hospital verify with the home/base hospital the credentialing of their allocated FRANZCOG trainee(s).</p>
4A.2	<p>Advanced trainees are provided with the appropriate clinical opportunities to enable them to undertake either a 'Generalist' or 'Non-Generalist' Pathway and relevant Advanced Training Modules (ATMs) during their Advanced Training.</p>
4A.2.1	<p>Advanced Clinical Experience:</p> <p>Advanced trainees are provided with the clinical experience and opportunities to enable them to meet the requirements of Advanced Training, including any relevant ATMs.</p>

4A.2.2	<p>Professional Attributes:</p> <p>Advanced training positions have a defined role that includes most of the following:</p> <ul style="list-style-type: none"> • Administration • Rostering of junior staff • Involvement in audit • Organisation and performance of education activities for Medical Students, FRANZCOG trainees and other clinical staff who are not FRANZCOG trainees • Recognised role in the training and assessment of Basic trainees • Participation as appropriate in Departmental Consultant Meetings • Involvement in the development of policies, procedures and clinical guidelines.
4A.3	<p>Training Sites have a Patient Consent form that allows for patient information to be used for training purposes.</p>
4A.3.1	<p>Patient Consent:</p> <p>Training sites have Patient Privacy/Consent processes and associated forms that include a statement acknowledging that patient information can be used for training purposes.</p>
<p>4B: GYNAECOLOGY</p>	
<p>CRITERIA</p>	
4B.1	<p>Trainees are provided with sufficient gynaecological surgical experiences, under appropriate supervision, to meet training requirements and to ensure the progression of surgical competence from 'novice' to 'proficient'.</p>
4B.1.1	<p>Gynaecological Surgery Lists</p> <p>The hospital provides FRANZCOG trainees with sufficient gynaecological surgical experience as the Primary Operator to meet training program requirements. For Basic trainees, this is in line with <i>Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training</i>.</p> <p>Hospitals should refer to the associated document <i>Strategies for training hospitals to improve trainee gynaecological surgery procedure numbers</i> available on the College website.</p>
4B.1.2	<p>Primary Operator Experience – Basic trainees:</p> <p>FRANZCOG trainees are given maximum opportunities and experience as the Primary Operator by Consultants and/or Advanced trainees, having regard to year level and abilities, and also are given opportunities to utilise training in expanded settings (e.g. private settings).</p>
4B.1.3	<p>Primary Operator Experience – Advanced trainees:</p> <p>Advanced trainees are provided with opportunities to reach a high level of independence in the performance of procedural and surgical skills, which necessitates:</p> <ul style="list-style-type: none"> • Primary Operator experience, with a junior assistant, for those procedures where remote supervision credentialing level has been achieved. • Primary Operator experience with in-theatre supervision for those procedures where onsite or remote credentialing level has not yet been achieved. • Supervising Basic trainees who are acting as the Primary Operator.
4B.1.4	<p>Priority Access to O&G Theatre Lists:</p> <p>FRANZCOG trainees have priority access to O&G theatre lists over other junior medical staff who are not FRANZCOG trainees, and those in a short term training pathway. This priority is reflected in the roster and position descriptions of FRANZCOG trainees.</p>

4C: ULTRASOUND	
CRITERIA	
4C.1	Structured ultrasound training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Ultrasound Assessment of Procedural and Surgical Skills (APSS)
4C.1.1	<p>Ultrasound:</p> <p><i>Ultrasound Training Time:</i></p> <p>The hospital provides FRANZCOG Basic trainees with sufficient ultrasound training time to meet training program requirements, in line with <i>Guidelines for Hospitals in the FRANZCOG Training Program: Ultrasound Training</i>.</p> <p><i>Ultrasound Workshop:</i></p> <p>Basic trainees are required to complete a RANZCOG-approved internal or external course or workshop by the end of 92 weeks of Basic Training. The training site must allow and support trainees' attendance at such a workshop.</p>
4D: COLPOSCOPY	
CRITERIA	
4D.1	Structured colposcopy training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Colposcopy In-Hospital Clinical Assessments (IHCA)
4D.1.1	<p>Colposcopy:</p> <p>Basic trainees are rotated through attachment to a colposcopy service, with sufficient caseload and continuity of exposure to both new and review cases to enable them to obtain the skills required to pass the Colposcopy IHCA or APSS.</p>
4E: FAMILY PLANNING	
CRITERIA	
4E.1	FRANZCOG trainees are provided with a range of opportunities and experiences in family planning, including clinics and relevant surgical opportunities
4E.1.1	<p>Family Planning Clinics:</p> <p>Rosters for Basic trainees ensure regular sessions in family planning clinics (noting that smaller sites may not be able to offer this component).</p>
4E.1.2	<p>Long Acting Reversible Contraception (LARC):</p> <p>Basic trainees are provided with appropriate training and experience in the insertion of intrauterine devices (IUDs) and contraceptive implants (Implanon/Jadelle).</p>

Standard 5 – Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities

CRITERIA	
5.1	A comprehensive education program is provided that includes Consultant-led hospital teaching, rounds, lectures, case presentations, ultrasound teaching, mortality and morbidity meetings, journal club, discussions, audits and reviews is provided.
5.1.1	<p>Coordination of Education Program:</p> <p>The Educational Program at the hospital is coordinated by a designated Consultant (or an Advanced trainee with oversight by a designated Consultant). Consultants are in regular attendance, make formal presentations on a regular basis and utilise cases for interactive teaching.</p>
5.1.2	<p>Education Program Content:</p> <p>If the hospital is a home/base hospital, a comprehensive and coordinated Consultant-led formal educational program is provided, covering an extensive range of obstetric and gynaecological topics and other learning opportunities. The program timetable includes inter-professional and multidisciplinary education opportunities and at a minimum, the following on a regular basis:</p> <ul style="list-style-type: none"> • Tutorials and/or FRANZCOG trainee case presentations • Journal club • Complex gynaecology case reviews, cervical pathology meetings • Regular perinatal, neonatal and maternal mortality and morbidity meetings • Cardiotocography (CTG) audit meetings and intra partum management tutorials • Complex obstetric case review meetings • Obstetrics and gynaecology teaching rounds • Emergency Obstetrics Training. <p>If a hospital is a small urban or rural training site, a structured though less comprehensive Education Program is provided at least monthly. The program timetable includes as a minimum:</p> <ul style="list-style-type: none"> • Regular Consultant-led teaching sessions • Combined case review meetings – FRANZCOG trainees present a review/audit on interesting or complex cases • Regular perinatal mortality and morbidity meetings (at least three-monthly), coordinated by a FRANZCOG trainee with designated Consultant support.
5.1.3	<p>Safety and Quality; Governance Participation:</p> <p>FRANZCOG trainees are given opportunities to participate in hospital committees such as Occupational Health and Safety (OH&S), Clinical Audit, Mortality and Morbidity, Quality Assurance and Clinical Governance.</p>

5.2	<p>Rostering arrangements and strategies are in place to ensure that all FRANZCOG trainees have protected time to attend education sessions. FRANZCOG trainees are not rostered for other duties when education sessions are scheduled, except for the provision of emergency cover.</p>
5.2.1	<p>Paid and Protected Non-Clinical Time:</p> <p><i>Training/Teaching Time</i> FRANZCOG trainee timetables include a minimum of four hours per fortnight (four hours per week is recommended) paid and protected training/teaching time to attend and/or conduct educational sessions. Arrangements are in place to ensure that Basic trainees are able to attend educational sessions. This may include designation of Consultants, Advanced trainees or non-FRANZCOG trainees to hold the Basic trainees' pagers and cover the birthing suite or the clinics at these times.</p> <p><i>Research/Study/Clinical Audit Time</i> FRANZCOG trainees are allocated a minimum of four hours per fortnight paid and protected research/study/clinical audit time in addition to protected time for attendance at in-hospital education sessions. This is to be provided regardless of whether there is an existing jurisdictional obligation to provide this time for FRANZCOG trainees.</p> <p><i>Administration Time</i> In addition to the above allocations, FRANZCOG trainees are afforded sufficient paid time within their normal roster to undertake administrative responsibilities.</p>
5.3	<p>Formal basic obstetric skills training sessions are provided for all Year 1 FRANZCOG trainees.</p>
5.3.1	<p>Basic Obstetric Surgical Skills Training:</p> <p>Formal teaching sessions in basic obstetric skills are provided by designated Consultants in accordance with the RANZCOG <i>Basic Obstetric Surgical Skills Workshop: Trainees' Manual</i>. Where this does not occur, the hospital arranges for any Year 1 FRANZCOG trainees to attend such workshops/sessions in another hospital within the ITP.</p>
5.4	<p>Simulation training is offered to all FRANZCOG trainees.</p>
5.4.1	<p>Simulation Training:</p> <p>Trainees are rostered to regularly utilise simulation activities and equipment on or offsite to increase their skills, confidence and dexterity.</p> <p>FRANZCOG trainees at tertiary and home base hospitals have access to simple basic skills training equipment including as a minimum a box trainer and appropriate instruments, and pelvic model appropriate to train in instrumental birth and obstetric manoeuvres.</p> <p>The equipment is to be available in an area that is accessible out of regular working hours and accompanied by an appropriate curriculum to guide learning.</p> <p>Suburban and rural sites are encouraged to offer simulation training opportunities wherever possible.</p> <p>At sites where simulation equipment is available, a Consultant or Advanced trainee is nominated to coordinate simulation activities within the program, ensure equipment is maintained and ensure equity of access to trainees from all sites in the ITP.</p>
5.5	<p>FRANZCOG trainees have the opportunity to attend external education activities, meetings, courses and workshops.</p>
5.5.1	<p>External Education Program:</p> <p>FRANZCOG trainees are given opportunities to attend external education activities, meetings, courses and workshops, including education sessions conducted at nearby RANZCOG-accredited training sites. Consideration is given by the hospital to reimburse or partially reimburse costs involved in attending relevant conferences and workshops that will assist a FRANZCOG trainee's knowledge, skills and level of understanding to meet learning objectives of the training program.</p>

5.6	FRANZCOG trainees are provided with regular opportunities to teach prevocational medical staff and medical students.
5.6.1	<p>Teaching Residents and Medical Students:</p> <p>Advanced trainees are rostered onto the tutorial program for Basic trainees, prevocational trainees and/or medical students and regularly give tutorials. FRANZCOG trainees are involved in one-on-one teaching with Residents on the ward and in theatre where such an arrangement is feasible and appropriate.</p>
5.7	FRANZCOG trainees undertaking Advanced Training are provided with additional educational opportunities.
5.7.1	<p>Advanced Courses, Workshops and Academic Development:</p> <p>Advanced trainees are given opportunities to attend specific courses appropriate to their training plan or area(s) of special interest.</p>
5.7.2	<p>Teaching and Assessing of FRANZCOG Basic trainees:</p> <p>In addition to teaching residents and medical students, Advanced trainees have a formalised and recognised role in the training of Basic trainees, including the assessment of the procedural and surgical skills that need to be signed off by the end of Year 1 and Year 2 of Basic Training.</p>
5.7.3	<p>Administration Duties:</p> <p>Advanced trainees are involved in some or all of: rostering of junior Staff, Department audits, organisation and performance of educational activities for medical students, prevocational trainees, DRANZCOG trainees, FRANZCOG trainees and participation as appropriate in Departmental Consultant Meetings and policy development for the unit.</p>
5.8	In hospitals with five consultants or more, at least one Consultant is a FRANZCOG Examiner, or has been within the last 10 years.
5.8.1	<p>FRANZCOG Examiners:</p> <p>In hospitals with five consultants or more, at least one Consultant is a FRANZCOG Examiner, or has been within the last 10 years. This is to ensure that teaching and learning focuses on the knowledge, skills, professional qualities and competencies expected and which are assessed informally and formally throughout the training program both within the hospital and through the examinations.</p>
5.9	The O&G Department provides an adequate range of education resources to support the learning environment.
5.9.1	<p>Facilities for FRANZCOG trainees:</p> <p>FRANZCOG trainees are provided with appropriate facilities including:</p> <ul style="list-style-type: none"> • Internet access • Ready access to supportive software such as evidence-based clinical decision support tools (e.g. UpToDate) and medical databases (e.g. Medline) with relevant passwords where required. • On-line access to relevant electronic journals and extensive and up-to-date library collections. • A fully equipped, appropriately sited and resourced space for the sole use of trainees.

5.10	Research opportunities and support and protected research/study time are provided to FRANZCOG trainees to undertake private study and their compulsory research project.
5.10.1	<p>Research Support and Commitment to Research:</p> <p>FRANZCOG trainees are provided with research opportunities with appropriate guidance, mentoring and supervision.</p> <p>The provision of research support and opportunities includes:</p> <ul style="list-style-type: none"> • Identification of individual/s on staff to provide support, advice and guidance to FRANZCOG trainees to undertake their compulsory research projects. • Identification of a range of research possibilities for FRANZCOG trainees including but not limited to systematic reviews for publication in the Cochrane Library, systematic literature reviews, case reports and local audits. • Opportunities to present research projects in peer-reviewed journals, at conferences and Annual Scientific Meetings (ASM). <p>It is expected that major teaching hospitals and peripheral training sites will offer a greater range of experiences and support to FRANZCOG trainees in relation to research, providing opportunities for trainees to participate in additional research activities, including obstetric audits and assisting in the review and writing of protocols.</p>
5.11	The hospital provides an easily accessible obstetric database to assist FRANZCOG trainees with audit and research.
5.11.1	<p>Obstetric Database:</p> <p>FRANZCOG trainees can easily access an obstetric database to assist with audit and research.</p>
5.12	The O&G Department conducts regular minuted Consultant meetings.
5.12.1	<p>Consultant Meetings:</p> <p>The O&G Department holds regular minuted meetings with Consultants and Registrars that address matters such as policy development, training, education, safety and quality and administration. This may be through the attendance by a nominated Senior Registrar at regular senior staff meetings, or communication of policy decisions through a regular bulletin or email.</p> <p>The O&G Department holds regular minuted inter-professional meetings that provide opportunities for members of the multi-disciplinary team to discuss relevant matters, including any issues that may be impacting on the health and well-being of FRANZCOG trainees.</p>

Standard 6 – Workplace Culture, Registrar Staffing, Safe Working Hours, Leave Arrangements and Assistance for Rural Rotations

CRITERIA	
6.1	A supportive, harmonious workforce culture and team environment is evident.
6.1.1	<p>Consultants and Workplace Culture:</p> <p>Consultants contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up-to-date, evidence-based care. Consultants conduct themselves in a professional manner and treat FRANZCOG trainees with respect and courtesy.</p>
6.1.2	<p>Organisational Culture:</p> <p>The leadership and organisational culture is supportive and harmonious. Teamwork and morale are strong and this culture is propagated amongst the Medical, Midwifery, Nursing, Allied Health Staff and Management with constructive inter-professional relationships encouraged.</p>
6.1.3	<p>Bullying, harassment and discrimination:</p> <p>The training site has zero tolerance for workplace bullying, harassment and discrimination. The training site has comprehensive policies and processes to identify, investigate and resolve issues of workplace bullying, harassment and discrimination.</p> <p>Consultants, FRANZCOG trainees and other hospital Medical Officers are trained in recognising and dealing with instances of workplace bullying, harassment and discrimination and conduct themselves in a professional manner in accordance with the publications of the Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) relating to good medical practice for Australian and New Zealand doctors available on the following websites at, respectively: https://www.amc.org.au/about/good-medical-practice https://www.mcnz.org.nz/news-and-publications/good-medical-practice/</p> <p>Mechanisms are in place to identify and assist FRANZCOG trainees who may be experiencing personal and/or professional difficulties that may in turn be affecting their training.</p>
6.1.4	<p>Support for trainees in difficulty:</p> <p>Mechanisms are in place to identify and assist FRANZCOG trainees who may be experiencing personal and/or professional difficulties that may in turn be affecting their training.</p>
6.2	A suitable number of junior medical staff is employed to ensure sufficient training opportunities exist for FRANZCOG trainees to meet training requirements, over and above meeting service requirements.
6.2.1	<p>Trainee Staffing:</p> <p>Trainee numbers are such as to ensure FRANZCOG trainees receive adequate training opportunities as defined in the <i>FRANZCOG Curriculum</i> in addition to the hospital clinical service requirements.</p>
6.3	The hospital complies with award conditions relating to working hours and shift work relevant to the region in which it is located.
6.3.1	<p>Award Conditions – Working Hours:</p> <p>The hospital adheres to the relevant award conditions in relation to working hours and shift work prescribed under the Australian Medical Association (AMA) “National Code of Practice - Hours of Work, Shiftwork and Rostering Hospital Doctors”, individual Australian state/territory or New Zealand OH&S legislation, or stipulations of the New Zealand “Resident Doctors’ Association and 20 District Health Boards Multi-Employer Collective Agreement (17 May 2021 to 31 March 2024)” as applicable. Rosters are available to demonstrate compliance if requested.</p>

6.3.2	<p>Guide to Appropriate Hours:</p> <p>RANZCOG recommends the following guide for hospitals:</p> <ul style="list-style-type: none"> • FRANZCOG trainee hours worked in a 14-day period complies with the appropriate award applicable in the relevant Australian state/territory or New Zealand. • The maximum length of a Registrar’s shift is generally no more than 14 hours. This maximum shift length is exclusive of on-call shifts, regardless of whether the on-call requires onsite presence. In a hospital delivering less than 500 births annually, this may be extended to 24 hours. • If occasional 24-hour shifts are undertaken, they are followed by a day off and only occur at hospitals where there is 24-hour Resident cover and ready availability of Consultant support. • Weekend rosters are organised on a minimum 1:3 basis. A 1:2 roster on a consistent basis is only used on occasion and only when staffing difficulties at a particular training site allow no other option. <p>RANZCOG acknowledges, in circumstances where there is easy access to Consultant support, some flexibility to the above guide is needed for smaller hospitals, particularly in rural areas where there is only one FRANZCOG trainee and they are required to be on-call over the weekend.</p> <p>Hospitals should refer to the associated guideline <i>Appropriate working hours for a FRANZCOG trainee</i> available on the College website.</p>
6.3.3	<p>Physical Safety and Security:</p> <p>FRANZCOG trainees working extended hours and/or subject to on-call and call-out arrangements which require them to attend and leave the hospital workplace at unusual hours, are provided with:</p> <ul style="list-style-type: none"> • Physical safety and security, such as lighting and escorts, when leaving work and reaching their car or transport at times well outside normal business hours. • Taxis or other transport when work-induced fatigue makes it unsafe for the trainee to drive home in their own car.
6.3.4	<p>Arrangements for FRANZCOG trainees After Hours:</p> <p>FRANZCOG trainees working on-call from home after hours are available within 30 minutes and a rest room is provided and available onsite.</p>
6.4	<p>The hospital permits FRANZCOG trainees to undertake fractional training subject to the requirements of the hospital and prospective approval by the Chair of the relevant State/Territory/New Zealand TAC.</p>
6.4.1	<p>Fractional Training:</p> <p>Subject to the staffing levels and the requirements of the hospital, and where approved by the Chair of the relevant State/Territory/New Zealand TAC and the hospital, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 FTE and 1.0 FTE. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.</p>
6.4.2	<p>Leave Arrangements:</p> <p>The hospital adheres to the relevant award conditions regarding minimum annual leave entitlements. Additionally, FRANZCOG trainees are afforded two weeks of study/conference leave per year, which is recognised as part of active clinical service.</p>

6.4.3	<p>Training Whilst Pregnant:</p> <p>The hospital is supportive of, and familiar with, workplace policies and OH&S protocols relating to working while pregnant and accommodates FRANZCOG trainee requests where possible, as outlined in the <i>Clinical training whilst pregnant</i> statement available under Statements and Guidelines on the RANZCOG website at: https://www.ranzcog.edu.au/Statements-Guidelines</p>
6.4.4	<p>Training After Taking Leave:</p> <p>A supportive and comprehensive return to work program is provided, in accordance with RANZCOG Regulations in relation to time out of training.</p>
6.5	<p>A mentor is offered and available if requested or recommended, in addition to the Training Supervisor.</p>
6.5.1	<p>Mentor:</p> <p>The hospital facilitates the provision of an appropriate mentor if requested by the FRANZCOG trainee or if it is felt that a FRANZCOG trainee may benefit from the guidance and support of a mentor in addition to the Training Supervisor as outlined in the RANZCOG <i>Mentoring Policy</i>, available under Statements and Guidelines on the RANZCOG website at: https://www.ranzcog.edu.au/Statements-Guidelines</p> <p>Appropriate mentors may include health professionals outside of the O&G specialty.</p>
6.6	<p>The hospital, if providing a rural rotation, provides appropriate accommodation for the duration of the rotation.</p>
6.6.1	<p>Accommodation:</p> <p>The hospital, if providing a rural rotation, provides:</p> <ul style="list-style-type: none"> • Hospital accommodation or other subsidised accommodation, or assistance in obtaining suitable accommodation for the FRANZCOG trainee and their family. • Removal expenses to and from the rural location. • Travel expenses to and from the rural location. • Funding for at least two home visits by the FRANZCOG trainee in each six-month period, equating to not less than 50% of the costs involved.
6.7	<p>The hospital has in place a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or peri-natal outcomes.</p>
6.7.1	<p>Critical Incident Management:</p> <p>The hospital has strategies in place to support FRANZCOG trainee health and wellbeing and a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or perinatal outcomes.</p>

Appendix 1: FRANZCOG Accredited Training Sites

Australia

ITP	TRAINING SITE	DESCRIPTION
VICTORIA		
Mercy Hospital for Women	Mercy Hospital for Woman	Home/base hospital
	Ballarat Base Hospital	<i>Rural rotation</i>
	Bendigo Base Hospital	<i>Rural rotation</i>
	University Hospital Geelong	<i>Rural rotation</i>
	Goulburn Valley Health	<i>Rural rotation</i>
	Northern Hospital (Epping)	
	Northeast Health Wangaratta	<i>Rural rotation</i>
	Warrnambool Base Hospital	<i>Rural rotation</i>
	Western Health	
	Albury Wodonga Health	<i>Rural rotation</i>
Monash Health	Monash Medical Centre	Home/base hospital
	Dandenong Hospital	
	Casey Hospital	
	Angliss Hospital	
	Box Hill Hospital	
	University Hospital Geelong	<i>Rural rotation</i>
	Mildura Base Hospital	<i>Rural rotation</i>
	Launceston General Hospital	<i>Rural rotation</i>
	Latrobe Regional Hospital	<i>Rural rotation</i>
	Bendigo Base Hospital	<i>Rural rotation</i>
West Gippsland Hospital	<i>Rural rotation</i>	
The Royal Women's Hospital	Royal Women's Hospital	Home/base hospital
	Ballarat Base Hospital	<i>Rural rotation</i>
	Bendigo Base Hospital	<i>Rural rotation</i>
	University Hospital Geelong	<i>Rural rotation</i>
	Goulburn Valley Health	<i>Rural rotation</i>
	Northern Hospital (Epping)	
	Sandringham Hospital	
	Sunshine Hospital	
	Northeast Health Wangaratta	<i>Rural rotation</i>
	Warrnambool Base Hospital	<i>Rural rotation</i>
	Werribee Mercy Hospital	
Albury Wodonga Health	<i>Rural rotation</i>	
Eastern Health/Monash Health	Box Hill Hospital	Home/base hospital
	Monash Health	Home/base hospital
	Angliss Hospital	
	Dandenong Hospital	
	Goulburn Valley Health	<i>Rural rotation</i>

ITP	TRAINING SITE	DESCRIPTION
	Launceston General Hospital	<i>Rural rotation</i>
	Mildura Base Hospital	<i>Rural rotation</i>
Western Health	Sunshine Hospital	Home/base hospital
	Royal Women's Hospital	Home/base hospital
	Victorian rural rotation	<i>Rural rotation</i>
Northern Hospital/ Mercy Hospital for Women	Northern (Epping)	Home/base hospital
	Mercy Hospital for Women	Home/base hospital
	Ballarat Base Hospital	<i>Rural rotation</i>
	Bendigo Base Hospital	<i>Rural rotation</i>
	University Hospital Geelong	<i>Rural rotation</i>
	Goulburn Valley Health	<i>Rural rotation</i>
	Northeast Health Wangaratta	<i>Rural rotation</i>
	Warrnambool Base Hospital	<i>Rural rotation</i>
	Western Health	
	Albury Wodonga Health	<i>Rural rotation</i>
Frankston Hospital (Mornington Peninsula)	Frankston Hospital (Mornington Peninsula)	Home/base hospital
	Mercy Hospital for Women	
	Gippsland Health Service (Sale)	<i>Rural rotation</i>
NEW SOUTH WALES / AUSTRALIAN CAPITAL TERRITORY		
The Canberra Hospital	The Canberra Hospital	Home/base hospital
	Calvary Health Care	
	Wagga Wagga Base Hospital	<i>Rural rotation</i>
	Launceston General Hospital	<i>Rural rotation</i>
St George Hospital	St George Hospital	Home/base hospital
	Bankstown-Lidcombe Hospital	
	Sutherland Hospital	
	Lismore Base Hospital	<i>Rural rotation</i>
	Wollongong Hospital	
	Royal Hospital for Women	
John Hunter Hospital	John Hunter Hospital	Home/base hospital
	Maitland Hospital	<i>Rural rotation</i>
	Manning Base Hospital (Taree)	<i>Rural rotation</i>
	Tamworth Rural Referral Hospital	<i>Rural rotation</i>
Royal Prince Alfred Hospital (RPAH)	RPAH Women and Babies	Home/base hospital
	Canterbury Hospital	
	Royal Darwin Hospital	<i>Rural rotation</i>
	Tweed Hospital/Murwillumbah Hospital (Tweed Valley Obstetric and Gynaecological Service)	<i>Rural rotation</i>
Northern Sydney	Royal North Shore Hospital	Home/base hospital
	Hornsby Ku-ring-gai Hospital	
	Northern Beaches (Manly Hospital & Mona Vale Hospital)	
	Port Macquarie Base Hospital	<i>Rural rotation</i>
	Gosford Hospital	<i>Rural rotation</i>
Western Sydney	Westmead Hospital	Home/base hospital
	Auburn Hospital	

ITP	TRAINING SITE	DESCRIPTION
	Blacktown & Mount Druitt Hospital	
	Dubbo Base Hospital	<i>Rural rotation</i>
	Coffs Harbour Base Hospital	<i>Rural rotation</i>
Nepean Hospital	Nepean Hospital	Home/base hospital
	Westmead Hospital	
	Orange Base Hospital	<i>Rural rotation</i>
Royal Hospital for Women	Royal Hospital for Women	Home/base hospital
	Wollongong Hospital	
	Tamworth Rural Referral Hospital	<i>Rural rotation</i>
	Port Macquarie Base Hospital	<i>Rural rotation</i>
Liverpool Hospital	Liverpool Hospital	Home/base hospital
	Fairfield District Hospital	
	Bankstown-Lidcombe Hospital	
	Tweed Hospital/Murwillumbah Hospital (Tweed Valley Obstetric & Gynaecological Service)	<i>Rural rotation</i>
	Campbelltown Hospital	
	Lismore Base Hospital	<i>Rural rotation</i>
Provincial ITP (PITP) – Dubbo/Orange	Dubbo Base Hospital and Orange Base Hospital	Home/base hospitals
	Westmead Hospital	<i>Year 3 Rural rotation</i>
SOUTH AUSTRALIA / NORTHERN TERRITORY		
	Flinders Medical Centre	Home/base hospital
	Gawler Hospital	<i>Rural rotation</i>
	Lyell McEwin Hospital	
	Modbury Hospital	
	Mount Gambier and District Health Services (Millicent)	<i>Rural rotation</i>
	Queen Elizabeth Hospital	
	Royal Adelaide Hospital	
	Royal Darwin Hospital	<i>Rural rotation</i>
	Women's and Children's Hospital	
QUEENSLAND		
Mater Mother's Hospital	Mater Mothers' Hospital	Home/base hospital
	Ipswich Hospital	
	Hervey Bay	<i>Rural rotation</i>
	Redland Hospital	
	Mackay Base Hospital	<i>Rural rotation</i>
Royal Brisbane and Women's Hospital	Royal Brisbane and Women's Hospital	Home/base hospital
	Sunshine Coast University Hospital	
	Cairns Base Hospital	<i>Rural rotation</i>
Gold Coast University Hospital	Gold Coast University Hospital	Home/base hospital
	Toowoomba Hospital	<i>Rural rotation</i>
	Logan Hospital	
	Queen Elizabeth II (QEII) Jubilee Hospital	
Provincial ITP (PITP) – Mackay	Mackay Base Hospital	Year 1, Year 2, Year 4 Basic Training
	Mater Mothers' Hospital	Year 3 Basic Training

ITP	TRAINING SITE	DESCRIPTION
Townsville Hospital	Townsville Hospital	Home/base hospital
	Bundaberg Base Hospital	<i>Rural rotation</i>
	Caboolture Hospital	
	Rockhampton Base Hospital	<i>Rural rotation</i>
	Redcliffe Hospital	
WESTERN AUSTRALIA		
King Edward Memorial Hospital	King Edward Memorial Hospital	Home/base hospital
	Albany Hospital	<i>Rural rotation</i>
	Bunbury Regional Hospital	<i>Rural rotation</i>
	Geraldton Hospital	<i>Rural rotation</i>
	Joondalup Health Campus	
	Armadale Kelmscott Memorial Hospital	
	Osborne Park Hospital	
	Rockingham General Hospital	<i>Rural rotation</i>
Fiona Stanley Hospital		
TASMANIA		
	Royal Hobart Hospital	Home/base hospital
	Launceston General Hospital	<i>Rural rotation</i>
	Monash Medical Centre	
	North West Regional Hospital (Burnie)	<i>Rural rotation</i>

,New Zealand

ITP	TRAINING SITE	DESCRIPTION
Northern	Auckland City Hospital	Home/base hospital
	Middlemore Hospital	Home/base hospital
	North Shore Hospital	Home/base hospital
	Waikato Hospital	Home/base hospital
	Taranaki Base Hospital (New Plymouth)	<i>Rural rotation</i>
	Rotorua Hospital	<i>Rural rotation</i>
	Tauranga Hospital	<i>Rural rotation</i>
	Whanganui Hospital	<i>Rural rotation</i>
Central	Wellington Hospital	Home/base hospital
	Palmerston North Hospital	Home/base hospital
	Hawke's Bay Hospital	<i>Rural rotation</i>
	Hutt Hospital	
	Whanganui Hospital	<i>Rural rotation</i>
Southern	Dunedin Hospital	Home/base hospital
	Christchurch Women's Hospital	Home/base hospital
	Southland Hospital (Invercargill)	<i>Rural rotation</i>
	Whanganui Hospital	<i>Rural rotation</i>

Appendix 2: Glossary of Terms

Accreditation	The formal process by which a hospital obtains recognition and approval from RANZCOG as a training site for Basic Training. Reaccreditation is the formal process by which RANZCOG determines if this recognition and approval should continue based on the effectiveness of the training, supervision and support provided to the FRANZCOG trainees at the hospital.
Accreditation Panel	The Panel responsible for undertaking accreditation and reaccreditation visits, making decisions on the outcomes of a visit in relation to the training site's accreditation status, and reviewing Progress Reports.
Accreditation Steering Group (ASG)	The ASG comprises relevant Fellows, trainee representatives and staff involved in training site/unit accreditation. Its role is to provide oversight of RANZCOG's accreditation activities and continuous improvement of standards, guidelines and processes. The ASG is also responsible for approving FRANZCOG training site reaccreditation reports.
Accreditation Team	The RANZCOG staff responsible for coordinating accreditation activities.
Accredited Hospital	A hospital which has been accredited by RANZCOG as a training site for Basic Training.
Advanced Training	The final 92 weeks (2 years) of clinical, educational and assessment requirements in approved RANZCOG training undertaken by FRANZCOG trainees after completing Basic Training (i.e. Years 5 and 6).
Basic Training	The first 184 weeks (four years) of clinical educational and assessment requirements in approved RANZCOG training sites (i.e. Years 1–4).
Bullying	<p>Bullying is defined as repeated and unreasonable behaviour directed towards a person or a group of people that creates a risk to health and safety. Bullying can be classified into two broad categories, direct or indirect. Examples of behaviour, whether intentional or unintentional, that may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include but are not limited to:</p> <ul style="list-style-type: none"> • aggressive or intimidating conduct • belittling or humiliating comments • spreading malicious rumours • teasing, practical jokes or 'initiation ceremonies' • pressure to behave unreasonably • exclusion from work and work-related events • unreasonable work expectations, including too much or too little work, or work below or beyond a worker's skill level • displaying offensive material <p>It is common that a series of relatively minor behaviours, each of minimal effect when viewed in isolation from each other might, when combined, demonstrate a systematic and significant episode of bullying when experienced over a period of time. (Refer to RANZCOG's Bullying, Harassment & Discrimination Policy)</p>

Consultant	A full-time or sessional Specialist in O&G and a Fellow of RANZCOG with whom a FRANZCOG trainee works and trains in an accredited RANZCOG training site.
Consultant Assessment of Trainee Form	The online assessment document each consultant is required to complete every six months which assesses the performance and progress of each FRANZCOG trainee they have worked with during that time. These assessments contribute to the online Six-monthly Summative Assessment Report on the FRANZCOG trainee which is completed by the Training Supervisor.
Credentialing	A documented in-hospital process where the appropriate O&G Department staff working with and overseeing FRANZCOG trainees assess their competency in a range of surgical procedures and determines from that assessment the degree of supervision required, particularly after hours.
Expanded Settings	Expanded settings training sites may include: <ul style="list-style-type: none"> • Private hospitals, including co-located consulting rooms and day surgery facilities • Private consulting rooms • Surgical skills laboratories and simulated training centres • Publicly funded community health care facilities such as Aboriginal and/or Community Health Services • Prospectively approved overseas training
Fellowship of RANZCOG (FRANZCOG)	The qualification awarded to a FRANZCOG trainee, subject to approval by the RANZCOG Board, who has satisfactorily completed all assessment and administrative requirements for the designated 72 months of FRANZCOG training.
Integrated Training Program (ITP)	A consortium of hospitals accredited by RANZCOG to provide Basic Training. An ITP has a home/base hospital and a number of peripheral and rural hospitals through which FRANZCOG trainees rotate in different combinations.
Integrated Training Program (ITP) Coordinator	A consultant and Fellow of RANZCOG responsible for planning and coordinating a local ITP involving a consortium of at least two hospitals in a particular area.
RANZCOG Regulations	The RANZCOG Regulations guide the conduct and management of the College. The Regulations should be read in conjunction with all relevant College policies and guidelines as from time to time approved by the RANZCOG Board. To the extent that there is any inconsistency, the Regulations shall prevail.
Rotation	A planned period of training undertaken by a FRANZCOG trainee at a designated training site within an ITP, lasting for a minimum of six months and generally a maximum of 12 months.
Rural Rotation	A planned period of at least six months training at an accredited rural hospital, which all FRANZCOG trainees must undertake in the course of Basic Training.
Rural Site	A hospital accredited by RANZCOG as a rural rotation training site for Basic Training.
Six-monthly Summative Assessment Report	An online compulsory composite report on the performance of each FRANZCOG trainee in the FRANZCOG Training Program compiled every six months by their Training Supervisor based on their progress and the individual assessments of the consultants with whom the FRANZCOG trainee has worked.

State/Territory/ New Zealand Training Accreditation Committees (TAC)	RANZCOG committees covering Australian states and territories and New Zealand responsible for the appointment of ITP Coordinators and Training Supervisors, and reviewing applications by prospective FRANZCOG trainees in the relevant Australian state or territory or in New Zealand. These committees also review the training documentation and progress of these FRANZCOG trainees.
Tertiary Hospital	A hospital which has both complex obstetrics and access to complex gynaecology (either within the same hospital or in an allied facility within the same ITP). The hospital deals with low, moderate and high-risk pregnancies and has a Neonatal Intensive Care Unit (NICU), which provides high dependency specialist nursing and medical care for all newborn infants, including sustained life support such as mechanical ventilation. In the event that the tertiary unit does not have NICU facilities, the FRANZCOG trainee should spend at least 23 weeks FTE in a unit where this is provided, in addition to the time spent in the tertiary unit. A tertiary hospital is also expected to undertake research and provide structured undergraduate/postgraduate teaching as an integral part of its service provision, governance and models of care.
Three-monthly Formative Appraisal Form	An online compulsory mid-semester appraisal of performance and progress which FRANZCOG trainees are required to complete and Training Supervisors are required to discuss with each FRANZCOG trainee.
Training Accreditation Committee (TAC)	A standing committee of Council responsible for the development and maintenance of the training and assessment requirements for FRANZCOG, the approval of training posts, and the consideration of applicants for Fellowship to be recommended to the RANZCOG Board. This Committee is also known as RANZCOG TAC.
Training Post	A hospital position in an accredited hospital, which has been accredited by RANZCOG as suitable for training towards the FRANZCOG.
Training Program	A structured six-year (276 weeks) postgraduate program leading to elevation as a Fellow of RANZCOG.
Training Supervisor	A consultant and Fellow of RANZCOG, who is a member of staff in an accredited hospital, responsible for the coordination and ongoing supervision of FRANZCOG trainees in that hospital, including the regular formative appraisals and summative assessments of the FRANZCOG trainee(s) for whom he or she is responsible.
Ultrasound Coordinator	A Fellow of RANZCOG appointed at the home/base hospital within an ITP to ensure that a formal Ultrasound Training Program is provided at appropriate training sites in the ITP by Ultrasound Educators. The Ultrasound Coordinator may also be the ITP Coordinator.
Ultrasound Educator	A practitioner with a special interest in ultrasound scanning, such as a Fellow, a Radiologist or a Sonographer who is responsible for providing hands on training at appropriate training sites within each ITP to ensure that FRANZCOG trainees can achieve the core competencies and ultrasound curriculum requirements by the end of their first two years of training.

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The Royal Australian and
New Zealand College of
Obstetricians and Gynaecologists

AUSTRALIA

College Place
1 Bowen Crescent
Melbourne
Victoria 3004
Australia
t: +61 3 9417 1699
f: +61 3 9419 0672
e: ranzcog@ranzcog.edu.au

NEW ZEALAND

Level 6 Featherston Tower
23 Waring Taylor Street
Wellington 6011
New Zealand
t: +64 4 472 4608
e: ranzcog@ranzcog.org.nz

ranzcog.edu.au