

RANZCOG Reaccreditation Report to the Australian Medical Council 2023

THE ROYAL AUSTRALIAN
AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS
AND GYNAECOLOGISTS

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Glossary of Terms

Abbreviation	Term
3MA	Three-monthly Formative Appraisal
6MA	Six-monthly Summative Assessment
AA	Academic Abilities
AC	Anatomy of Complications
ACD	Australasian College of Dermatologists
ACEM	Australasian College for Emergency Medicine
AChSHM	Australasian Chapter of Sexual Health Medicine
ACM	Australian College of Midwives
ACNC	Australian Charities and Not-for-profits Commission
ACOG	American College of Obstetricians and Gynaecologists
ACRRM	Australian College of Rural and Remote Medicine
ACSEP	Australasian College of Sport and Exercise Physicians
AGES	Australasian Gynaecological Endoscopy and Surgery Society
AGM	Annual General Meeting
Ahpra	Australian Health Practitioner Regulation Agency
AIDA	Australian Indigenous Doctors' Association
ALSO	Advanced Life Support in Obstetrics
AMC	Australian Medical Council
ANZCA	Australian and New Zealand College of Anaesthetists
AOFOG	Asia and Oceania Federation of Obstetrics and Gynaecology
AoN	Area of Need
APS	Assessment of Procedural Skills
APSS	Assessment of Procedural and Surgical Skills
ASA	Australian Sonographers Association
ASG	Accreditation Steering Group
ASGO	Australian Society for Gynaecologic Oncologists
ASIC	Australian Securities & Investments Commission
ASM	Annual Scientific Meeting
ASUM	Australasian Society for Ultrasound in Medicine
ATM	Advanced Training Module
BOS	Basic Obstetric Skills
CASG	Curriculum and Assessment Steering Group
CCDOG	Conjoint Committee for the Diploma of Obstetrics and Gynaecology
CE	Clinical Expertise

Glossary of Terms

Abbreviation	Term
CET	Clinical Education Training
CGO	Certification in Gynaecological Oncology
CICM	College of Intensive Care Medicine
CMFM	Certification in Maternal Fetal Medicine
COGU	Certification in Obstetrical and Gynaecological Ultrasound
CPD	Continuing Professional Development
CPDMN	Continuing Professional Development Managers Network
CPMC	Council of Presidents of Medical Colleges
CREAP	Curriculum Review Expert Advisory Panel
CREI	Certification in Reproductive Endocrinology and Infertility
CSKIP	Clinical Skills and Knowledge in Practice
CU	Certification in Urogynaecology
DBSH	Discrimination, bullying, harassment and sexual harassment
DHB	District Health Boards
DoH	Department of Health (Australia)
DOPS	Directly Observed Procedural Skills
EAC	Examination and Assessment Committee
EAC	Examination and Assessment Committee
EAMN	Examinations and Assessment Managers' Network
eLM	eLearning module
ELT	Executive Leadership Team
ESC	Education Standards Committee
FAR	Formative Appraisal Report
FIGO	International Federation of Obstetricians and Gynaecologists
FOS	Foundations of Surgery
FRANZCOG	Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists
FSEP	Fetal Surveillance Education Program
FTE	Full-time Equivalent
Hapū	Sub-tribe/pregnant
Hauora	Health
HEP	Hospital Education Program
Hui	Meeting
IHCA	In Hospital Clinical Assessment
IHCE	In-hospital Clinical Examination

Glossary of Terms

Abbreviation	Term
InaCOG	Indonesian College of Obstetrics and Gynaecology
IR	Institutional Ranking
ITP	Integrated Training Program
Iwi	Tribe
Kaumātua	Elder/leader
Mahi	Work
Mana	influence, authority, prestige
Manatū Hauora	Ministry of Health
MCNZ	Medical Council of New Zealand
Mini-CEX	Mini Clinical Evaluation Exercise
MOET	Management of Obstetric Emergencies and Trauma
MoH	Ministry of Health (New Zealand)
MoU	Memoranda of Understanding
NASOG	National Association of Specialist Obstetricians and Gynaecologists
NCIM	Network of College International Medical Graduate Managers
NMCE	Network of Medical College Educators
NNR	Neonatal Resuscitation
NZCOM	New Zealand College of Midwives
NZCPHM	New Zealand College of Public Health Medicine
NZCSRH	New Zealand College of Sexual and Reproductive Health
O&G	Obstetrics and Gynaecology
OGET	Obstetrics and Gynaecology Education and Training
OGSM	The Obstetrical and Gynaecological Society of Malaysia
OSCE	Objective Structured Clinical Examination
POGI	Indonesia Society of Obstetrics and Gynaecology
PP	Private Practice
PQ	Professional Qualities
PRC	Progression Review Committee
PROMPT	Practical Obstetric Multi-professional Training
PSRH	Pacific Society for Reproductive Health
PVOGS	Pre-Vocational Obstetrics & Gynaecology Society
PVP	Prevocational Pathway
RACGP	Royal Australian College of General Practitioners
RACMA	Royal Australasian College of Medical Administrators

Glossary of Terms

Abbreviation	Term
RACP	Royal Australasian College of Physicians
RACS	Royal Australasian College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RANZCP	Royal Australian and New Zealand College of Psychiatrists
RANZCR	Royal Australian and New Zealand College of Radiologists
RASC	Research Assessment Subcommittee
RbD	Research-Based Discussions
RCOG	Royal College of Obstetricians and Gynaecologists
RCPA	Royal College of Pathologists Australasia
RITP	Regional Integrated Training Program
RNZCGP	Royal New Zealand College of General Practitioners
RNZCUC	Royal New Zealand College of Urgent Care
RPL	Recognition of Prior Learning
RSM	Regional Scientific Meeting
SIMG	Specialist International Medical Graduate
SLCOG	Sri Lanka College of Obstetricians and Gynaecologists
SOGC	The Society of Obstetricians and Gynaecologists of Canada
SRHC	Sexual and Reproductive Health Committee
ST	Supervised Training
STAG	Simulation Training Advisory Group
TAC	Training Accreditation Committee
Tāngata whenua/tangata whenua	People of the land/person of the land
TAR	Training Assessment Record
Te Aka Whai Ora	Māori Health Authority
Te Whatu Ora	Health New Zealand
TSU	Training Support Unit
UGSA	UroGynaecology Society of Australasia
VL	Vaginal/Laparoscopic
Wahine/wāhine	Woman/women
Whakapapa	Family genealogy
Whānau	Family
ZCMM	New Zealand College of Musculoskeletal Medicine
Tuakana teina	Relationship between an older person and a younger person in a teaching-learning type relationship

The College

Name of College: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Address: Djeembana, 1 Bowen Crescent, Naarm (Melbourne) VIC 3004 Australia

Chief Executive Officer: Ms Vase Jovanoska

Telephone number: +61 3 9412 2931

Email: vjovanoska@ranzcof.edu.au

Officer at College to contact regarding the submission: Mr Stephen White (Executive Director, Education)

Telephone number: +61 3 9412 2985

Email: swhite@ranzcof.edu.au

Address in Aotearoa New Zealand: Level 6, Featherston Tower, 23 Waring Taylor Street, Wellington 6011 New Zealand

Executive Director of Aotearoa New Zealand and Global Health: Ms Catherine Cooper

Telephone number: +64 4 886 0202

Email: ccooper@ranzcof.org.nz

Training programs offered:

Specialist Training Program	Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG)
Subspecialty Training Programs	Gynaecological Oncology (CGO)
	Maternal Fetal Medicine (CMFM)
	Obstetrical and Gynaecological Ultrasound (COGU)
	Reproductive Endocrinology and Infertility (CREI)
	Urogynaecology (CU)
Recognition of International Training	Specialist International Medical Graduates (SIMGs)
Other Programs not assessed by AMC and MCNZ	Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG)
	Advanced Diploma of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (DRANZCOG Advanced)
	Certificate of Women's Health (CWH)

Verify submission reviewed

The information presented to the AMC in this submission is complete, and it represents an accurate response to the relevant requirements.

Verified by: Ms Vase Jovanoska



Chief Executive Officer responsible for the program

Date: 1 May 2023

Submission Contributors

AMC/MCNZ Steering Group

- Dr Benjamin Bopp (RANZCOG President)
- Associate Professor Gregory Jenkins (Chair, Education Standards Committee)
- Dr Nisha Khot (Chair, SIMG Assessment Committee)
- Associate Professor Boon Lim (Chair, Continuing Professional Development Committee)
- Dr Peter Neil (Chair, Training Accreditation Committee)
- Dr Sara Ooi (Chair, Trainees' Committee)
- Professor Michael Permezel (former Dean of Education)
- Associate Professor Michael Rasmussen (Chair, Examinations and Assessments Committee)
- Professor Ian Symonds (Dean of Education)
- Ms Vase Jovanoska (CEO)
- Mr Stephen White (Executive Director, Education)
- Ms Laura Grummitt (College Accreditation Project Lead)
- Mr Sudi Sekhar (Executive Director, Innovation, Learning & Quality Assurance)
- Ms Catherine Cooper (Executive Director of Aotearoa New Zealand & Global Health)
- Ms Jacky Heath (Head of Learning & Continuing Professional Development)
- Ms Iffath Afroze (Head of Governance & Legal)

Writers and contributors

RANZCOG Board

- Dr Benjamin Bopp (President)
- Dr Gillian Gibson (President-Elect)
- Associate Professor Boon Lim (Vice-President)
- Dr John Regan (Vice-President)
- Dr Susan Fleming (Board Director)
- Dr Nisha Khot (Board Director)
- Dr Jared Watts (Board Director)
- Dr Judith Gardiner (Diplomate Board Director)
- Ms Julie Hamblin (Independent Board Director)

RANZCOG Executive Leadership Team

- Ms Vase Jovanoska (CEO)
- Mr Stephen White (Executive Director, Education)
- Mr Sudi Sekhar (Executive Director, Innovation, Learning & Quality Assurance)
- Ms Catherine Cooper (Executive Director of Aotearoa New Zealand & Global Health)

- Ms Michelle Zhang (Executive Director, Risk and STP)
- Mr Daniel Petkovski (Executive Director, People, Wellbeing and Facilities)
- Ms Mel Pietsch (Executive Director, Communications and Engagement)

RANZCOG Staff Lead Writers and Department Support

- Mr Stephen White (Executive Director, Education)
- Ms Laura Grummitt (Accreditation Project Lead)
- Ms Jacky Heath (Head of Learning & Continuing Professional Development)
- Ms Catherine Cooper (Executive Director of Aotearoa New Zealand & Global Health)
- Mr Matt Stewart (Head of Examinations)
- Ms Kate Fullalove (SIMG Lead)
- Ms Iffath Afroze (Head of Governance & Legal)
- Ms Bettina Poxleitner (Head of Selection, Evaluation & Accreditation)
- Ms Andrea Hayman (Head of Training Programs)
- Ms Carly Moorfield (Trainee Support Liaison and Fostering Respect Project Lead)
- Ms Sabrina Hanna (Head of Cultural Diversity and Inclusion)
- Communications and Public Affairs
- Continuing and Professional Development
- Cultural Diversity and Inclusion
- Curriculum Development
- eLearning Development
- Evaluation and Research
- Events
- Examinations
- Executive Office and Advocacy
- Finance, Risk and STP
- Global Health
- Governance and Legal
- Graphic Design and Production
- Information and Technology
- Innovation Learning and Quality Assurance
- Membership
- People and Wellbeing
- Research
- Selection, Evaluation and Accreditation
- State, Territory and Aotearoa New Zealand Offices
- Training Accreditation (FRANZCOG and Subspecialties)
- Training Programs (FRANZCOG, Subspecialties and SIMGs)

Review Groups

- Aboriginal and Torres Strait Islander Womens' Health Committee
- Consumer Network Working Group

- Continuing Professional Development Committee
- Education Standards Committee
- Examination and Assessment Committee
- Governance, Financial, Audit, Risk, Management Committee
- He Hono Wāhine
- SIMG Committee
- Subspecialties Committee
- Trainees' Committee
- Training Accreditation Committee

2022 Submission: Status Against AMC Standards

Standard	Met
1. The context of education and training	Met
2. The outcomes of specialist training and education	Met
3. The specialist medical training and education framework	Met
4. Teaching and learning methods	Met
5. Assessment of learning	Met
6. Monitoring and evaluation	Met
7. Issues relating to trainees	Met
8. Implementing the training program – delivery of educational resources	Met
9. Continuing professional development, further training, and remediation	Met
10. Assessment of Specialist International Medical Graduates	Met

Executive Summary

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a bi-national college, offering training programs in Australia and Aotearoa New Zealand. Throughout this submission RANZCOG will also be referred to as ‘the College’.

This report represents RANZCOG’s self-assessment against the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ) standards. It provides information regarding the following training programs:

- Fellowship of RANZCOG (FRANZCOG)
- Subspecialty Training Programs:
 - Certification in Gynaecological Oncology (CGO)
 - Certification in Maternal Fetal Medicine (CMFM)
 - Certification in Obstetrical and Gynaecological Ultrasound (COGU)
 - Certification in Reproductive Endocrinology and Infertility (CREI)
 - Certification in Urogynaecology (CU)

Information on associated Specialist International Medical Graduate (SIMG) pathways is also included.

Standard 1: The context of training and education

RANZCOG is the peak body in education, training and advocacy in obstetrics and gynaecology, supporting all women and clinicians. The College is governed by a nine-person Board of Directors, which oversees all aspects of the College strategy and operations. The Board is supported in its activities by the 12th RANZCOG Council and more than 70 College committees. The RANZCOG Council is made up of 22 Councillors, including the Board and Fellows representing the College membership across Australia and Aotearoa New Zealand, as well as Trainee representation, Māori and Aboriginal and Torres Strait Island committee representation, a consumer representative and a representative of the National Association of Specialist Obstetricians and Gynaecologists (NASOG). The Council oversees the policy and strategic planning of the organisation. The 13th Council will begin its two-year term in November 2023.

The Chief Executive Officer (CEO) manages all College activities in Australia and Aotearoa New Zealand and is supported by the Executive Leadership Team including the Executive Director of Aotearoa New Zealand and Global Health for activities and advocacy within Aotearoa New Zealand. Along with the President, the CEO builds and fosters relationships with the health sector, ministers, hospitals, industry bodies and other medical colleges, advocates for women and doctors, and is committed to Māori and Aboriginal and Torres Strait Islander women’s health.

Strengths

- Robust governance and committee structures – the College has a well-defined Constitution, Regulations and associated policies that guide the conduct and management of the College. 76 committees support the Board and Council in determining College strategy and ongoing operations.

- Organisational values – RANZCOG’s organisational values play a fundamental role in shaping culture throughout the organisation and define the College’s organisational expectations for how stakeholders conduct themselves in day-to-day work.
- Consumer representation – in addition to the Consumer Networking Working Group there is community representation on the Council and on 16 committees.
- Clearly defined strategic plan – the RANZCOG Strategic Plan 2022-2024 guides the College’s journey forward and reaffirms the College’s commitment to Māori and Aboriginal and Torres Strait Islander health.

Achievements and ongoing developments

- Gender equity and diversity in Board and Council membership – the change from a three-year to a two-year Council term has facilitated an increase in gender equity and diversity across RANZCOG’s Board, Council and Council Committees,
- Appointment of Aboriginal and Torres Strait Islander and Māori representatives on Council – RANZCOG members passed a special resolution at the 2020 Annual General Meeting to establish new Aboriginal and Torres Strait Islander and Māori positions on RANZCOG’s Council.
- Requirement for cultural safety training – Board and Council members are required to complete cultural safety training.
- Hosting Women’s Health Summits in Australia in 2018 and 2021 and in Aotearoa New Zealand in 2022.
- Work180 Endorsed Employer for Women – in March 2023, RANZCOG was recognised in the top 101 list as a [WORK180 Endorsed Employer for Women](#), which supports workplaces that are committed to gender equity, diversity and inclusion. RANZCOG is the first medical college to be recognised on this list.

Challenges

- Reliance on volunteer Fellows and trainees – membership of educational committees places a burden on those Fellows and trainees who volunteer their services, particularly those who sit on more than one committee due to their expertise or because they chair another committee.
- Retention of staff and committee knowledge – turnover of educational staff can lead to issues of retention of corporate knowledge. Similar issues can arise with retention of knowledge and decisions made in the committee space.

Standard 2: The outcomes of specialist training and education

RANZCOG’s Strategic Plan 2022-2024 includes vision and mission statements, and six strategic priorities to support ongoing improvements in the College’s educational purpose, and program and graduate outcomes.

RANZCOG continues to progress with advocating for Aboriginal and Torres Strait Islander and Māori women’s health and wellbeing. The Aboriginal and Torres Strait Islander Women’s Health Committee and He Hono Wāhine advocate for Indigenous women and support and develop educational programs and resources for the community. A new Reconciliation Action Plan (RAP) is under development for 2023-2025, following the original RAP in 2018. There are 18 action points that have been developed. The Māori strategy and action plan, Te Rautaki Māori me Te Ara Whakamua, was established in 2021 and outlines the goals and actions for 2022-2026.

In 2022, the Cultural Safety Steering Group was formed to ensure cultural safety is embedded into College training programs, codes of conduct and professional standards. This group provides recommended revisions to cultural competency and safety within the Curriculum Framework, CPD Framework, and the College as a whole.

Graduate outcome statements for all College training programs are being redeveloped, to reflect the transition to the CanMEDS Framework and align with the curriculum update (see Standard 3).

Strengths

- Rural training – the College mandates a rural training component as part of FRANZCOG Basic Training, during which trainees can develop an understanding of the distinctive issues facing rural hospitals.
- Support for Māori and Aboriginal and Torres Strait Islander health outcomes – RANZCOG maintains a strong commitment to improving the health and wellbeing of Indigenous people in Australia and Aotearoa New Zealand and increasing the Aboriginal and Torres Strait Islander and Māori workforce members and staff.

Achievements and ongoing developments

- Establishment of a Cultural Safety Steering Group – the CSSG was formally constituted in August 2022. Its main functions are to embed cultural safety in RANZCOG training programs, codes of conduct and professional standards, and to suggest ways in which culturally safe practice can be best included in RANZCOG activities.
- Development of new pathways to FRANZCOG – the original Generalist, Subspecialty and Academic Pathways have been supplemented by the introduction of an Advanced Obstetric Pathway (from 2021) and a Sexual and Reproductive Health Pathway (from 2023).

Challenges

- Provision of gynaecological surgical training – adequacy of gynaecological surgical training opportunities in FRANZCOG training – in terms of both quantity and quality – has been an area of ongoing concern thrown into sharp relief recently by the effects of the COVID-19 pandemic on access to and performance of elective surgery.
- Curriculum review – transition to CanMEDS – the scope of the work involved in successfully transitioning multiple training programs to the CanMEDS Framework, with sufficient consultation, represents a challenge in itself.

Standard 3: The specialist medical training and education framework

The curricula for the FRANZCOG Training Program and five Subspecialty Training Programs were approved for redevelopment in 2018, with further approval in 2020 to implement the CanMEDS Physician Competency Framework across the six programs. This work remains in progress with the new FRANZCOG curriculum due for implementation in 2024.

There have been significant developments in the FRANZCOG Training Program for Advanced trainees, to better address the needs and individual interests of trainees through multiple Advanced Training Pathways.

Further developments include the transition to a new Clinical Skills and Knowledge in Practice (CSKIP) design structure, the development of CanMEDS Roles in Practice, and further pathway development for FRANZCOG Advanced Training.

Flexible training options have improved, with first-year trainees now able to train part-time, as opposed to the previous regulation stating that part-time training could only occur from the second year of training. There are proposals in progress to better support trainees to minimise negative impacts on FRANZCOG training during and after pregnancy. The College has mechanisms in place to support trainees returning to work after extended leave from a training program.

Strengths

- Relationship between FRANZCOG and subspecialty training – subspecialty training builds on knowledge, skills and experience gained in the FRANZCOG Training Program.
- Fellow and trainee involvement in curriculum review – acknowledging the challenge of the scope of work, Fellows and trainees across a wide range of College Education committees contribute to the review of FRANZCOG and subspecialty curricula.

Achievements and ongoing developments

- Major review of all training program curricula – long-term project to review content and restructure using the CanMEDS Framework, with a new FRANZCOG curriculum due to launch in 2024.
- Establishment of a Sexual and Reproductive Health Advanced Training Pathway, and procedural requirements in Basic Training – a significant step in establishing the area of sexual and reproductive health as key within O&G.
- Establishment of an Advanced Obstetrics Pathway – providing an Advanced Training option for those wishing to focus on obstetrics allows more flexibility in the training program and, in the long term, may contribute to alleviating stresses on the provision of gynaecological surgical training.
- Refinement of research requirements – reduced the points requirement from four points to three and provided additional guidance for trainees in order to streamline research activities.

Challenges

- Development and implementation of new training pathways – the College acknowledges the need to balance workforce demand for generalists, with providing flexibility in the training program, and providing vertical integration with subspecialty training programs.
- Appropriately addressing and assessing cultural safety in the training program – providing emphasis on cultural safety within the curriculum is essential to ensure the training program remains contemporary; however, the College recognises the challenges of training and assessing effectively in this space.
- Implementation of revised FRANZCOG curriculum – ensuring that all those involved in the delivery of the training program are across the new structure and changing requirements.

Standard 4: Teaching and learning

The College engages early with those interested in a career in O&G via the Pre-Vocational Obstetrics and Gynaecology Society of Australia and New Zealand (PVOGS ANZ)) and through its Pre-Vocational Pathway (PVP). The College has a variety of teaching and learning approaches for members, which reference the curriculum content across the training programs. This includes eLearning modules, workshops, hospital-based education sessions and clinical experience, and simulation-based learning.

While many workshops form the training requirements of the FRANZCOG Training Program, there are activities that support training requirements (i.e., examinations) and professional development, such as Annual Scientific Meetings, Regional Symposia, webinars, written and oral pre-examination courses, and self-directed learning. The College provides avenues for accessible self-directed learning, peer-to-peer learning, and inter-professional and multidisciplinary education opportunities. In 2022, Acquire was launched as the eLearning platform for online learning across all training programs and for Fellows.

The Commonwealth Department of Health and Aged Care has provided funding for the Obstetrics and Gynaecology Education and Training (OGET) project. The project commenced as a pilot in 2022 and has been successful in receiving support extending the project until the end of the 2024 academic year. The project provides education and upskilling to all medical professionals who play a key role in obstetrics and gynaecology services in rural, regional and remote areas, via a hub-and-spoke model of delivery. Currently, there are four hubs, with plans to expand to seven hubs in regional, regional and remote areas in 2023.

To support Advanced trainees and Fellows in their development, the Mentoring Program was launched in early 2023 in partnership with MentorLoop. This is a government-funded program, with the pilot program running from 2022 to 2024.

The COVID-19 pandemic impacted the traditional face-to-face learning activities, however the College swiftly embraced the virtual environment to continue to support trainees and Fellows. The hybrid style of learning has had a positive, ongoing impact on members in rural and remote areas and those unable to travel to a face-to-face course or workshop.

Strengths

- Breadth of learning resources – RANZCOG offers a wide range of online resources and workshops to its trainees and Fellows to assist with their learning and development.
- Program of regular review – the College has an established plan for eLearning module updates, evaluation and ongoing continuous improvement of its learning resources.

Achievements and ongoing developments

- Development of feedback training/resources – the College has undertaken a review of the Feedback for Trainees eLearning module and it is expected this module will be mandatory for all Training Supervisors and trainees from 2024.
- Mentoring program – the [RANZCOG Mentoring Program](#) was launched in March 2023, to support RANZCOG Advanced trainees and Fellows by offering a facilitated established platform for participants to seek and provide guidance, advice, feedback and exchange of support, and strengthen leadership skills.

Challenges

- Resource development and review: reliance on volunteer Fellows and trainees – for all education resource design and delivery, RANZCOG relies on a pro bono workforce, which presents a number of challenges working with time-poor clinicians.

Standard 5: Assessment of learning

Trainees undertaking the RANZCOG Training Program and Subspecialty Training Programs are required to complete regular assessments to monitor progress and performance at expected year level. These assessments include Written and Oral Examinations, Assessments of Procedural and Surgical Skills, Three-monthly Formative Appraisals, Six-monthly Summative Assessments, In-Hospital Clinical Assessments, research and workplace-based assessments.

Assessments are governed by the Education Standards Committee, Examination and Assessment Committee, Board of Examiners, Subspecialty Committees, Examination Advisor, Examination Directors, Examiners and Provisional Examiners, and Training Accreditation Committees. These committees and personnel monitor and review assessments. Trainees are provided feedback on their performance in verbal and written feedback from examiners, assessors and training supervisors. The Exceptional

Circumstances and Special Consideration Policy and Procedure and the Reconsideration, Review and Appeal of Decisions Policy are available for all trainees and assessments.

The next three years will see the introduction of the Mini-CEX assessment tool (2023), a Mini-MSF assessment (2024), and plans to move to Case-Based Discussions (2025) to reduce the dependence on examinations to determine progression within the training programs.

With the curriculum review underway, blueprinting exam questions and other assessments will be revised to align and reflect the new curriculum.

Strengths

- Clearly-defined processes for examination preparation and delivery – the College utilises well-established processes for exam writing and development, standard setting, delivery, marking, result ratification and notification of results.
- Expert Board of Examiners – the Board of Examiners contributes to all RANZCOG examinations, with Examiners appointed to a specific category of membership within the scope of their specialty or subspecialty.
- Provision of exam support for candidates – the College offers pre-exam courses and mock OSCEs to assist candidates prepare for exams.

Achievements and ongoing developments

- Development and implementation of new workplace-based assessments – current development of mini-CEX and MSF assessments for rollout in 2023/24.
- Exam feedback processes for failed candidates – the College offers written and verbal feedback to failed candidates, after any exam attempt.

Challenges

- Management of exams with low candidate numbers (e.g., subspecialty exams) – the College is aware of the difficulties in providing valid and cost-effective exams where there are very low candidate numbers and is trying to address this challenge.
- Addressing borderline candidates – the College is currently trying to develop the best methods to address candidates who fall in the borderline “just fail” category.

Standard 6: Monitoring and evaluation

The curriculum review involves reassessing how the FRANZCOG Training Program can be improved and address the issues trainees and supervisors have identified. The College acknowledges that trainee feedback is essential in program development. Trainee representatives are appointed in each State, Territory and in Aotearoa New Zealand to form the Trainees’ Committee, which reports on trainee matters to the Board and makes recommendations for areas of improvement. The committee reports to the Council, Training Accreditation Committee, Education Standards Committee and Examination Assessment Committee. Trainee representation is on most College committees to ensure trainees are included in deliberations and decisions made that may impact trainees.

The College has multiple mechanisms for evaluating its programs: these have recently been consolidated into RANZCOG’s Evaluation Framework, which was approved by the ESC and the Board in mid-2022. The framework includes a tabular breakdown

of evaluation data relating to RANZCOG's education and training programs, detailing for each activity: its purpose; who provides input; frequency of activity; those responsible for delivery and analysis; committee/s that receive evaluation report/s; how the activity feeds into continuous improvement and reporting back to evaluatees.

A six-monthly survey is sent to trainees in the FRANZCOG and Subspecialty Training Programs to monitor their satisfaction of training opportunities, support and supervision. Results are analysed and recommendations made to the relevant committees to address areas of concern and progress improvement.

Trainees are required to complete an exit survey, a pre-requisite of elevation to Fellowship. It has been identified that a survey of new Fellows (i.e., less than five years post Fellowship) will be beneficial in analysing how the FRANZCOG Training Program has prepared new Fellows for practice and CPD. This survey is in development, with plans to launch in 2023.

Strengths

- Existing reporting mechanisms to committees – both internal and external survey reports are presented to a range of College committees, including the Trainees' Committee, and to the Board.

Achievements and ongoing developments

- Evaluation framework – the development of a comprehensive Evaluation Framework to consolidate existing evaluation methods and identify gaps
- Hospital stakeholder survey – the hospital stakeholder survey is designed to obtain more structured feedback from hospital O&G departments, and private practices where necessary, about the efficacy of the FRANZCOG Training Program in relation to the competencies of recently qualified Fellows.

Challenges

- Breadth and depth of analysis required across range of activities – the variety of evaluation needs across the range of College programs, with additional regional breakdowns required for some reporting, and the need for a "deeper dive" into some of the data, represents a challenge for resourcing and prioritisation.
- Capturing data effectively while transitioning between systems (My. RANZCOG and Integrate) – as the College transitions member data to the new Integrate system, some data reporting and analysis becomes quite manual as data is drawn from multiple points.
- Required analysis of gynaecological surgical data – ensuring that logbook data is accurately entered by trainees, and then undertaking sufficiently in-depth analysis of that data must be a priority, but represents a challenge in timeliness and accuracy of reporting, particularly when balancing other evaluation needs.

Standard 7: Trainees

Trainee selection for FRANZCOG and Subspecialty Training Programs is facilitated by the selection team (for FRANZCOG) and subspecialty teams (for the relevant subspecialty) within the Education Directorate and overseen by the Selection Committee and Subspecialty Committees. For FRANZCOG Trainee Selection, the State, Territory and Aotearoa New Zealand offices support the interview process and hospital allocations in conjunction with the local Training Accreditation Committee.

Following Te Rautaki Māori me Te Ara Whakamua (RANZCOG's Māori strategy and action plan), the criteria for CV scoring for FRANZCOG applicants were revised in the areas of leadership and altruism to include recognition of contributions to Māori health or local marae, hapū, iwi, or wananga.

Across College committees (76), a trainee representative sits on 51 of these committees as the designated representative. It is acknowledged that trainees play a significant role in the governance of the training programs. Trainee representatives from each State, Territory and Aotearoa New Zealand form the Trainees' Committee and provide feedback to other committees and the College on issues important to trainees.

Trainee communication is via the weekly newsletter, [Trainee Updates webpage](#) and Electronic Direct Mail (EDMs) outlining important changes to training requirements, upcoming workshops, courses and events relevant to their training, professional development and other opportunities.

RANZCOG strives to support respectful workplaces for trainees and members, aligning with the College values of kindness, integrity and respect. The Bullying, Harassment and Discrimination (BHD) Advisory Working Group was formed in 2021, after an independent BHD survey to members, the BHD Advisory Working Group developed 24 recommendations to the Board and the Fostering Respect Action Plan was launched in August 2022.

Other training support initiatives include the Wellbeing Working Group, the Every Doctor, Every Setting Framework, Emotional Intelligence and Compassion Workshops, Respectful Workplaces Workshops, the RACS Operating with Respect Module, Training Supervisor Workshops, and CPD Framework additions to include educational activities on BHD.

Strengths

- Support provided to trainees at local and central level – the State/Territory/Aotearoa New Zealand staff and the central Training Programs teams provide a high degree of direct support to trainees as they progress through the training programs.
- Flexible training options – trainees are able to complete the training program part-time, access periods of extended leave, and pursue areas of special interest with the training program.
- Fair selection processes – selection processes for FRANZCOG and subspecialty programs are clearly-defined and equitably applied.
- Trainee representation on committees – RANZCOG has trainee representation on all training- and education-related committees, and trainee representatives are members of 51 RANZCOG committees. The Chair of the Trainees' Committee sits on Council, with Deputy Chairs also attending as non-voting members.

Achievements and ongoing developments

- Supporting Aboriginal and Torres Strait Islander and Māori candidates in selection – increased recruitment and selection of Indigenous trainees is supported by awarding points through the CV Scoring process for Indigenous status.
- Establishment of Training Support Unit – the Training Support Unit was established in 2018 to be a point of contact for trainees in difficulty and for Training Supervisors from all training programs. The unit offers tailored support, combining knowledge of College training and policies with pastoral care.

Challenges

- Developing and implementing strategies to address bullying, discrimination and harassment – while the College is active in developing strategies to address BDSH, it also recognises through independent surveys and the Medical Training Survey that this remains a challenging area.
- Management of trainee fees – the College acknowledges the challenge of maintaining viable training fees while providing the full range of resources, technology and other supports that trainees and those delivering the programs require.

Standard 8: Implementing the program – delivery of education and accreditation of training sites

The FRANZCOG and Subspecialty Training Programs have robust accreditation guidelines to support trainees in achieving graduate outcomes and undertake training in a safe and supportive environment. The role, responsibilities and expectations of Training Supervisors and consultants are outlined in the Accreditation Guidelines, and in the respective position descriptions.

Training Supervisors are required to complete a RANZCOG Training Supervisor Workshop and annual CPD. Feedback on performance is provided from trainees and hospital staff through College accreditation visits, six-monthly assessment trainee surveys, directly to College staff, Training Support Unit and the Complaints Policy and Guideline.

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. This is a collaborative process between the training site and Accreditation Panel, and the College provides ongoing support and monitoring to the training site.

Strengths

- Robust accreditation standards and processes – the College has clearly-defined standards against which to assess its training sites, and detailed processes for the ways in which these are applied.
- Multiple levels of scrutiny and oversight in accreditation activities – processes for undertaking accreditation assessment and reviewing outcome reports are sufficiently robust with multiple review stages.

Achievements and ongoing developments

- Multiple improvements to FRANZCOG accreditation standards – refinements over the last three years enable closer attention to areas of concern.
- Development and implementation of new subspecialty accreditation standards.
- Development of an Accreditation Interventions Framework – a clearly-defined Accreditation Interventions Framework was introduced in 2020 to identify the different approaches that could be used to address issues of concern raised outside of normal accreditation procedures and timeframes.

Challenges

- Evaluation of Training Supervisors – the College acknowledges the difficulty in getting direct and sufficient feedback about Training Supervisors from their trainees, who may be reluctant to share negative information in cases it jeopardises their own progress.

- Volume of accreditation work in addressing increasing staffing/workplace culture issues – the College has identified an upswing in culture-related issues at its training sites, most likely as a result of a combination of COVID-19 “burnout” and short-staffing.
- Addressing gynaecological surgical training shortfalls – as mentioned for Standard 2, adequacy of gynaecological surgical training opportunities in FRANZCOG training is an area of ongoing concern.

Standard 9: Continuing professional development, further training and remediation

Standard 9 has been replaced with the CPD Homes submission to the Australian Medical Council (AMC). The new Continuing Professional Development (CPD) requirements came into effect on 1 July 2022, and to align with these changes, RANZCOG moved from a triennium cycle to an annual cycle as of 1 July 2022. The transitional cycle will run for 18 months, until 31 December 2023. During the transitional period, Fellows and members will be acquainted with the new requirements and bring the CPD program into a calendar year, aligning with the requirements of the Medical Board of Australia (MBA) and Medical Council of New Zealand. CPD hours will remain at 50 hours during this transition period.

The RANZCOG CPD program is available for Fellows, Associate Members (Australia and Aotearoa New Zealand) and Educational Affiliates (Non-SIMG). Non-College members can also join the CPD Home if they meet eligibility requirements.

It is the College’s intention to offer its CPD program to interested practitioners currently without a CPD Home. Strengths, achievements and challenges are discussed as part of the CPD Homes submission.

Standard 10: Assessment of specialist international medical graduates

The assessment of SIMGs is governed by the SIMG Assessment Committee, with support and expertise provided by the appointed SIMG Clinical Advisor (RANZCOG Fellow). The committee oversees the four Australian SIMG pathways: General Obstetrics and Gynaecology; Academic and Common Scope; Area of Need; and the Subspecialist and Common Scope (introduced in 2019). In Australia SIMG applicants are assessed as substantially comparable, partially comparable or not comparable. All applicants are required to complete a period of supervised practice and participate in CPD. Assessment decisions are recommended by a panel of SIMG Assessors and are then approved by the SIMG Assessment Committee.

In Aotearoa New Zealand, Te Kāhui Oranga ō Nuku and the SIMG assessment panel complete assessments on behalf of the Medical Council of New Zealand (MCNZ) to advise on suitability for registration on a supervision or assessment pathway. Assessment processes in Aotearoa New Zealand are designed to meet MCNZ requirements and are aligned with Australian processes where possible. Recent work has included updating regulations, increasing the focus on cultural safety of SIMGs and streamlining processes.

Strengths

- Strong alignment of processes with Ahpra/MCNZ requirements – all SIMG assessment processes have been realigned with new 2021 requirements, including the provision of a Summary of Preliminary Review (SPR).
- Timeliness of SIMG Assessment – the College meets all benchmark requirements in processing SIMG applications and assessments.

Achievements and ongoing developments

- Development of subspecialty-only SIMG pathways – RANZCOG has an approved assessment pathway for Subspecialty SIMGs who do not have Fellowship of RANZCOG, allowing more flexibility for those applying and thus a potential increase in SIMG subspecialists.
- Appointment of an SIMG Clinical Advisor – the Clinical Advisor: SIMG role was introduced in 2021, providing advice to SIMG administrative staff and can provide an overall outcome for split decisions among assessors.

Challenges

- Assessment of experienced SIMGs with a narrow scope of practice e.g., obstetrics only – the College, through the SIMG Assessment Committee, is actively working to address this issue and identify whether there are possible pathways for SIMGs with limited scope of practice.

Impact of COVID-19 on College activities

The peak of the COVID-19 pandemic was a challenging period for RANZCOG's members and had implications for training opportunities and professional development due to limitations in surgical exposure and experience. The College responded swiftly by adapting to the barriers faced in the workforce, training programs and delivery of training. Training requirements were regularly monitored, and deadlines were extended as required due to mandated restrictions in training sites (e.g., completion of assessment requirements such as Assessments of Procedural and Surgical Skills). Oral Examinations were seamlessly moved online. This approach ensured trainees were not disadvantaged in progressing to the next phase of the training program.

Exam preparation including Mock Oral Examinations and Revision Courses were also moved to an online format for ongoing support to trainees. As the Oral Examination moved to an online format, the College prepared trainees through an online Mock Oral Examination. Other workshops and courses were reviewed and moved to an online format where required, and regular webinars were held for members and the community to provide updates on the impacts of the pandemic particularly in obstetrics and gynaecology.

Accreditation visits were successfully moved to a virtual online format, maintaining as far as possible the interactions necessary to assess a training site's performance. With now well-established online accreditation processes, the College is retaining a mix of virtual and face-to-face visits in the future to make accreditation more cost-effective and reduce the environmental impact of travel.



Standard 1:

The context of
training and
education

Standard 1: The context of training and education

1.1 Governance

The AMC accreditation standards are as follows:		
1.1.1	The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.	✓
1.1.2	The education provider has structures and procedures for oversight of training and education functions, which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.	✓
1.1.3	The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.	✓
1.1.4	The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.	✓
1.1.5	The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.	✓
1.1.6	The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.	✓

1.1.1 The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.

Governance

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a not-for-profit organisation dedicated to high standards of practice in obstetrics and gynaecology. RANZCOG conducts the education, training and continuing professional development of specialist obstetricians and gynaecologists in Australia and Aotearoa New Zealand.

RANZCOG also supports research into women's health and acts as an advocate for women's healthcare by forging productive relationships with governing bodies, the community, professional organisations, and other stakeholders both locally and internationally.

In 1998, RANZCOG changed its name from the Royal Australian College of Obstetricians and Gynaecologists to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists following amalgamation of the Australian organisation with the New Zealand College of Obstetricians and Gynaecologists.

Key strategic documents include the [RANZCOG Strategic Plan 2022-2024](#) (Appendix 1.1_1), which guides the College's journey forward and reaffirms the College's commitment to Māori and Aboriginal and Torres Strait Islander health. The [RANZCOG Annual Report 2021 - 2022](#) is available on the [website](#).

Figure 1.1_1 RANZCOG's Strategic Priorities



Organisation Vision

Excellence and equity in women's health.

Organisation Mission

To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health.

Constitution

The [RANZCOG Constitution](#) (Appendix 1.1_2), shows that RANZCOG is a Company Limited by Guarantee under the Corporations Act 2001 (Cth).

RANZCOG is registered with the Australian Securities and Investments Commission (ASIC) as a company limited by guarantee and reports to the Australian Charities and Not-for-profits Commission (ACNC). In Aotearoa New Zealand, RANZCOG is registered as an overseas ASIC company with the New Zealand Companies Office and is also a registered Charity.

Regulations

The [RANZCOG Regulations](#), available on the College website, guide the conduct and management of the College. The regulations are consistent with the [Constitution](#) and are read in conjunction with all relevant [College policies](#) approved by the RANZCOG Board. The Regulations provide procedures and references to relevant policies in the following areas:

- Governance
- Membership/Fellowship Training
- Subspecialty Training
- Assessment of Specialist International Medical Graduates
- Diploma Training Programs
- Recertification

The College may amend these Regulations from time to time and promulgates all amendments via the RANZCOG website. Amendments may change, alter, add or remove any provisions of the Regulations, and, if made, will apply with effect from the date of the meeting at which they are approved (unless stated otherwise by RANZCOG).

Membership Categories

The RANZCOG Constitution defines a member as a medical practitioner who has completed training and examinations prescribed by the RANZCOG Board or is a resident in Australia or Aotearoa New Zealand and has higher qualifications as recognised by the RANZCOG Board.

Membership of the College consists of Fellows, Diplomates, and Honorary Fellows.

Additional classes and subclasses of membership as defined in the Constitution and Regulations are Educational Affiliate, Associate Member, Certificant, International Affiliate, Prevocational Affiliate - RANZCOG and Pre-Vocational Obstetrics and Gynaecology Society (PVOGS), Trainee Affiliate and Midwife Affiliate.

Table 1.1_ 1 Membership and trainee Breakdown

Training Program	Category	Australia	New Zealand	Other	Total
FRANZCOG Training Program	Fellows (including Subspecialists)	2063	340	71	2474
	Retired Fellows	504	87	42	633
	FRANZCOG Trainees	684	149	8	841
DRANZCOG Training Program (including DRANZCOG Advanced)	Diplomates and Advanced Diplomates	2401	6	15	2422
	DRANZCOG Trainees (including DRANZCOG Advanced)	902	2	17	921
Subspecialty Training Programs	Trainees	72	13	3	88
	Associate Members (Pacific)	2	0	65	67
	Honorary Fellows	25	7	31	66*
Total		6653	604	252	7512

*3 Country of residence not listed.

Developments since last AMC accreditation

Organisational Values

In late 2019, a College Organisational Values Working Group (OVWG) was established to help develop a set of shared values for Members, trainees and College staff. The working group was made up of representatives from all areas of the College including Fellows, trainees, Diplomates, consumer representatives and College staff.

To ensure that the values represented RANZCOG, all Members, trainees, and staff were invited to complete an online survey, identifying their top five values from a shortlist.

Advocacy, Education, Excellence, Integrity, Kindness and Respect were identified by the survey participants as the values which best represented organisational culture, and the values that would help strengthen the alignment between College Members, trainees and staff in the shared duty and mission in women's health.

Following the announcement of the organisational values in May 2020, Members, trainees and staff were asked to share their interpretations of the values to assist in developing succinct definitions for each value.

In July 2020, the organisational values were approved by the RANZCOG Board, along with a promotion and implementation plan.

RANZCOG believes that the values play a fundamental role in shaping culture throughout the organisation and define the College's organisational expectations for how stakeholders conduct themselves in day-to-day work. The values are also translated into te Reo Māori.

RANZCOG's values are:



Advocacy/He Māngai:

We are a leading voice for equity, social justice, fairness and evidence-based policy.

He reo whai-mana mātou mō te mana taurite, te manatika tangata, te matatika me ngā kaupapa here whai taunaki.



Education/Mātauranga:

We embrace the opportunity to learn, share knowledge and experience through innovation, discovery and research.

E tūwhera ana mātou ki ngā akoranga hōu, ki te toha i ngā mōhiotanga, me te ako mā te ruku kau ki ngā momo auaha, ngā momo whakatūhura, me ngā momo rangahau.



Excellence/ Kairangi:

We are committed to performance at the highest standard, in our work, training, research and support.

Ka nanaio atu mātou ki ngā pae taumata teitei rawa atu ahakoa te mahi, te kaupapa whakaako tangata, te kaupapa rangahau, te tautoko tangata rānei.



Integrity/Ngākau Pono:

We act honestly, ethically and with accountability towards everyone and in everything we do.

Ahakoa te mahi, ahakoa te tangata, he hunga pono, he hunga matatika, he hunga kore karo i ngā taumahatanga mātou.



Kindness/Manaakitanga:

We act with compassion and care towards ourselves, and one another.

He hunga kaha ki te manaaki, kaha ki te tiaki i te tangata.



Respect/Whakamana Tangata:

We expect, and promote, inclusivity, valuing individual rights, beliefs and choices.

Ko te whanaungatanga, te mōtika tangata, te whakapono, te āhei ki te kōwhiri ētahi o ngā kaupapa e whakatinanatia ana, e whakatairangatia ana e mātou.

The RANZCOG Organisational Values Award was established in 2021 by the RANZCOG Organisational Values Working Group. The Award is part of a range of initiatives aimed to acknowledge, encourage, and celebrate trainees and members who best exemplify College values.

Code of Conduct

In October 2020, RANZCOG published its [Code of Conduct](#) (Appendix 1.1_3) The RANZCOG Code of Conduct is a statement of the standard of professional and social behaviour expected of its membership and College staff as they interact with each other and with others in undertaking the work of the College. The Code also functions to inform service providers and external individuals serving on a RANZCOG body of the culture that underpins the College's day-to-day work.

The Code of Conduct also aligns the standard of professional and social behaviour against the College's Organisational Values.

This Code is to be read in conjunction with the RANZCOG Constitution, Regulations, Organisational Values, and the other policies and procedures as detailed within the Code.

In 2023, as part of ongoing review, a consultation process has commenced whereby relevant RANZCOG Committee Chairs will review and propose changes to the Code of Conduct.

1.1.2 The education provider has structures and procedures for oversight of training and education functions, which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.

Education committees are outlined in more detail in Standard 1.2.1, including their key responsibilities and links to Terms of Reference. The responsibility for oversight of education functions and strategic planning rests with the Education Standards Committee (ESC, formerly the Education Strategy Committee).

Training functions relating to the Fellowship Training Program are overseen by the Training Accreditation Committee (TAC), which is supported at a local level by the State/Territory/Aotearoa New Zealand TACs. Each committee is comprised of Fellows and trainee representatives; membership of local TACs includes those directly involved in training or training rotations.

Training functions relating to Subspecialty Training Programs are overseen by the relevant individual subspecialty committee, with further oversight provided by the overarching Subspecialties Committee, which reports to the ESC. Membership of the subspecialty committees includes elected subspecialists and trainees. The Subspecialties Committee includes the Chairs of each of the five subspecialty committees, with a Chair and Deputy Chair (the latter a generalist Fellow) appointed by the Board, and a trainee representative.

Examinations and assessments are overseen by the Examination and Assessment Committee (EAC), with development work also undertaken through the Curriculum and Assessment Steering Group (CASG). Both these entities report to the ESC. Educational and administrative support for these committees and their functions is provided by College staff in the Education Directorate.

Educational Governance Restructure 2020

The current structure and reporting lines for educational committees are informed by an educational governance review undertaken in 2020, with proposed changes approved by the ESC and Board in November 2020.

From that point, all education, training, accreditation and assessment committees reported through the ESC to ensure consistent application of standards to all education, training, assessment and accreditation.

The intent is for the ESC is to ensure:

- Consistent oversight of education standards
- Consistent continuous improvement
- Consistent and proactive strategic improvements through the curriculum review
- All training programs remain aligned to current Australian Medical Council (AMC) and the Medical Council of New Zealand (MCNZ) accreditation standards.

The restructure was intended to allow committees, advisory and working groups to more effectively support both strategic developments over a longer period (such as the curriculum review) and more operational developments over shorter periods (such as the development of new courses and resources).

Groups reporting directly to the ESC (and through ESC to the Board) following this review:

- Subspecialties Committee, with each subspecialty committee reporting through the Subspecialties Committee:
 - Certification in Gynaecological Oncology (CGO)
 - Certification in Maternal Fetal Medicine (CMFM)
 - Certification in Obstetrical and Gynaecological Ultrasound (COGU)
 - Certification in Reproductive Endocrinology and Infertility (CREI)
 - Certification in Urogynaecology (CU)
- Specialist International Medical Graduate (SIMG) Committee
- Training and Accreditation Committee
- Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG)
- Examination and Assessment Committee (with the Research Assessment Subcommittee reporting through EAC)
- Simulation Training Advisory Group (STAG)
- Sexual and Reproductive Health Special Interest Group
- Continuing Professional Development (CPD) Committee

As well as the newly established:

- Curriculum and Program Design Advisory Group
- Assessments Advisory Group
- Learning Support Committee
- FRANZCOG Selection, Recognition of Prior Learning and Prevocational Pathway (PVP) Committee

The following groups were disbanded at the time of the review:

- Prevocational Pathway Working Party (to be managed by the new FRANZCOG Selection, Recognition of Prior Learning and Prevocational Pathway Committee)
- Curriculum Review Expert Advisory Panel (to be managed by the new Curriculum and Program Design Advisory Group and Assessments Advisory Group)
- Ultrasound Curriculum Working Group (to be managed by the new Curriculum and Program Design Advisory Group (curriculum) and Learning Support Committee (ultrasound standards and courses)).

Major changes to committees 2021-2023

- The Curriculum and Program Design Advisory Group (renamed the Curriculum Advisory Group) and the Assessments Advisory Group functioned separately from their establishment in November 2020 through to August 2021. By this stage, it was recognised that there was significant overlap of membership between the two groups, and that the activities and discussion topics of each group impacted the other. It was thus determined that the two groups should be combined: this was formalised with the establishment of the current Curriculum and Assessment Steering Group, which began at the commencement of 12th Council in November 2021.
- The FRANZCOG Selection, Recognition of Prior Learning and Prevocational Pathway Committee, approved in November 2020, did not get established due to difficulties in membership and staffing. It was proposed to the ESC in July 2021 that these activities be absorbed back into the ESC; however, this was not approved since it was felt this would put too great a strain on ESC functions. The Board subsequently approved in September 2021 the establishment of a separate Selection Committee to oversee selection functions for the FRANZCOG and subspecialty training programs. Since Recognition of Prior Learning (RPL) and Prevocational Pathway (PVP) applications occur on an annual basis, the Board approved a change to the ESC Terms of Reference so that they became responsible for establishing panels to oversee these matters.
- While the Learning Support Committee was never established, education resource development is currently being approved through the specific education working groups that have been established and then to the appropriate committee for ratification. For example, content development for the cultural safety eLearning module has been approved by the Aboriginal and Torres Strait Islander Women's Health Committee. The College is currently investigating further options for committee engagement as follows:
 - Expanding the role and responsibilities of the Simulation Training Advisory Group – this group has been actively involved in resource development across a number of areas; its members are focused on medical education, and a wider remit (with simulation training being only one component) may be appropriate.
 - More direct oversight by the ESC through the formation of working groups to address the review and development of learning resources and workshops; this is now in progress with working groups for the Foundations of Surgery (Appendix 1.1_4_), Basic Obstetric Skills (Appendix 1.1_5) and the Prevocational Pathway (Appendix 1.1_6) being established for 2023, with Terms of Reference for each approved by the Board in March 2023.
- The Board approved in August 2021 that, in order to streamline its functionality, the Research Assessment Subcommittee report directly to ESC rather than through the EAC.
- The Board approved in February 2023 that, in light of: the increased global focus on sexual and reproductive health and contraceptive/reproductive rights; the College's own introduction of a new Sexual and Reproductive Health Advanced Training Pathway in the FRANZCOG Training Program; and the FRANZCOG curriculum updated to include clinical and procedural requirements, the former Sexual and Reproductive Health Special Interest Group should be transitioned to a full committee of Council, maintaining a reporting line through the ESC, with the Chair (or nominee) now a member of the ESC.

Current and Future Challenges

The College maintains a significant number of educational committees to oversee its multiple training programs, specific components of these programs, and development and innovation in the education space. However, this places some burden on those Fellows and trainees who volunteer their services as members of these committees, particularly those who sit on more than one committee due to their expertise or because they chair another committee. Education Directorate staff support for and engagement with the range of committees can also be problematic from a resourcing point of view.

There is also scope for further delegation of authority from the Board to enable high-level Education committees to be responsible for more decision-making in their areas. The College is embarking on a review of all committees to potentially reduce their number, streamline functions and reporting lines, and provide for more delegated responsibilities from the Board.

1.1.3 The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance and allow all relevant groups to be represented in decision-making.

Board

RANZCOG has a nine-member Board (at least one, but no more than two, of whom shall reside in Aotearoa New Zealand) that consists of one President, three Vice-Presidents, a Diplomate Board Director, three Board Directors, and an Independent Board Director, appointed by the Board on the basis that they have the required skills to complement the current composition of the Board. All members of the Board have voting rights. The Board meets at least once a month.

The Board oversees all strategic and operational functions of the organisation and is supported in its activities by the Council and a range of committees. The key functions of the Board are to:

- Set the strategic direction of RANZCOG
- Ensure financial management through its governance and finance and risk management policies
- Employ and manage the CEO
- Assess RANZCOG's performance against the Strategic Plan, the annual business plan and the budget, including assessing operational results to evaluate whether RANZCOG is being well managed
- Ensure that adequate risk management systems are in place, and receive reports on significant risks primarily through the quarterly Governance, Finance, Audit and Risk Management Committee reports
- Approve the policy framework under which the Board and RANZCOG must operate and meet organisational objectives
- Ensure compliance with relevant laws (delegated to the CEO) and manage identified risks.

Board Directors hold office for two years from the end of the Annual General Meeting at which they are declared elected, or in the case of the Independent Board Director, for a term the Board determines at the time of appointment. The Board is governed by a Board Charter, which articulates the governance roles, responsibilities, structure and processes of the RANZCOG Board as set out in the RANZCOG Constitution (Appendix 1.1_2) and [Regulations](#). In addition to the Board Charter, there are position descriptions for the President (Appendix 1.1_7), and Vice-Presidents (Appendix 1.1_8), which outline their roles and responsibilities during their term. The position description for Board Directors is under review.

A Board Calendar is prepared and tabled at the final Board meeting prior to the beginning of the New Year for approval.

Board Directors receive an orientation to ensure they are provided with the information and training necessary to enable them to contribute appropriately to the operations of the Board. Orientation received by the Board at the commencement of Council term in 2021 is provided in Appendix 1.1_9.

Board Directors are also offered professional development to allow them to meet the requirements of their role. The induction includes a presentation from the College's Legal Council on Board Directors' roles and responsibilities. The Board Directors also receive orientation from the Executive Directors/Heads of Department on governance and operational activities at the College.

RANZCOG's continuous commitment to its Code of Conduct requires that its Directors and College Councillors complete training in Discrimination, Bullying, Harassment and Sexual Harassment (DBSH) and cultural safety and competency as prescribed or recognised by the College. College Councillors are also required to complete cultural safety training. While Cultural Safety Modules are in development and will be available for all members by the end of 2023, Board and Council members currently have access to the Australian Indigenous Doctors' Association (AIDA) cultural safety eLearning modules and an online Te Tiriti o Waitangi course. Cultural safety focuses on Aboriginal and Torres Strait Islander and Māori Health, as well as ethnically diverse groups (other than those Indigenous to Australia and Aotearoa New Zealand) and socially diverse populations defined by gender, beliefs or values.

For the current Council term, Board and Council Members who have undertaken equivalent cultural safety and competency training can self-claim CPD hours by providing evidence of training completion.

Council

RANZCOG Council comprises 22 elected Councillors as follows:

- One Fellow resident in the Australian Capital Territory
- Four Fellows resident in New South Wales
- Two Fellows resident in New Zealand
- One Māori Fellow resident in New Zealand (elected by Māori Fellows resident in Aotearoa New Zealand)*
- Three Fellows resident in Queensland
- Two Fellows resident in South Australia or the Northern Territory (to represent both places)
- One Fellow resident in Tasmania
- Four Fellows resident in Victoria
- Two Fellows resident in Western Australia
- Two Regional Fellows

As well as:

- The Board Directors of the College
- The Immediate Past-President
- The Chair of the Diplomates Committee
- The Chair of the Trainees' Committee
- The Chair of the Aboriginal and Torres Strait Islander Women's Health Committee*
- The Chair of He Hono Wāhine*
- A Community Representative, appointed by the Council (non-voting)

External non-voting representatives who attend Council meetings are:

- The Dean of Education
- The Dean of Policy and Research
- A National Association of Specialist Obstetricians and Gynaecologists (NASOG) representative
- A Subspecialties Committee Representative
- Trainees' Committee Representatives from Australia and Aotearoa New Zealand

* In keeping with RANZCOG's recognition of the Indigenous peoples of Australia and New Zealand and commitment to Te Tiriti o Waitangi, RANZCOG members passed a special resolution at the 2020 Annual General Meeting to establish these new Aboriginal and Torres Strait Islander and Māori positions on RANZCOG's Council.

Councillors are elected every two years. RANZCOG is currently in its 12th Council term 2021-2023. Council meetings are held three times per year in March, July and November. The key functions of the Council as per its Charter (Appendix 1.1_10) are:

- To approve the College's strategic plan, as recommended by the Board
- To approve regulations and the amendment of regulations pertaining to the broad structure of the training program leading to the award of Fellowship of the College
- To elect Elected Board Directors in accordance with the Constitution and any applicable Regulations
- To appoint the Community Representative on Council
- To approve Women's Health Committee Statements

RANZCOG Council members receive orientation from College staff at the commencement of the Council term to familiarise themselves with their role, College organisation structure, and governance to enable them to contribute effectively. Orientation received by the Council at the commencement of their term in 2021 is provided in Appendix 1.1_11.

As for the Board, RANZCOG requires that its Council members complete training in Discrimination, Bullying, Harassment and Sexual Harassment (DBSH) and cultural safety and competency.

Terms of office

The RANZCOG Constitution was amended and approved at the Annual General Meeting in November 2020 to revise the terms of office for the President, Board, Council and Council Committees, changing from a three-year term to a two-year term. This change was made to encourage member participation in College governance, and facilitate an increase in gender equity and diversity across RANZCOG's Board, Council and Council Committees,

Committee Structure

While the RANZCOG Council reports to the Board on matters delegated to the Council, all other RANZCOG Committees and bodies (76 in total) report directly or indirectly to the RANZCOG Board. A revised Committee chart is provided as Appendix 1.1_12. The Committee chart has been updated to reflect the current 12th Council Committees.

- The Women's Health Committee reports to Council. In addition, the Council receives reports from approximately 26 committees.
- There are seven Australian State and Territory Committees and six Australian State and Territory Training Accreditation Committees (noting NSW and ACT have a joint TAC).
- There are four Aotearoa New Zealand-based Committees: the New Zealand Training Accreditation Committee; Te Kāhui Oranga ō Nuku; He Hono Wāhine; and the New Zealand O&G Workforce Working Group.

All RANZCOG Committee Chairs receive orientation from College staff and previous Committee Chairs at the commencement of the Council term to enable them to effectively manage their committees in line with governance requirements. Orientation received by the Committee Chairs at the commencement of their term in 2021 is provided as Appendix 1.1_13.

Prior to the commencement of 13th Council in November 2023, the RANZCOG Committee Structure will be reviewed to reduce the number of its committees in order to increase operational effectiveness and simplify reporting and governance structures.

Organisation Structure

The organisation structure (Appendix 1.1_14) lists the relationships and an overview of the RANZCOG Board, Council, Committees and the College Departments. College Department structure is detailed in the Organisation Chart.

The Organisation structure has been updated to reflect the current 12th Council and Committee details. In addition, College Department structure has been revised to reflect newly created roles, changes in reporting lines, and the creation of a new Cultural Diversity and Inclusion Team to manage First Nations projects in addition to existing work with the Gender, Equity and Diversity Working Group and the Consumer Network Working Group.

The following departments and Fellow roles report directly to the CEO:

- Governance and Legal
 - Coordination of Governance and Legal Committees
 - Contractual Management Processes
 - Statutory and Legislative compliance
 - Terms of Reference of College Committees
 - Oversight of legal, appeals, independent external consultations, contract management processes and election processes
- Executive Office and Advocacy
 - Manages interactions with external bodies and organisations i.e., Government agencies, State Departments, health organisations
 - Supports the CEO, President, Board and Council in all activities
- Information Technology (IT)
 - Supports day-to-day IT functions, member database and My.RANZCOG
 - Supports the delivery of online examinations, selection interviews
 - Promotes operational efficiency
- Dean of Education
 - Provides advice and escalates issues, risks and items for resolution
 - Monitors trends in obstetrics and gynaecology
 - Reviews and provides quality improvement of education, training and accreditation
- Dean of Research and Policy
 - Develops evidence-based processes and documents within the College
 - Supports improving patient outcomes
- Assessments Advisor
 - Provides advice for assessment design, standard setting and marking
 - Reports on the examination processes and interpretation of examination results

These direct reports support the overall functions and purpose of the College and play a critical role in implementing sustainable changes within the organisation.

The organisation structure of remaining College staff consists of six directorates, the Executive Directors of which report to the CEO and form the Executive Leadership Team (ELT):

- Education
- Finance, Risk and Specialist Training Program (STP)
- Innovation, Learning and Quality Assurance
- People, Wellbeing and Facilities
- Aotearoa New Zealand and Global Health
- Communications and Engagement

The role of the ELT is to determine matters, or make recommendations to the CEO and the Board, regarding the direction and operations of the College. All business units within the College play an important role in supporting the organisation as shown in Table 1.1_2.

Appendix 1.1_15 outlines the staff structure in detail.

Table 1.1_2 RANZCOG Business Units

Office of the President and CEO	IT
Governance and Legal Executive Office and Advocacy	Solutions Data and Reporting Analysis
Education	Innovation, Learning and Quality Assurance
Curriculum Development Selection, Evaluation and Accreditation Examinations UroGynaecological Society Australasia (support officer only) Training Programs (SIMGs, Subspecialty Training Programs, FRANZCOG Training Program and Diploma and CWH) AMC/MCNZ Accreditation	Learning and CPD Research and Policy Mentoring Program Membership and Philanthropy Events Quality Assurance Programs
Finance, STP and Risk	People, Wellbeing and Facilities
Financial Accounts Risk Management STP Project OGET Project	Cultural Diversity and Inclusion Trainee Support Facilities People and Wellbeing
Aotearoa New Zealand and Global Health	Communications and Engagement
Global Health FRANZCOG training and local events SIMG assessment Aotearoa advocacy Te Rautaki Māori me Te Ara Whakamua	Communications and Public Affairs Publications and Media State and Territory Offices - FRANZCOG training and local events

1.1.4 The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.

Of the College's 76 committees and working groups, 24 are directly involved in overseeing education and training activities (including the Progression Review Committee and CPD Committee). In addition, the following committees contribute to education and training activities and/or play a collaborative role in continuous improvement of training or trainee welfare:

- Appeals Committee
- Consumer Network Working Group (noting that there is increasing collaboration with this group in the areas of curriculum development and training program evaluation)
- Gender Equity and Diversity Working Group
- He Hono Wāhine
- Mentoring Working Group
- Review Committee
- Wellbeing Working Group
- Women's Health Committee (in producing statements relevant to education and training)
- Women's Health Foundation (in recommending research grants and funding for educational/training purposes)

The RANZCOG Constitution (Appendix 1.1_2) lists the 21 objects for which the College was established. Of these, 17 objects relate to the College's educational role. The [RANZCOG Strategic Plan 2022-2024](#) places education and training as a central component of the College's mission:

To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health.

Education and Training is the first strategic priority for the College.

1.1.5 The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.

External Representatives

RANZCOG recognises the importance of input provided by stakeholders external to the College. The College achieves this by the appointment of consumer, community or other external representatives who bring specific expertise, experience and perspectives. Public consultation is used for specific areas of work; for example, to provide feedback on clinical statements and guidelines.

RANZCOG governs the appointment and remuneration of external and consumer representatives by the [Consumer, Community and Other External Representatives on RANZCOG Council and Committees Appointment and Remuneration Policy](#).

Consumer representation is discussed below. RANZCOG has other external representatives on Council and the following committees, who provide input from stakeholders they represent to the College:

- Appeals Committee
- Australian Workforce Working Group
- Cervical Quality Improvement Program
- Conjoint Committee for the Diploma of O&G
- Cultural Safety Steering Group
- Governance Finance Audit and Risk Management Committee
- Global Health Committee
- Informed Birth Working Group

- He Hono Wāhine
- Nuchal Translucency Steering Committee
- Professional Standards Committee

External representatives on RANZCOG Committees include (but are not limited to):

- Asia and Oceania Federation of O&G (AOFOG)
- Australasian Chapter of Sexual Health Medicine (AChSHM)
- Australasian Society for Ultrasound in Medicine (ASUM)
- Australian College for Rural and Remote Medicine (ACRRM)
- Australian College of Midwives (ACM)
- Australian Society for Gynaecologic Oncologists (ASGO)
- Australian Sonographers Association (ASA)
- Fiji O&G Clinical Service Network
- Māori Kaumātua
- Migrant/Refugee
- National Association of Specialist Obstetricians and Gynaecologists (NASOG)
- New Zealand College of Midwives (NZCOM)
- Ngā Maia Māori Midwives o Aotearoa
- Non-Healthcare Aboriginal or Torres Strait Islander
- Pacific Society for Reproductive Health (PSRH)
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Royal Australian College of General Practitioners (RACGP)
- Royal College of Pathologists Australia (RCPA)
- Te Tātai Hauora o Hine (the National Centre for Women's Health Research Aotearoa, Victoria University of Wellington)
- University of Papua New Guinea School of Medicine and Health Sciences

Consumer Representatives

The community or consumer representatives provide their perspective on matters considered by the relevant RANZCOG committee in relation to women's healthcare in Australia and Aotearoa New Zealand.

All community or consumer representatives receive orientation by College staff to assist with understanding their role and expectations. Orientation received by the community or consumer representatives in early 2022 is provided as Appendix 1.1_16. The roles and responsibilities of consumer representatives on the Consumer Networking Working Group is available in Appendix 1.1_17.

While there is community representation on the Council and on 16 committees, the Consumer Networking Working Group, made up of 15 members, receives updates from various areas of the College to keep them informed and engaged across all College activities. Community representation is included in the following committees:

- Appeals Committee
- Australian Workforce Working Group
- Cervical Quality Improvement Program
- Curriculum and Assessment Steering Group

- Consumer Network Working Group
- Continuing Professional Development
- Informed Birth Working Group
- He Hono Wāhine
- Professional Standards Committee
- Progression Review Committee
- Pain Working Group
- SIMG Assessment Committee
- RANZCOG Women's Health Foundation
- Training Accreditation Committee
- Te Kāhui Oranga ō Nuku
- Women's Health Committee

In addition to these committees, community representatives sit on the Clinical Guidelines and Statements Working Parties.

Trainee Representatives

RANZCOG acknowledges the value of involving trainees in the governance of their Training Programs. Accordingly, trainee representatives form part of the membership of approximately 51 RANZCOG committees. Further details regarding trainee participation are provided in Standard 7.2.1.

Trainee Representatives from across Australia and Aotearoa New Zealand form the Trainees' Committee, which also includes a Subspecialty Trainee and SIMG Trainee. The role of the committee is to:

- Advocate the views and concerns of all trainees to the RANZCOG Board and other committees and working groups, as appropriate
- Make recommendations to the RANZCOG Board and training and assessment committees on matters relating to training and assessment
- Provide a forum for discussion between trainees at all levels, and from all Australian States and Territories and Aotearoa New Zealand, in order to identify concerns that might impact on their training and assessment
- Assist in the dissemination of information from the College to trainees, in consultation with relevant groups and individuals, as appropriate
- Advise and support Australian State and Territory and Aotearoa New Zealand trainee representatives and improve communications among trainees at a State, Territory and Aotearoa New Zealand level
- Appoint ad hoc working parties to undertake particular tasks relating to the development/research of policy and related issues being considered by the Committee.

The Terms of Reference for the Trainees' Committee is provided as Appendix 1.1_18.

1.1.6 The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

The College's [Conflict of Interest Policy](#) provides guidance for identifying, declaring and managing real or perceived conflicts of interest involving the College and its activities. RANZCOG expects that participants will remove themselves from a position of decision-making authority with respect to any situation where there is a real or perceived conflict of interest situation involving the College. Alternatively, the College participant may choose to divest their interest where a conflict exists while they are involved with the College.

In November 2018, a conflict of interest standing agenda item was implemented for all committees, the Board and Council. At the commencement of each Council term, all newly appointed Board and Committee members are required to complete a declaration of interest form for the relevant RANZCOG body on which they sit. This information is logged in each of the relevant Committee/Board/Council Register of Interests.

At each subsequent meeting, members are required to declare any conflicts of interest, and declarations in minutes are entered into the relevant Register of Interests to maintain a cumulative record for each member during their term of office.

In 2021, the Conflict of Interest Policy was updated to enable publication of conflict of interest declared for development of RANZCOG presentations/webinars, guidelines, statements and public consultations in the interest of transparency and upon express consent of the individual concerned.

RANZCOG guidelines may include a statement for each guideline development group member to declare their interests in relation to the guideline topic. Where a conflict of interest exists, the strategy used to manage each must also be published.

Progression Review Committee

A trainee who has failed to meet requirements as per the [RANZCOG Regulations](#), may be considered for removal from the Training Program. Prior to a recommendation going to the RANZCOG Board, a further evaluation takes place at a Progression Review Committee. All members of the Progression Review Committee are assessed for conflict of interest. The Progression Review Committee does not include any member who has participated in any prior decision relating to the concerned trainee.

Review and Appeals Committees

The Review and Appeals processes enable the College and those who have been subject to a decision that they consider unsatisfactory to embark upon a defined pathway to enable resolution.

All members of the Review and Appeals Committees are assessed for conflict of interest. The Review and Appeals Committees do not include any member who participated in the original decision or the reconsideration decision or who otherwise has, or is perceived to have, a conflict of interest.

The Processes relation to Review and Appeals are outlined in the [Reconsideration, Review and Appeal of Decisions Policy](#) available on the [website](#).

1.2 Program management

The AMC accreditation standards are as follows:

- 1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
 - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
 - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
 - certifying successful completion of the training and education programs.



1.2.1 The education provider has structures with the responsibility, authority and capacity to direct the following key functions:

- planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
- setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
- setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
- certifying successful completion of the training and education programs.

The College has 24 Education committees with the responsibility, authority and capacity to direct the key functions of education and training. The reporting structure of Education committees (Committees Chart, Appendix 1.1_12) allows for:

- Appropriate oversight of education and training strategy and operations, with sufficient checks and balances
- Robust decision-making processes, informed by local and bi-national requirements
- Involvement by a wide range of College members, bringing different perspectives
- Expertise in the delivery and/or supervision of medical education and training

All Education committees include a trainee representative.

Education Standards Committee (ESC)

The ESC was established in 2012 and reports directly to the RANZCOG Board. Previously the Education Strategy Committee, its functions were expanded, and it was renamed the Education Standards Committee in November 2020. All other Education committees report through to the ESC, and their respective Chairs are included in the membership.

The ESC oversees the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. The ESC is responsible for the College's Training Programs, including regular monitoring and evaluation, and is delegated by the Board to make decisions relating to its area of responsibility.

The responsibilities of ESC include the following:

- Oversight of all education, training, assessment and accreditation of RANZCOG programs to ensure contemporary and high-quality delivery
- Consideration of ongoing developments in specialist medical education and training, ongoing monitoring of assessment processes and developments in training modalities, including simulation and other initiatives, and consideration of possible application to College Education and Training Programs
- Formulation of recommendations and development of discussion papers regarding strategic initiatives in line with the College's strategic objectives
- Development, implementation, monitoring and evaluation of the currency, reliability and validity of all components of RANZCOG Training and Assessment Processes
- Reviewing and responding to contemporary practices and AMC and MCNZ Standards for Specialist Medical Training in consultation with key stakeholders as appropriate
- Establishing Recognition of Prior Learning (RPL) panels from its members to assess, review and recommend assessment criteria for applicants who are prospectively approved to commence the FRANZCOG Training Program and seek to obtain recognition of relevant training, which predates the commencement of their FRANZCOG training
- Establishing Prevocational Pathway panels as required to review requirements for Prevocational trainees (as set by AMC/MCNZ), oversee quality assurance and continuous improvement of the RANZCOG PVP (including update of educational content), and ensure completion of the PVP is aligned to FRANZCOG selection requirements.

ESC Terms of Reference are included as Appendix 1.2_1.

Training Accreditation Committee (TAC)

The TAC was established in 1993 and reports to the RANZCOG Board via the ESC.

The TAC is responsible for the ongoing development, coordination and administration of the FRANZCOG Training Program in cooperation with the State/Territories/New Zealand Training Accreditation Committees (TACs), and for reviewing the processes for accreditation and reaccreditation of training sites leading towards the attainment of Fellowship of the College. Such training and accreditation matters include, but are not limited to:

- Consideration of reports and recommendations provided by the State/Territories/New Zealand TACs on all matters relating to training accreditation
- Approval of applications for elevation to Fellowship of the College, and the recommendation to the RANZCOG Board of approved applications
- Approval of Integrated Training Programs (ITPs) and participating hospitals within those programs as suitable for RANZCOG training, and the approval of hospitals applying to join existing ITPs
- Monitoring of the accreditation status of ITP training sites in Australia and Aotearoa New Zealand
- Ongoing review of accreditation standards for FRANZCOG hospital training sites
- Assessment of recommendations for trainee referral to Progression Review Committee (PRC)
- Development and continuous review of College regulations governing training, training site accreditation, and certification for the FRANZCOG Training Program
- Reporting to, and collaborating with, the ESC on the implementation of educational strategy and standards decisions for the FRANZCOG Training Program

- Collaboration with the Examination and Assessment Committee (EAC) on training, assessment and certification issues of mutual concern, where appropriate, including the formation of joint working groups as required.

TAC Terms of Reference are included as Appendix 1.2_2.

Australian State and Territory/Aotearoa New Zealand Training Accreditation Committees (TACs)

In addition to the central TAC, and to more closely support training at a local level, the following State/Territories/New Zealand TACs were established in 1995:

- New Zealand TAC
- New South Wales / Australian Capital Territory TAC
- Queensland TAC
- South Australia / Northern Territory TAC
- Tasmania TAC
- Victoria TAC
- Western Australia TAC

Each State/Territory/Aotearoa New Zealand TAC oversees and coordinates FRANZCOG trainees and Basic and Advanced Training posts within and across ITPs in the relevant State/Territory/Aotearoa New Zealand. Responsibilities include (for the relevant jurisdiction):

- Approving training positions
- Approving Three-monthly Formative Appraisals and Six-monthly Summative Assessment reports submitted by Basic and Advanced trainees
- Reviewing referred Six-monthly Summative Assessment reports to determine whether these are Satisfactory or Not Satisfactory
- Monitoring the performance and progress of all Basic and Advanced trainees, including the timely submission of training documentation
- Making recommendations to the Federal TAC for review and assessment of trainees for referral to the Progression Review Committee where required
- Facilitating support and monitoring of FRANZCOG trainees experiencing difficulty
- Provisionally approving applications from hospitals for accreditation as a training site
- Approving the appointment of Integrated Training Program Coordinators and Training Supervisors
- Approving the hospital placements of SIMGs required to undertake supervised in-hospital training
- Participating in the FRANZCOG Trainee National Selection Process

Terms of Reference for the State/Territories/New Zealand TACs are attached; the Australian State and Territory TAC Terms of Reference is at Appendix 1.2_3 and New Zealand TAC Terms of Reference is at Appendix 1.2_4.

Examination and Assessment Committee (EAC)

The EAC was established in 2008 and reports to the RANZCOG Board via the ESC. The EAC is responsible for delivering examinations and ensuring, maintaining and enhancing the integrity, validity and reliability of the individual and collective

examination and assessment components and associated processes pertaining to training programs run and administered by the College. Such assessment components include, but are not limited to:

- Certificate in Women's Health (CWH), Diploma (DRANZCOG), Fellowship (FRANZCOG) and Subspecialty Written Examinations
- Diploma Advanced (DRANZCOG Advanced), FRANZCOG and Subspecialty Oral Examinations

The responsibilities of the EAC include the following:

- Online learning resources to support examinations e.g., Landmark Clinical Trials, Examination resources
- Delegated authority from the RANZCOG Board to ratify examination results pertaining to the following training programs: CWH, DRANZCOG, DRANZCOG Advanced and FRANZCOG
- Delegated authority from the RANZCOG Board to oversee activities of the RANZCOG Board of Examiners
- Delegated authority from the RANZCOG Board to set examination dates annually.

In advance of transition to RANZCOG's 12th Council in November 2021, the term of the Council was changed from three to two years. Terms of Reference for all College committees were amended so that member appointments are for a period of two years, in line with this change. However, in order to preserve knowledge in the examinations space, further amendments were made to the Terms of Reference for the College's EAC to enable increased tenure for Examination Directors.

Eligibility requirements to become a member of the Board of Examiners was also changed at the same time, removing the requirement for a member to have a minimum of two years' experience post-qualification in the respective training program. A member may now apply to be an examiner as soon as they have received their qualification. The intention of this change was both to increase the possible bank of examiners for the Fellowship Examination and to keep examiners current with contemporary trainees' experience.

EAC Terms of Reference are included as Appendix 1.2_5.

Subspecialties Committee

The Subspecialties Committee was established in 1987 and reports to the RANZCOG Board via the ESC. Through its five subcommittees, it is responsible for overseeing the formulation and review of the training, assessment and accreditation policies leading towards the attainment of subspecialty certification of the College. The responsibilities of the Subspecialties Committee include the following:

- Overseeing the process of ongoing development, coordination and maintenance of the College's subspecialty training programs.
- Collaborating with EAC on matters relating to performance and continuous improvement of subspecialty Written and Oral Examinations.
- Overseeing the process of selection of subspecialty trainees.
- Making recommendations to the RANZCOG Board for accreditation of new training units.
- Approving re-accreditation of existing training units on the recommendation of the relevant subspecialty committee.
- Making recommendations to the Continuing Professional Development Committee on matters pertaining to professional development of each of the subspecialists.
- Contribute to the process of assessment of International Subspecialists applying for subspecialty recognition in Australia and Aotearoa New Zealand.

Subspecialties Committee Terms of Reference are included as Appendix 1.2_6.

Individual subspecialty committees

Each of the five subspecialties has its own committee (established in 1990) that which reports to the Subspecialties Committee:

- Gynaecological Oncology (CGO) Subspecialty Committee
- Maternal Fetal Medicine (CMFM) Subspecialty Committee
- Obstetrical and Gynaecological Ultrasound (COGU) Subspecialty Committee
- Reproductive Endocrinology and Infertility (CREI) Subspecialty Committee
- Urogynaecology (CU) Subspecialty Committee

Each committee is responsible for overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of certification in the relevant subspecialty.

Each committee is also the Board's expert representative on matters pertaining to their subspecialty. As such they may be asked to provide advice or contribute to requests as appropriate.

Such training, assessment, accreditation and subspecialty matters include:

- The ongoing development, coordination and maintenance of the relevant Subspecialty Training Program
- The selection of candidates suitable to join the relevant training program through the Subspecialty Selection Process, and the nomination of panel members
- The approval of the individual training programs and assessment of the trainees enrolled in the Subspecialty Training Program
- The approval of Training Supervisors
- The formal recommendation to EAC for membership of the relevant Board of Examiners
- The resolution of trainee / supervisor issues or concerns
- The confirmation of Satisfactory or Not Satisfactory trainee reports, and other concerns regarding trainee performance and progress
- The formal recommendation to the RANZCOG Board for Certification in the relevant subspecialty for eligible trainees
- The accreditation and/or review activities of Subspecialty Training Units
- The assessment of SIMGs for subspecialty recognition in Australia and Aotearoa New Zealand through participation in SIMG Interview assessment panels
- The appointment of internal committee member advisor roles for:
 - Curriculum
 - Selection
 - Accreditation
 - Research
 - SIMG
 - Statements, Guidelines and Advocacy.

A sample Terms of Reference (for CGO) is attached as Appendix 1.2_7.

To ensure appropriate trainee representation on all College committees involved in educational decision-making, the Board in October 2021 approved changes to the Terms of Reference for each of the College's five individual subspecialty committees, to include a trainee representative on each. Elections for these positions took place in April 2022. Up to this point, there had only been a formal trainee representative position on the overarching Subspecialties Committee.

Specialist International Medical Graduate (SIMG) Assessment Committee

The SIMG Assessment Committee was established in 2005 (named the Overseas Trained Specialist (OTS) /Area of Need (AoN) Committee until 2012, and the Specialist IMG Assessment Committee until 2021). It reports to the RANZCOG Board via the ESC. The SIMG Assessment Committee is responsible for the assessment of Specialist International Medical Graduates (SIMGs) and AoN applicants in Australia and Aotearoa New Zealand.

The SIMG Assessment Committee's responsibilities include the following:

- Development and implementation of regulations and policy regarding assessment mechanisms and processes as they pertain to SIMG and AoN applicants
- Overseeing the work of the assessment panels in Australia and Aotearoa New Zealand that assess the qualifications, training and experience of SIMG and AoN applicants
- Overseeing the application and assessment of Short-Term Training (STT) pathway in Australia, including applications for extension
- Approving assessment and reassessment outcomes of SIMG and AoN applications recommended by Australian SIMG Assessment panels.
- Making recommendations to the RANZCOG Board regarding SIMG applications for elevation to Fellowship of the RANZCOG.
- Making recommendations to the RANZCOG Board regarding SIMG applications for elevation to Certification of the applicable subspecialty.
- The SIMG Chair and SIMG Assessment Committee have oversight and responsibility for Australian SIMGs and AoN practitioners, their training and supervision requirements, and support provided as they work towards achieving Fellowship of RANZCOG. The MCNZ has responsibility for supervision and assessment of SIMGs as they progress towards full vocational registration in Aotearoa New Zealand.

SIMG Assessment Committee Terms of Reference is included as Appendix 1.2_8.

Selection Committee

The Selection Committee was formally established in November 2021 following the separation of the FRANZCOG Selection, RPL and PVP Committee, previously overseen by the Education Standards Committee. The responsibilities of the Selection Committee include the following:

Oversight of selection programs across Australia and Aotearoa New Zealand:

- Advise the ESC and Board on all aspects of the RANZCOG Australian and Aotearoa New Zealand selection processes for entry to the FRANZCOG Training Program and subspecialty programs
- Evaluate the effectiveness and validity of the current selection processes in light of feedback received from key stakeholders
- Review selection policy, guidelines and process for FRANZCOG and Subspecialty selection

- Set the eligibility and selection criteria for the FRANZCOG selection process (noting that the respective Subspecialty committees set the eligibility and selection criteria for each training program)

Approving the operation of FRANZCOG Training selection panels in Australia is as follows, noting that the Aotearoa New Zealand TAC approves operation of selection in Aotearoa New Zealand:

- Approve the formation of Selection Assessment Scoring Panels
- Review and approve applications for additional Year 1 Training positions by State and Territory TACs
- Identify the format and content of the interview process for selection, including interview questions, the composition of the interview panels, and the duration of interview for Australia.

Selection Committee Terms of Reference is attached as Appendix 1.2_9.

Curriculum and Assessment Steering Group (CASG)

The CASG was established in November 2021, and reports to the RANZCOG Board via the ESC. It replaced the former separate Curriculum Advisory Group and Assessment Advisory Group, which were disbanded in September 2021, in order to more effectively oversee the College's curriculum and training program review projects.

The primary function of the CASG is to provide advice to the ESC and RANZCOG Board on the following:

- Developments to RANZCOG's curricula and assessment practices that are necessary to meet AMC/MCNZ requirements
- Review, development and alignment of all curricula
- Progression frameworks across and between all RANZCOG training programs
- Contemporary best-practice assessment methods across all RANZCOG training programs

Because curriculum and assessment review and development is a continuous and evolutionary process, the CASG determines priorities for short- and medium-term development and implementation. The responsibilities of the CASG include the following:

- Development of a standardised approach to writing curricula for RANZCOG programs
- Development of Graduate Outcomes Statements for all RANZCOG programs
- Further development and implementation of the CanMEDS curriculum framework across all RANZCOG training programs
- Further development and implementation of the Clinical Skills and Knowledge in Practice (CSKIP) design structure across all RANZCOG programs
- Review and development of learning outcomes for all RANZCOG training programs, ensuring these include appropriate content to support trainees, and with sufficient forward thinking to sustain curricula into the future
- Development of FRANZCOG Advanced Training Pathways and associated training requirements, and delineation of relevant scopes of practice of trainees elevating to Fellowship
- Horizontal and vertical integration of each curriculum and articulation with prior and subsequent phases of training and practice
- Establishing or enhancing processes relating to recognition of prior learning to ensure rigour and consistency
- Development of a program of assessment appropriate to each of the RANZCOG programs
- Ensuring the program of assessment enables progressive judgements about a trainee's preparedness for specialist practice
- Development of appropriate feedback processes to trainees on performance to guide learning.

CASG Terms of Reference are included as Appendix 1.2_10.

Sexual and Reproductive Health Committee (SRHC)

The SRHC was first established as the Sexual and Reproductive Health Special Interest Group in July 2013. It was converted to full committee status (approved by the Board) in February 2023. The SRHC reports to the RANZCOG Board via the ESC.

Responsibilities include the following:

- Provide advice to the Board as requested from time to time with respect to matters relating to sexual and reproductive health
- Develop recommendations for the Women's Health Committee with respect to health policy matters in sexual and reproductive health, including assistance with the development of evidence-based statements as deemed appropriate by the Women's Health Committee.
- Advise and develop recommendations for the ESC with respect to policy matters relating to sexual and reproductive health for relevant training programs
- Make recommendations upon request in relation to education resources, curriculum and assessment
- Develop recommendations for the Continuing Professional Development Committee with respect to continuing medical education initiatives in sexual and reproductive health.

As part of its transition to a full committee, the SRHC now includes a trainee representative in its membership.

SRHC Terms of Reference are included as Appendix 1.2_11.

Simulation Training Advisory Group (STAG)

The STAG was established in November 2015 and reports to the Board via the ESC. The primary function of the STAG is to provide advice on the direction for simulated training within the RANZCOG Training Programs. The responsibilities of the STAG include the following:

- Development of simulation standards in RANZCOG education programs
- Research into the ongoing development and use of simulation in training and assessment
- Development of simulation training resources and educational programs to ensure they meet the needs of key stakeholders and the standards expected by the College

The STAG works closely with the CASG to ensure simulation and assessment in programs align with the curricula and program design. A STAG representative was added to the membership of the CASG in February 2023. STAG Terms of Reference are included as Appendix 1.2_12.

Research Assessment Subcommittee (RASC)

The RASC was established in 2013 (to conduct the activities previously undertaken by the Assessment Subcommittee) and reports to the RANZCOG Board via the ESC. The RASC oversees and provides guidance with regards to the research component of the FRANZCOG Training Program and ensures alignment to the FRANZCOG curriculum. The responsibilities of the RASC include the following:

- To support College staff undertaking the initial assessment of submitted research study activity based on the FRANZCOG Research Requirement Policy

- To provide guidance to the Dean of Education or delegate on discretionary matters in relation to submitted research study activity
- The prospective approval of research study proposals (for trainees commencing prior to 1 December 2017)
- Ongoing review of the assessment criteria used for the research study
- Continuous improvement of the points-based system for approved research activities
- Consideration and formulation of policy recommendations to the ESC related to research

RASC Terms of Reference are included as Appendix 1.2_13.

Accreditation Steering Group (ASG)

The ASG was established in February 2021 and reports to the ELT. The ASG supports activities of:

- The Australian States/Territories/New Zealand TACs, the RANZCOG Training Accreditation Committee (TAC) and the ESC on matters relating to accreditation of FRANZCOG training sites
- The relevant subspecialty committee/s and the Subspecialties Committee on matters relating to accreditation of subspecialty training sites
- The Conjoint Committee for the Diploma of O&G on matters relating to accreditation of Diploma training sites
- The ELT on matters relating to accreditation that may create organisational risks or opportunities relating to training site accreditation.

The ASG's responsibilities include the following:

- To approve FRANZCOG training site reaccreditation Visit Reports (delegated responsibility from the Board in August 2021 – Standard 8.2.1)
- To provide guidance regarding FRANZCOG training site Progress Reports where conditions remain
- To identify, prioritise and manage developments relating to accreditation of training sites/units in terms of standards, policies, regulations and process, to include:
 - Continuous improvement of FRANZCOG accreditation standards
 - Continuous improvement of subspecialty accreditation standards
 - Development and continuous improvement of Diploma accreditation standards
 - Review and input into College statements and policies that can be used to support accreditation activities
- To triage issues arising from the State/Territories/New Zealand TACs or individual training sites/units, particularly those arising from trainees or training supervisor, and provide advice on relevant interventions
- To review proposed schedules for accreditation visits and other activities and provide input/advice
- To provide advice relating to RANZCOG Accreditor recruitment, oversight, training and support
- To provide advice relating to accreditation operational issues
- To provide input into accreditation evaluation activities
- To ensure relevant and effective communication with Education Directorate, State/Territories/Aotearoa New Zealand and Governance and Legal teams as appropriate

The ASG also provides accreditation reports to the RANZCOG Board via the TAC and ESC. ASG Terms of Reference are included as Appendix 1.2_14.

Continuing Professional Development (CPD) Committee

The CPD Committee in its current form was established in July 2018 and reports directly to the RANZCOG Board. The responsibilities of the CPD Committee include the following:

- To advise the RANZCOG Board on matters concerning the CPD programs for Fellows, Diplomates, Associate Members, Australia and New Zealand and Educational Affiliates (Non-SIMG)
- Development, maintenance and ongoing evaluation of the College's CPD Program
- Review and approval of membership applications from Associate Members, Australia and New Zealand and Educational Affiliates (non-SIMG)
- Review reports and recommendations from Regional Fellows Committee, Global Health Committee, Diplomates Committee, CCDOG Committee
- Approve survey requests for distribution to the RANZCOG membership on O&G-related issues
- Review and approve the CPD guides and framework
- Such other matters relating to CPD as may be directed by the RANZCOG Board

CPD Committee Terms of Reference are included as Appendix 1.2_15.

Medical Education Knowledge and Expertise

Committee Members

Committee members are appointed on the basis of their expertise, interest or background in relevant disciplines (e.g., medical education). In some cases, members of specific committees (as detailed in the relevant Terms of Reference) are elected by their respective cohorts. Refer to Standard 1.4 for further discussion of volunteer Fellows and trainees, and specific College roles.

Staff

College staff from the Education Directorate (and other Directorates where relevant and appropriate) attend committee meetings and are actively involved in supporting committee work. Refer to Standard 1.5 for further discussion of Education Directorate and other relevant roles and functions.

MCNZ Six-Factor College Viability Framework

Table 1.2_1 MCNZ Six-Factor College Viability Framework

Critical mass	Sustainable base
RANZCOG has a sufficient and increasing number of qualified Fellows and trainees to deliver its training, education and recertification functions, with 2474 Fellows (including certified subspecialists) and 929 trainees (including subspecialty trainees; 17% in Aotearoa New Zealand). These are supported by 2422 Diplomates and Advanced Diplomates, and a further 921 Diploma/Advanced Diploma trainees.	Overall, RANZCOG has a sufficient and increasing number of qualified Fellows and trainees to sustain the specialty and associated subspecialties in the longer term. This includes appropriate involvement in ongoing training and education development activities.
Infrastructure	Funding
RANZCOG has a sufficiently qualified and experienced workforce to administer all aspects of education and training functions across both countries. RANZCOG's governance and committee structures have the capacity and capability required to administer, review and develop the training, education and recertification functions.	RANZCOG is in a strong financial position with sufficient assets, equity and working capital to sustain all its functions, particularly those related to training and education. The Annual Report provides detail on RANZCOG's financial position.

Collegiality	The viability of the vocational scope of medicine for which training, education and recertification programmes are provided
<p>The College's training and education functions are underpinned by strong collegiality through its committees, training networks and regional offices/bodies and by College support mechanisms such as the Training Support Unit. The College rated highly when compared to other colleges in the MBA's Medical Training Survey in relation to representation on committees (77% agreed with the statement "I am represented by doctors in training on the College's training and/or education committees").</p> <p>Across the 76 College committees, 573 Fellows and members sit on the committees. There are 590 FRANZCOG Training Supervisors and 149 Training Supervisors across the Subspecialty Training Programs.</p>	<p>The combined scope for a FRANZCOG of obstetrics and gynaecology reflects the need for generalist Fellows across Australia and Aotearoa New Zealand, and the current curriculum review described in Standard 3 is designed to ensure that the College's training programs continue to meet women's health needs into the future in both countries.</p>

1.3 Reconsideration, review and appeals processes

The AMC accreditation standards are as follows:		
1.3.1	The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.	✓
1.3.2	The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.	✓

1.3.1 The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.

Developments in Reconsideration, Review and Appeals Processes

In August 2022, a new [Reconsideration, Review and Appeals of Decisions Policy](#) was developed to merge the existing processes contained in the former Exceptional Circumstance, Special Consideration and Reconsideration Policy and Procedure and Regulations. The Policy reflects contemporary decision-making processes undertaken by other medical colleges. This Policy replaced the content in [Regulation A2 \(Appeals Procedure\)](#) and separated the reconsideration process from the former Exceptional Circumstance, Special Consideration and Reconsideration Policy.

The new Policy:

- Ensures procedural fairness where applicants are allowed to advise a conflict of interest with a committee member.
- Provides transparency whereby deidentified reports are published annually.
- Provides a clearer pathway for the applicant to navigate the College's decision-making process.

The new Policy serves the following main purposes:

- Ensuring the College's decisions are disputed via Reconsideration, Review and Appeals in a phased manner via the proposed RANZCOG Reconsideration, Review and Appeal of Decisions Policy.
- Separate policies addressing Special Consideration and Reconsideration clarify that they are different avenues, where reconsideration application is made on specific grounds that also apply to review and appeal.

A summary of changes proposed to the current procedures is outlined below:

- Alignment of Reconsideration Policy to Review and Appeal Procedures.
- Applications are identified that would fall within the remit of Exceptional Circumstances and Special Consideration Policy and are excluded from this Policy.
- The College's right to refuse any application if the applicant failed to produce reasonable or relevant evidence in support of stated grounds.
- At the discretion of the CEO the application can commence at the 'Review' phase or proceed directly to the 'Appeals' phase.
- The College may publish an annual deidentified report of the activities of the Appeals Committee.

Complaint Management Framework

The College's [Complaints Policy](#) is publicly available and aims to support a process that demands professional and social behaviours expected of the membership and College staff in their interactions while undertaking the work of the College, as outlined in the RANZCOG Code of Conduct. The Complaints Policy embeds the College's organisational values of Advocacy, Education, Excellence, Integrity, Kindness and Respect within all aspects of the complaint process. RANZCOG ensures all its complaint-handling processes, both informal and formal, align with a victim-centred approach-handling processes, both informal and formal, align with a victim-centred approach.

Developments in Complaint Management

In August 2022, the existing Complaints Policy was reviewed by the Professional Standards Committee to consider the feedback from the Bullying Harassment and Discrimination Advisory Working Group (BHDAGW). Therefore, the following policies, flowcharts and guidelines were developed:

1. Revised Complaints Policy (Appendix 1.3_1)
 - Details reflecting the high-level complaint management as detailed in this policy can be found at Appendix 1.3_1
 - It is drafted as a high-level document that sets the framework for dealing with all complaints received by RANZCOG.
 - It aligns with a victim-centred approach and with the College's organisational values.
 - It increases transparency by proposing that a deidentified annual report on the complaints received and handled will be made publicly available and include the number and nature of complaints and the outcome.
2. Guideline for Managing Complaints against members informed by the Complaints Policy (Appendix 1.3_2)
 - Details reflecting complaint management against members detailed in this Policy can be found at Appendix 1.3_2
 - This is an internal document guideline for addressing Complaints against members.
 - The guideline incorporates the retired Sanctions Policy for addressing complaints against members.
 - In 2023 the College will explore Constitutional amendments to enable the RANZCOG Board to impose suspension sanctions on members engaging in serious breach of the RANZCOG Code of Conduct.
3. Independent External Reviewer Policy informing the role of the Independent External Reviewer of complaints in RANZCOG (Appendix 1.3_3)
 - This role will have oversight of College complaints and whistleblower disclosure-handling processes and will ensure concerns can be raised and issues addressed fairly, without fear of reprisal or retribution.
 - The College has developed a position description for this role and recruitment is in progress at the time of writing.

Table 1.3_ 1 Requests for Reconsideration, Review and Appeals

Requests for reconsideration				
Reason	Year	Number	Outcome Upheld	Dismissed
FRANZCOG Training				
Failure of Exam	2020	4	2	2
	2021	0	0	0
	2022	1	0	1
Unsatisfactory Six-monthly Summative Assessment/Training Requirements	2020	4	3	1
	2021	4	2	2
	2022	4	3	1
Subspecialty Training				
Unsuccessful at Selection Shortlisting	2020	0	0	0
	2021	3	2	1
	2022	5	4	1
Failure of Exam	2020	0	0	0
	2021	1	1	1
	2022	2	0	2
Specialist International Medical Graduates (SIMG) Pathway				
SIMG assessments	2020	7	5	2
	2021	19	15	4
	2022	6	4	2
Requests for review				
Reason	Year	Number	Outcome Upheld	Dismissed
Specialist International Medical Graduates (SIMG) Pathway				
SIMG Applicant's request for review of the SIMG Assessment Committee decision regarding the Interview Outcome being 'Not Substantially Comparable to an Australian New Zealand trained Specialist in Obstetrics and Gynaecology'.	2020	0	0	0
	2021	1	1	0
	2022	1	1	0
SIMG Applicant's request for review of the SIMG Assessment Committee decision regarding the Interview Outcome being 'Partially Comparable to an Australian New Zealand trained Specialist in Obstetrics and Gynaecology'.	2020	1	1	0
	2021	0	0	0
	2022	0	0	0
SIMG Applicant's request for review of the SIMG Assessment Committee decision regarding the Initial Assessment Outcome being 'Not Comparable to an Australian New Zealand trained Specialist in Obstetrics and Gynaecology'.	2020	1	1	0
	2021	3	3	0
	2022	0	0	0
SIMG Applicant's request to review SIMG Assessment Committee decision regarding reassessment of comparability from 'Substantially Comparable to Partially Comparable Australian and New Zealand Trained Specialist in Obstetrics and Gynaecology.'	2020	0	0	0
	2021	1	1	0
	2022	0	0	0
Subspecialty Training				
Request to review decision of the CGO Subspecialty Committee concerning outcome of an CGO Subspecialty application being not meeting the eligibility criteria for an interview.	2020	0	0	0
	2021	1	1	0
	2022	0	0	0
FRANZCOG Training Program				
Request for review from FRANZCOG Trainees	2020	0	0	0
	2021	0	0	0
	2022	0	0	0

Requests for appeal				
Reason	Year	Number	Outcome Upheld	Dismissed
Appeal against the decision of the EAC not to grant Special Consideration for the FRANZCOG Oral Examination	2020	1	1	0
	2021	0	0	0
	2022	0	0	0
Appeal against the decision of the RANZCOG Progression Review Committee's (PRC) to remove trainee from the FRANZCOG Training Program, due to three (3) Six-Monthly Summative Assessment Reports assessed as 'Not Satisfactory' during her course of training.	2020	0	0	0
	2021	1	0	1
	2022	0	0	0
Specialist International Medical Graduates (SIMG) Pathway				
Appeal of the decision of the College not to grant Fellowship of RANZCOG along with the recommendation to the Medical Board of Australia in support of Specialist Registration in a limited scope of practice in Sexual and Reproductive Health.	2020	1	0	1
	2021	0	0	0
	2022	0	0	0
Appeal against the SIMG Assessment Committee decision regarding the Interview Outcome being 'Not Substantially Comparable to an Australian New Zealand trained Specialist in Obstetrics and Gynaecology'.	2020	1	1	0
	2021	0	0	0
	2022	0	0	0
Appeal against the SIMG Assessment Committee decision regarding the Interview Outcome being 'Partially Comparable to an Australian New Zealand trained Urogynaecologist Subspecialist'.	2020	1	0	1
	2021	0	0	0
	2022	0	0	0
Appeal against the SIMG Assessment Committee decision regarding reassessment of comparability from 'Substantially Comparable to Partially Comparable Australian and New Zealand Trained Specialist in Obstetrics and Gynaecology.'	2020	0	0	0
	2021	1	0	1
	2022	0	0	0
Appeal against the decision of the SIMG Assessment Committee in relation to Interview Outcome being not comparable to an Australian New Zealand-trained in Obstetrics and Gynaecology.	2020	0	0	0
	2021	0	0	0
	2022	1	0	1

1.3.2 The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

Data relating to reconsiderations, review and appeals is reported annually to the ESC and thus to the Board. Data includes the source (originating committee/group), number of cases, nature of issue, and whether decisions were upheld or overturned.

Annual reporting is designed to identify systemic issues (i.e., recurring source or nature of issue) and provide an opportunity for further investigation as necessary. The ESC or the Board may direct such investigative activities, and if a need for improvement of processes, communication or other aspects of education delivery is identified, will direct the appropriate committee and/or staff to undertake remediation.

An example of the report to Board is attached as Appendix 1.3_4. Note that this is extracted from a wider report that also covers FRANZCOG trainee Six-monthly Summative Assessments and Exit Surveys (Standard 6).

The College's Independent External Reviewer will provide independent oversight of the operation of the College's complaint processes and provide annual reports to the Board for its information and consideration, including the making of recommendations to the Board. The Reviewer may review a sample of complaints to be satisfied that due process has been afforded. The annual review report to the Board endeavours to provide assurance that complaint handling has been undertaken appropriately and validate statistics in relation to such matters.

1.4 Educational expertise and exchange

The AMC accreditation standards are as follows:		
1.4.1	The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.	✓
1.4.2	The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.	✓

1.4.1 The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.

Educational Expertise – College Roles

Dean of Education

The Dean of Education role was introduced from the commencement of 11th Council in 2019. The first incumbent of the role from 2019-2021 was Professor Michael Permezel, former President of the College. The current incumbent is Professor Ian Symonds, former Chair of ESC.

The Dean of Education is employed as a consultant. They sit on all College Education committees as an ex-officio member, and also function as Chair of the Curriculum and Assessment Steering Group. They engage with Educational Directorate staff on a day-to-day basis, with weekly meetings to cover operational aspects relating to curriculum development, examinations and assessment, training program/trainee issues, selection, evaluation and accreditation. They also liaise closely with other teams involved in, for example, learning resource development and CPD.

The role of the Dean of Education is to provide advice to relevant committees and staff in relation to:

- Contemporary best-practice models in medical education
- Consistent and appropriate applications of College regulations and policy relating to education and training
- Review and development of training program requirements
- Accreditation of training sites
- Evaluation mechanisms to determine efficacy of training programs and drive continuous improvement
- Examination and assessment methodology (in collaboration with the Specialist Advisor: Assessment).

View the Dean of Education position description for further detail on the role in Appendix 1.4_1.

Specialist Advisor: Assessment

The Specialist Advisor: Assessment role was established in late 2018 and the position description is available in Appendix 1.4_2. Associate Professor Robert Bryce is the current Specialist Advisor: Assessment, a highly experienced member of the College and the inaugural examiner emeritus of RANZCOG. The Specialist Advisor: Assessment is employed as a consultant to:

- Provide expert professional advice on the College's assessment matters: advice is sought on formative and summative assessments including examinations.

- Provide professional advice to managers in the development, review and marking (including standard setting) of examinations and other College assessments.
- Provide advice on new and evolving methods of programmatic assessment, and the preparation and development of key assessment documentation in this area.

The Specialist Advisor: Assessment is included in the membership for the CASG and the EAC.

Specialist Advisor: Accreditation

The Specialist Advisor: Accreditation role was also established in late 2018. Working closely with College staff in the Education Directorate's Accreditation Team, they:

- Provide advice on specific accreditation issues as they arise
- Review and provide feedback on accreditation visit and progress reports
- Collaborate with the Chair of the TAC to provide relevant and consistent advice on accreditation matters.

The Specialist Advisor: Accreditation is included in the membership for the College's Accreditation Steering Group.

Clinical Advisor: SIMG

A Clinical Advisor: SIMG role was introduced in 2021 and was approved as an ex officio member of the SIMG Assessment Committee. Their role is to support Australian SIMG assessment and includes but is not limited to the following:

- Providing advice to SIMG administrative staff.
- SIMG Assessors can refer preliminary outcomes to the SIMG Clinical Advisor for a second opinion before an outcome decision is made.
- Can provide an overall outcome for split decisions among assessors for assessments and reconsideration applications.

The Clinical Advisor role allows preliminary outcomes decisions to be made that would previously be sent to the SIMG Assessment Committee Chair for approval. This allows the Chair to be present during future review or appeals processes as there is no conflict of interest with their preliminary assessment.

Volunteer Fellows/trainees and committee involvement

A large number of volunteer Fellows and trainees are engaged as members across the range of the College's education committees. There are different methods of appointment for different committees: some members are elected following an expression of interest, while others are invited to join a committee based on their expertise, passion and commitment to education. Whichever method is employed, Terms of Reference in regards to committee membership are designed to ensure:

- Sufficient numbers and expertise for decision-making purposes
- Bi-national representation
- Regional representation (where relevant)
- Trainee representation
- Subspecialty representation (where relevant)
- SIMG representation (where relevant)
- First Nations and Māori representation (where relevant)

Specific committees, most notably the State/Territory/ New Zealand Training Accreditation Committees, have members that are closely involved in training in their local jurisdiction. The Chairs of these committees sit as members on the Central TAC, thus providing balanced input into decisions made regarding training across Australia and Aotearoa New Zealand.

Education Expertise – STAG and Medical Education Development

The Simulation Training Advisory Group (STAG – refer to standard 1.2.1) has been increasing its profile in the education space in the period from 2020 due to:

- Its leadership in the development of a special interest Medical Education Advanced Training Module (ATM) for FRANZCOG Advanced trainees. The ATM was piloted in 2022 and has been fully implemented for 2023 (refer to standard 3.1.1 for more detailed information).
- Its increasing role in developing resources and providing support in the area of provision of feedback to trainees.
- An increasing focus on the use of simulation in training (refer to standard 2.2.1) and the inclusion of a STAG representative on the CASG from February 2023.

It is anticipated that the STAG will evolve into a broader committee with increased membership and greater responsibility for educational and learning resource development.

Aboriginal and Torres Strait Islander and Māori Subject Matter Expertise

Committees: He Hono Wāhine and the Aboriginal and Torres Strait Islander Women’s Health Committee provide advice to RANZCOG on the needs of Māori and Aboriginal and Torres Strait Islander trainees and prospective trainees, and on cultural safety, competence and health equity. He Hono Wāhine draws on the expertise of its membership: Māori Fellows, Māori trainees, Kaumātua, a Māori researcher, a Māori midwife and a Māori community representative.

Staff roles: The Hauora Wāhine Māori Advisor (Appendix 1.4_3) and Cultural and Sustainability Projects Lead (Appendix 1.4_4), formerly the Aboriginal and Torres Strait Islander Advisor roles, introduced in 2021, work to increase the capability of staff across RANZCOG in understanding health equity, cultural safety and cultural competence, as well as providing advice. The Hauora Wāhine Māori advisor also works with staff to develop awareness and knowledge of te ao and te reo Māori and links with RANZCOG Kaumātua for further advice and expertise. RANZCOG acknowledges the ‘cultural load’ that exists for Māori and Aboriginal and Torres Strait Islander doctors and these roles are intended to support He Hono Wāhine and the Aboriginal and Torres Strait Islander Women’s Health Committee and reduce cultural loading for members.

1.4.2 The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

Collaboration with Educational Institutions

The College uses a range of networking channels to collaborate and communicate with other specialist medical colleges in Australia and Aotearoa New Zealand:

- The Council of Presidents of Medical Colleges ([CPMC](#)) - provides a collaborative support structure for specialist medical colleges in Australia. RANZCOG’s Immediate Past President is currently Chair for the CPMC. Member colleges include:

- Australasian College of Dermatologists (ACD)
- Australasian College for Emergency Medicine (ACEM)*
- Australian College of Rural and Remote Medicine (ACRRM)
- Australasian College of Sport and Exercise Physicians (ACSEP)*
- Australian and New Zealand College of Anaesthetists (ANZCA)*
- College of Intensive Care Medicine (CICM)*
- Royal Australian College of General Practitioners (RACGP)
- Royal Australasian College of Medical Administrators (RACMA)*
- Royal Australasian College of Physicians (RACP)*
- Royal Australasian College of Surgeons (RACS)*
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)*
- Royal Australian and New Zealand College of Psychiatrists (RANZCP)*
- Royal Australian and New Zealand College of Radiologists (RANZCR)*
- Royal College of Pathologists of Australasia (RCPA)*.

* Also members of the Council of Medical Colleges New Zealand – refer below.

In addition to the Council of Presidents, the CPMC also provides a forum for CEOs of medical colleges, which is currently Chaired by RANZCOG's CEO.

- The Council of Medical Colleges New Zealand ([CMCNZ](#)) - fulfils similar functions to its Australian counterpart, providing a collective voice for the medical colleges in Aotearoa New Zealand. In addition to the bi-national Colleges asterisked above, members include:
 - New Zealand College of Musculoskeletal Medicine (NZCMM)
 - New Zealand College of Public Health Medicine (NZCPHM)
 - Royal New Zealand College of Urgent Care (RNZCUC)
 - Royal New Zealand College of General Practitioners (RNZCGP)
 - New Zealand College of Sexual and Reproductive Health (NZCSRH)

RANZCOG is represented on the Board, and meetings are regularly attended by the Chair of Te Kāhui Oranga ō Nuku, the CEO and Executive Director of Aotearoa New Zealand. RANZCOG also attends regular policy and other forums.

RANZCOG also continues engagement with other medical colleges and bodies including:

- Australian College of Midwives (ACM)
- New Zealand College of Midwives (NZCOM)
- Medical Deans of Australia and New Zealand (MDANZ)

Other collaborative groups:

- Network of Medical College Educators (NMCE) - this involves the Directors of Education and Training (or their equivalent) from each of the specialist medical colleges. RANZCOG representation is provided by the Executive Director, Education. Formal quarterly meetings are supplemented by active engagement and information sharing on a range of educational topics.

- Network of College International Medical Graduate Managers (NCIM), which involves college representatives who are responsible for the assessment of SIMGs in their respective colleges.
- Continuing Professional Development Managers Network (CPDMN), which involves staff from colleges sharing ideas and activities in the CPD area.
- Examinations and Assessment Managers' Network (EAMN), which involves the relevant senior staff sharing experiences with standard setting, best practice, online or electronic examinations, confidentiality and other relevant activities associated with this high-risk area. RANZCOG hosted this meeting in 2020, though meetings have yet to be re-established following the impacts of COVID-19.
- In Aotearoa New Zealand, the Executive Director of Aotearoa New Zealand and Global Health coordinates an informal network of New Zealand managers of medical colleges and is also establishing links between staff in similar functional areas e.g., training, policy, Māori advisors.
- The ongoing operation of a cross-college accreditation staff group, to support common approaches and share information, was affected by COVID-19 (refer to Standard 8.2.4).

International collaboration:

- American College of Obstetricians and Gynaecologists (ACOG)
- Asia and Oceania Federation of Obstetrics and Gynaecology (AFOG)
- Indonesia Society of Obstetrics and Gynaecology (POGI)
- Indonesian College of Obstetrics and Gynaecology (InaCOG)
- International Federation of Obstetricians and Gynaecologists (FIGO)
- Pacific Society for Reproductive Health (PSRH)
- Royal College of Obstetricians and Gynaecologists (RCOG)
- Sri Lanka College of Obstetricians and Gynaecologists (SLCOG)
- The Obstetrical and Gynaecological Society of Malaysia (OGSM)
- The Society of Obstetricians and Gynaecologists of Canada (SOGC)

Curriculum Development – Comparisons with Other Programs

Consultation by other medical Colleges and educational institutions

RANZCOG has been consulted by and provided feedback on curriculum development for the following Colleges in the last three years:

- ACD – Curriculum Review: Health Professional Education and Health Services
- ACEM – Emergency Medicine Certificate, Emergency Medicine Diploma, and Emergency Medicine Advanced Diploma curricula
- ANZCA – Accreditation and Learning Environment Project
- ANZCA – Review of Training, Education and Continuing Professional Development Programs
- RACGP – Curriculum review and syllabus development projects
- RACS – Hospital Training Post Accreditation Standards
- RACS – Professional Skills Curriculum
- RACS – Urology Curriculum
- RANZCP – Diploma of Psychiatry

- RANZCR – Clinical Radiology Training Program Review
- University of NSW – Medicine Program Redesign
- University of Otago – Postgraduate Diploma in Obstetrics and Medical Gynaecology and Postgraduate Certificate of Women’s Health

Curriculum Review

As part of its initial review of RANZCOG’s curriculum offerings in 2018-2019, the Curriculum Review Expert Advisory Panel (CREAP) reviewed the structure of a broad range of other medical college curricula across Australia and Aotearoa New Zealand to inform its recommendations.

When establishing a structural design model for RANZCOG’s own curriculum in early 2020 – which would be based around the CanMEDS Physician Competency Framework (refer to Standard 2.3.1) – the Curriculum Review Planning Group (which superseded the CREAP) looked at curriculum structures used in other procedural colleges, eventually focusing on RCOG, ANZCA and ACEM to develop a proposed structure that would:

- Define exactly what competency means and how elements of competency and learning outcomes inform competencies
- Articulate competencies as either knowledge-, skill-, behaviour- or role-related (or a combination)
- Articulate milestones that need to be achieved at set times in training
- Detail the requirements for each skill, how these develop and become more complex during training, and how they are taught and assessed
- Detail the requirements for each item of knowledge, how these develop and become more complex during training, and how they are taught and assessed
- Map the inter-relationship between roles, skills and knowledge, e.g.:
 - how knowledge underpins skill when undertaking a procedure
 - which role competencies can be associated with a particular procedure (e.g., communication when undertaking a patient assessment)
- Map competencies of RANZCOG’s curricula to CanMEDS roles.

A new proposed structure was approved, and curriculum review activities have proceeded on this basis. The curriculum for the Fellowship Training Program will be at an advanced stage of development in mid-2023, at which point RANZCOG will engage with other colleges to gain their feedback on the proposed structure and improvements/changes.

1.5 Educational resources

The AMC accreditation standards are as follows:		
1.5.1	The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.	✓
1.5.2	The education provider's training and education functions are supported by sufficient administrative and technical staff.	✓

1.5.1 The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.

Training Program Delivery – hospitals and other settings

RANZCOG has structures in place to ensure delivery of training to trainees in their employment setting is appropriately supported and resourced.

FRANZCOG Training Program:

- State/Territory/ New Zealand TACs – the local TACs oversee progress of FRANZCOG trainees in their jurisdiction. Membership includes representation from ITP Coordinators and/or Training Supervisors in relevant hospitals.
- ITP Coordinators – oversee the rotations of FRANZCOG trainees within an ITP during Basic Training, ensuring their rotations provide sufficiently broad experiences to meet training requirements.
- Training Supervisors – responsible for overseeing a trainee's progress in Basic or Advanced Training within their hospital training site; monitors the quality of workplace learning by ensuring quality teaching and assessment of trainee performance in accordance with personal goals and program requirements. A Training Supervisor cannot be responsible for more than four trainees at any one time: this is a requirement of the training site accreditation standards.
- State/Territory/Aotearoa New Zealand offices – support trainees on a local level, the functions of the relevant local TAC, and ITP Coordinators and Training Supervisors in their jurisdiction.
- Training Programs Unit of the Education Directorate – oversees FRANZCOG training on a policy and procedure level; also deals with complex trainee issues, research submissions and elevations to Fellowship.

Subspecialty training:

- Individual subspecialty committees – oversee trainee progress in general and deal with issues arising.
- Program Directors – coordination of a subspecialty training unit, including overseeing the Training Program and accepting the main responsibility for its supervision.
- Training Supervisors – responsible for overseeing a trainee's progress in Subspecialty Training within their training unit.
- Subspecialty team – sits within the Training Programs Unit in the Education Directorate to manage trainee support, administration of training and committee coordination.

Education Directorate – Structure and Functions

The Education Directorate has recently been restructured (November 2022 – January 2023) and now comprises four main units that work closely together to plan, develop, monitor and deliver the College’s various Training Programs. These are:

- Selection, Evaluation and Accreditation (SEA)
 - Operational oversight of RANZCOG’s annual Fellowship and Subspecialty Trainee Selection Processes
 - Ensuring that standards, guidelines and processes relating to training site/unit accreditation are applied effectively with appropriate committee oversight
 - Oversight of all activities relating to evaluation of College Training Programs and other functions, including appropriate and timely reporting to committees, through operationalisation of the Evaluation Framework (refer to Standard 6).
- Training Programs and SIMGs
 - Operational delivery of Training Programs to support all stakeholders and activities, including FRANZCOG and Subspecialty Programs
 - Providing oversight and direction to the Australian SIMG assessment process
 - Overseeing elevation to Fellowship and subspecialty certification processes.
- Examinations
 - Development and implementation of examination application processes
 - Support for the Board of Examiners
 - Support for examination development (including blueprinting), delivery and result ratification processes
- Curriculum Development
 - Identifying best practice education and training delivery models
 - Contributing to strategies that support the development of best practice curricula and College initiatives relating to education and training
 - Supporting the review of College curricula and related material/documentation
 - Leading the continuous improvement of internal processes relating to curriculum and Training Program development.

The current Education Directorate organisational chart is provided as Appendix 1.5_1.

Previous changes to Education Directorate structure and personnel

December 2019 – January 2020

The Education Directorate was restructured into three distinct units, each with its own Head, and Lead positions to drive specific functions:

- Program Support – operational support for FRANZCOG, Subspecialty and Diploma programs, SIMGs and Examinations (the last with a manager overseeing activities)
- Learning and CPD – development of learning resources for trainees and Fellows; oversight of CPD activities
- Quality Assurance and Strategic Development – curriculum development, training site accreditation and program evaluation (renamed Curriculum, Evaluation and Accreditation (CEA) in late 2020).

Early 2021

- SIMG Lead moved to directly report to Executive Director, Education – due to the disproportionate size of the Program Support team
- Learning and CPD unit moved to report to new Innovation, Learning and Quality Assurance Directorate – alignment of CPD and some learning resource development with membership activities. Education retains strong links with Learning and CPD for resource development and other work in the trainee space.

February - March 2022

- Program Support renamed Training Programs.
- Examinations team moved out from Training Programs to form a new unit within the Education Directorate, with its own Head. This recognised the specific oversight required for examination development and delivery, and enabled better focus of resourcing and activities in the Training Programs unit.
- New position of Evaluation Researcher created and filled – to undertake activities relating to trainee/member surveys and other mechanisms that feed into Training Program evaluation. Reporting to Head of CEA.

November 2022 – January 2023

Restructure leading to current set-up as detailed above:

- Curriculum Development moved out from previous CEA unit, with a new Lead (recently elevated to Head) reporting directly to the Executive Director, Education. This recognised the importance and breadth of curriculum development activities, the requirement for more direct oversight at the specific stage of development reached, and the Director's previous close engagement in this space as Head of CEA.
- Creation of new Selection, Evaluation and Accreditation (SEA) Unit – Selection moves from Training Programs to this new unit to replace curriculum development.
- Selection Lead role moved from Training Programs team and repositioned within the new Selection, Evaluation and Accreditation (SEA) unit as Selection Senior Coordinator. The College recognises that this is a complex process- and data-orientated position that aligns appropriately with Evaluation. This change also provides a better supported structure for Selection processes, compared to the previous standalone role within Training Programs.
- SIMG team moved back within Training Programs – the previous creation of a separate Examinations Unit, and the shift of Selection into the new SEA unit, creates capacity for Training Programs to once again incorporate SIMG activities. This creates opportunities for re-aligning processes and procedures.

Executive Director, Education

There has been some movement in this role over the past three to four years. The current incumbent has been in place since October 2022 (and with the College since January 2020; previously Acting Director July-October 2021). Prior incumbents were for the periods October 2021-October 2022, and July 2019-July 2021.

Current and Future Challenges

Restructuring and personnel changes with the Education Directorate mean that this is a relatively young team, with a significant proportion of staff having three years' experience or less within RANZCOG. This leads to issues of retention of corporate knowledge. However, this is offset by the ongoing retention of staff with lengthy education experience and expertise in the

State/Territory/Aotearoa New Zealand teams. This experience is leveraged as those teams work closely with the central Training Programs team.

A further and related challenge lies in ensuring the ongoing retention of knowledge and decisions made in the committee space. With Council (and thus committee) terms reduced from three to two years from commencement of the 12th Council in 2021, it is vitally important to ensure that incoming new committee members, and particularly Chairs, have knowledge of previous decisions made and the rationale for them, so that long-term development and continuous improvement activities can be supported efficiently and effectively.

1.5.2 The education provider's training and education functions are supported by sufficient administrative and technical staff.

Engagement of cross-College teams with Education

State, Territory and Aotearoa New Zealand Offices

Leadership of the Australian State and Territory Office teams sits under the Communications and Engagement Directorate, with the Aotearoa New Zealand and Global Health Directorate overseeing the same functions for Aotearoa New Zealand.

Local offices provide the following services:

- Managing administrative support for the recording of trainees' progress in the FRANZCOG Training Program.
- Monitoring the progress of trainees in the FRANZCOG Training Program and responding to trainee and Training Supervisor enquiries.
- Monitoring and supporting trainees in difficulty, including development of learning and development plans.
- Providing advice to trainees, training supervisors and ITP Coordinators on requirements and regulations.
- Local newsletters and trainee and member communications
- Collaborating with central College staff to assist in the coordination of local workshops, exam preparation courses and workshops, clinical webinars and meetings, FRANZCOG Selection and examinations and Year 1 trainees' induction.
- Providing support to the relevant local Training and Accreditation Committee and Chairs as well as any other subcommittees.
- Managing and reporting on events and trainee engagement.

Learning and CPD

The Learning and Continuing Professional Development (CPD) team are responsible for delivering RANZCOG's teaching, learning and CPD support programs, implementing delivery and promotion of initiatives to grow and continually improve RANZCOG's learning support for members. The unit delivers and promotes resources for all types of members:

- Providing high-quality delivery of learning and professional development, face-to-face and online.
- Managing the coordination of working groups and/or project groups to design, develop, and evaluate content for online and face-to-face education programs, in liaison with RANZCOG subject matter experts.
- Working with all RANZCOG staff to allocate CPD hours to Fellows who participate in RANZCOG-related activities.
- Working to continually understand the market needs of stakeholder groups to develop and implement products, tools and resources.
- Evolving and supporting the CPD courses endorsement and accreditation processes.

- Understanding and responding to the CPD landscape in Australia, Aotearoa New Zealand and internationally to deliver support most effectively.
- Providing timely reminders and support for Fellows who seem to be behind in fulfilling CPD requirements.

Governance and Legal

The Governance and Legal team works across all areas of the College Constitution, Regulations, policies and procedures, Committee terms of reference, legal and contractual matters, appeals and elections. The Governance and Legal Office is a primary interface between the CEO, Directorates, the RANZCOG membership and external stakeholders on issues of a legal, regulatory, contractual and policy nature.

Key interactions with Education include:

- Development and review of relevant committee Terms of Reference
- Development and review of Education policies and regulations
- Oversight of reconsideration, review and appeal processes
- Oversight of committee elections where relevant.

Communications and Public Affairs

The communications team is responsible for the planning and delivery of RANZCOG communications, and social media and design assets. They assist with Education functions such as:

- Management of the College website, hosting all information pertinent to the College's training programs, as well as member- and consumer-facing functions
- Education content for the *Connect* e-newsletter (for all members)
- Targeted Electronic Direct Mail (EDMs) for trainees and training supervisors
- Social media posts related to Education and Training matters
- Specific communications and design related to survey and other evaluation outcomes.

Executive Office and Advocacy

The Executive Office and Advocacy team is responsible for supporting the Board, Council, President and CEO in all activities, as well as several key committees. The Office is the primary interface between external organisations and the College, with regular interaction with a range of key stakeholders, including government agencies, State Departments and jurisdictional and national health organisations.

Work in the Education Directorate's training site accreditation team is increasingly aligned with the advocacy role of the College in liaising with hospital networks and local health authorities to ensure delivery of obstetric and gynaecological services and training remains at a high standard.

Information Technology

The Information Technology team supports the College's strategic objectives by providing key enabling services. This includes operational assistance across all IT applications, maintaining the College's IT infrastructure and working on IT projects. In regard to Education activities, this includes:

- My.RANZCOG and Integrate, which manage membership information, including CPD, training assessments and Prospective Approvals of training. Trainees upload their training requirements to My.RANZCOG to be processed, and have a personalised summary of the due dates for each training requirement. It is also a space for trainees to log leave, Professional Development and Learning Development Plans.
- Examinations systems
 - As of 2022, the Written Examination moved to a new platform [Practique](#), which provides a better experience for candidates and examiners, with a demo site available for candidates to use prior to examinations, and support for high-quality images and videos.
- QuestionPro is used as the main survey platform.
- Selection systems include Cognito forms, WorkFlows and PowerPlatform.
- Cognito forms are used for internal and external use to take registrations for free and paid events and workshops (excluding Annual Scientific Meetings and Symposiums).

Finance, STP and Risk

The Finance team manages the College's accounting and reporting functions to ensure financial sustainability of the College and supports planning and decision-making. The team is responsible for communication and transparency of training fees, as well as management of discount and payment instalments.

The Specialist Training Program (STP) team are responsible for the coordination and administration of all projects under the Commonwealth-funded STP including the Specialist Training Placements and Support (STPS), Integrated Rural Training Pipeline (IRTP), Tasmanian Project, General Practitioner Procedural Training Support Program (GPPTSP), associated support projects and all other activities contributing to the successful delivery of the STP. The STP team also coordinates the Regional Fellows Committee as well as the Australian O&G Workforce Working Group.

Learning Resources

Acquire is the College's eLearning platform for Fellows, and for the FRANZCOG, Subspecialty and Diploma training programs. The platform was implemented in 2022 to improve on the previous eLearning platform (CLIMATE) to provide modern functionality and navigation. The update also included a review of content and quality, and includes the following resources:

- Modules for each area of the Curriculum with various methods of learning including:
 - Videos
 - Journal articles
 - Guidelines
- Compulsory assessment modules with quizzes to test knowledge
- Quality assurance courses
- CPD Resource Hub
- Event and workshop presentations and resources, including FRANZCOG Written Pre-examination Online Course content and recordings.

Standard 4 provides a comprehensive list of all College educational courses, workshops, events and webinars.

People, Wellbeing and Facilities

The People, Wellbeing and Facilities team are responsible for supporting staff and members through a range of strategic and operational activities. The work is underpinned by the College values: focussing on fostering a positive workplace culture and supporting the wellbeing of staff and members to maintain an engaged, productive and value-adding workforce.

This department creates health and wellbeing initiatives for members and trainees, including webinars, resources and advocacy for doctor wellbeing. Members can also contact the Wellbeing and Diversity Lead for support, and the Trainee Support Liaison is available for trainees and SIMGs to contact while on their training journey. Refer to standard 7.4 on wellbeing for further information on how the College supports member wellbeing and equality to foster safe and supportive workplaces.

Committee Coordination

Each College committee has a committee coordinator who is responsible for the organisation of each meeting agenda, minutes, and action items. The committee has oversight from the committee coordinator's direct manager.

1.6 Interaction with the health sector

The AMC accreditation standards are as follows:		
1.6.1	The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.	✓
1.6.2	The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.	✓
1.6.3	The education provider works with training sites and jurisdictions on matters of mutual interest.	✓
1.6.4	The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.	✓

1.6.1 The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

RANZCOG's strong culture of collaboration involves identifying opportunities that support the healthcare system, women's health, education, fundraising and ongoing professional development. The RANZCOG Strategic Plan 2022 - 2024 is focused on six key pillars. One of these is a commitment to proactive engagement with the College's diverse group of stakeholders, to create mutually beneficial and valuable relationships in pursuit of excellence and equity in women's health.

The College continues to engage with and maintain relationships with key stakeholders, health-related sectors and the broader community on key issues. Refer to Appendix 1.6_1 Stakeholder List for a comprehensive list of the College's interactions with various organisations, government and regulatory bodies in Australia and Aotearoa New Zealand.

Government and Regulatory

RANZCOG has a strong relationship with the Commonwealth Department of Health and Aged Care and State and Territory health departments in Australia, and in Aotearoa New Zealand, with the Ministry of Health and Te Whatu Ora Health New Zealand. The College is also working to build a relationship with the new Māori Health Authority Te Aka Whai Ora. The College's most senior executive members have regularly met with key ministerial decision- and policy-makers across Australia and Aotearoa New Zealand to discuss a range of advocacy topics including, for example, workforce distribution, trainee and Training Supervisor wellbeing, training fees, access to abortion, government-funded posts, access to gynaecological procedures in public training settings, budget submissions and Medicare Benefits Schedule (MBS) items of relevance to the speciality.

RANZCOG also takes part in mutual and extensive consultation and submissions with other sector organisations. Further details of the above interactions are noted in Appendix 1.6_1.

As noted from the College's previous Comprehensive Report submission, RANZCOG hosted the first Australian National Women's Health Summit (NWHS) in March 2018. The summit united Australia's top 100 women's health influencers from healthcare, industry, NGOs, community groups and government in a unique collaboration to discuss and address the most pressing health

challenges faced by Australian women. Subsequently, the Minister for Health announced the development of a National Women's Health Strategy 2020-2030, focusing on the health needs of women and girls in Australia over the medium term.

In May 2021, RANZCOG hosted a [National Women's Health Summit](#) at Parliament House in Canberra, with the aim of bringing together a diverse range of stakeholders to discuss and address health challenges faced by Australian women. The Summit hosted 120 delegates including consumers, government, research bodies and other women's health organisations, with another 500 delegates participating online. The event engaged with over 200 organisations from across the country and enabled RANZCOG to develop a [statement](#) identifying key themes and outlining important recommendations. One of the recommendations was the establishment of a Women's Health Council to oversee and champion many of the objectives that fall within the Government's National Women's Health Strategy 2020-2030.

The Department of Health and Aged Care has since formed a National Women's Health Advisory Council which has a cross-disciplinary representation within its membership, including that of RANZCOG, to discuss and plan for the future of women's health in Australia.

In September 2021, RANZCOG hosted the [Flourish Women+ Health Summit](#) in Aotearoa New Zealand (after several COVID-19 pandemic-related delays). The summit brought together a wide range of stakeholders including medical, government, research and community and was hosted in conjunction with partner organisations Te Tātai Hauora o Hine (the National Centre for Women's Health Research Aotearoa) at Victoria University of Wellington, New Zealand Family Planning, National Council of Women of New Zealand, New Zealand College of Midwives, Rural Women New Zealand, The Royal New Zealand College of General Practitioners, NZ College of Sexual and Reproductive Health and Women's Health Action. After advocacy from the sector, including RANZCOG, a Women's Health Strategy was included in the Pae Ora (Health Futures) Act 2022. The Flourish Women+ Health Summit was attended by the (then) Associate Minister of Health (now Minister of Health) and Ministry of Health officials responsible for development of the Women's Health Strategy under the Pae Ora (Health Futures) Act 2022. A report from the event will inform development of the strategy and RANZCOG has also made a submission on the Women's Health Strategy.

Health Sector and Industry Bodies

Through a shared vision for improvement, excellence and equity in women's health, RANZCOG continues to build rapport and extensive stakeholder engagement with the wider healthcare sector including other not-for-profit medical colleges, associations, women's health organisations and regulatory bodies.

The College has notably built a strong mutually beneficial relationship with the Australian College of Midwives (ACM) and the New Zealand College of Midwives (NZCOM). ACM and RANZCOG have collaborated on various statements and consumer-facing resources since the last AMC report and RANZCOG will continue to strengthen this relationship in shared advocacy efforts. In Aotearoa New Zealand, NZCOM and RANZCOG meet regularly to share information and undertake joint advocacy.

Engagement with colleges, societies and other industry bodies domestically, in the Pacific and further internationally, has provided many trainees and doctors greater opportunity and support for education and training. In addition, various signed Memoranda of Understanding (MoU) between 2019-2023 with a number of these key stakeholders give the College an opportunity to share in mutual areas of interest and operations between organisations (Appendix 1.6_2).

The College made 35 submissions and consultations in Australia and 20 in Aotearoa New Zealand in 2022.

In March 2023, RANZCOG was recognised in the top 101 list as a [WORK180 Endorsed Employer for Women](#), which supports workplaces that are committed to gender equity, diversity and inclusion. RANZCOG leads by example as the first medical college to be recognised on this list.

1.6.2 The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.

Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program

Training sites are required to comply with the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#). Standard 4 provides detail of how clinical supervision and experience is to be provided and what needs to be covered, e.g., ultrasound training, and Standard 5 indicates requirements for the provision of structured education programs, teaching sessions and learning opportunities. Standard 3 from the [Accreditation Standards and Guidelines for Hospitals](#) details the criteria for how clinicians are required to contribute to teaching and supervision.

Figure 1.6_1 Accreditation Standards and Guidelines - Standard 3

Standard 3 Criteria – 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	Consultant staffing: 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. There is an appropriate FTE of O&G to meet the clinical workload including after-hours clinical requirements.
3.1.2	Consultant provision of training, support and supervision: The hospital has sufficient O&G Consultant FTE to: <ul style="list-style-type: none"> support, sustain and deliver the FRANZCOG Training Program in addition to service provision requirements AND cover the following areas (determined by the workload and number of Registrars and Residents): <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	Consultant position description or statement of duties: 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.
3.2.2	Appropriate Consultant Support: 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. 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.
3.2.3	Appropriate After-Hours Supervision and Teaching: 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.

Training sites are monitored for compliance to the standards. Refer to Standard 8.2 for further information.

Professional Development for Supervisors and others

Standard 2.3 of the Accreditation Standards and Guidelines for Hospitals stipulates that Training Supervisors undertake training and professional development activities to perform their supervisor role.

RANZCOG has developed education resources to support the Professional Development of Training Supervisors and other Fellows involved in the education of trainees. Please refer to appendices detailed below that provide an overview of each program, an evaluation summary and any improvements identified for the future:

- Training Supervisor Workshop (online and face-to-face) mandatory for all new Supervisors to attend (Appendix 4.2_12)
- Respectful Workplaces (online and face-to-face) (Appendix 4.2_13)
- RANZCOG Mentoring Program (Appendix 4.2_15)
- [CPD Resource Hub](#): Previously, CPD resources have been spread out over different platforms such as Acquire, the CPD portal, the website and newsletters. The CPD resource hub was created to provide an accessible hub where members can easily find relevant resources to support and enrich their ongoing learning, upskilling and professional development.
- State and Territory Offices in Australia and the Aotearoa New Zealand office provide professional development opportunities for Fellows that are approved for the CPD program. Refer to Appendix 4.2_20 Australian Events and Appendix 4.2_21 Aotearoa New Zealand Events.

In addition to the above, the RANZCOG CPD program also provides opportunities for Fellows to engage in a range of activities that support their role in the clinical workplace.

The [CPD Webpage](#) has further information on the program and activities to support CPD participants.

- Refer to the [CPD Framework](#).
- Refer to the [CPD Framework Definitions and supporting guidance](#).

1.6.3 The education provider works with training sites and jurisdictions on matters of mutual interest.

Training Sites and Hospital Visits

RANZCOG senior executive and accompanying staff routinely visit hospital and training sites across Australia and Aotearoa New Zealand to listen to feedback from members and trainees located there, with occasional input from hospital executives. These sessions can be both formal and informal and seek to provide members and trainees a space to be open and comfortable to provide feedback.

In addition, matters of mutual interest such as site-specific hospital accreditation and progress, Specialist Training Post updates, trainee wellbeing and general feedback are discussed. The College processes this feedback and reverts to sites with any appropriate follow-up information that has been requested. The College has received a lot of positive feedback from site visits and this form of interaction with RANZCOG members and trainees at their workplace.

The College's Accreditation Team provides information to those undertaking the visits in relation to the site's training accreditation status and any specific training issues. Work is in progress to ensure that outcomes of the executive visits detailed here are fed back into accreditation processes in a timely fashion.

The College is also in the early stages of developing an Information Sharing Protocol with its hospital training sites in relation to reported instances of bullying, discrimination and harassment. This is covered in more detail under Standard 8.2.4.

In Aotearoa New Zealand, RANZCOG also facilitates the O&G Clinical Directors Network, which shares information on an ongoing basis and brings together the O&G leaders from hospitals around the country four times a year. This provides an opportunity for the Clinical Directors to exchange information and concerns and it provides RANZCOG valuable links and a source of information on issues around the country.

State and Territory offices and the Aotearoa New Zealand Office also maintain links with trainees, Training Supervisors and hospitals in their locations and are often a first point of contact for any queries or concerns.

1.6.4 The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

First Nations

Community engagement

The College set up the RANZCOG Indigenous Network Group as an informal meeting group to facilitate a safe and informal space for all Indigenous Fellows, trainees and Diplomates to discuss issues they face as First Nations people, both related to their chosen field of medicine, and more widely. Members of the group provide support and knowledge to each other through their shared experience and culture, and may raise concerns or proposals through the Chair of the College's Aboriginal and Torres Strait Islander Women's Health Committee.

RANZCOG also maintains important stakeholder engagement with Indigenous midwives and wider First Nations community members as key contributors to the College's Reconciliation Action Plan (RAP), articles in O&G Magazine, workshops for cultural safety training and module review, as well as the facilitation of cultural learning and development sessions for staff.

Sector engagement

RANZCOG continues to proactively work with leading Indigenous health sector organisations such as the Australian Indigenous Doctors' Association (AIDA) and Leaders in Indigenous Medical Education (LIME) Network.

In 2023, RANZCOG signed a MoU with AIDA. The MoU further strengthens RANZCOG's partnership with AIDA and commitment to academic collaboration in the areas of research, education, and faculty development and capacity building for First Nations people.

RANZCOG works in partnership with LIME and AIDA to support cultural safety, understanding and support for doctors in specialist training and education.

The College is committed to sponsoring major events held by both organisations to support shared organisational goals of improving education and training for First Nations trainees, and improved health outcomes for the Indigenous community.

Reconciliation Action Plan

Following on from the launch of the original Innovate Reconciliation Action Plan (RAP) in 2018, the College is due to submit the next iteration of the RAP in 2023. The timeline of completion for the RAP is available in Appendix 1.6_3.

The College RAP continues to strengthen the College's aim in achieving health and equality for Aboriginal and Torres Strait Islander peoples through quality education, training and advocacy delivered with cultural integrity and in prioritising First Nations health matters.

The RAP has been endorsed by the College Board, which continues to value and recognise Aboriginal and Torres Strait Islander health matters. The RAP has been developed with input from the RAP Working Group, the RANZCOG Indigenous Network Group and the Aboriginal and Torres Strait Islander Women's Health Committee. External community groups have also been consulted, and the RAP also incorporates feedback from Reconciliation Australia.

A large focus for the College within the next RAP is for successful recruitment and retention of First Nations trainees through the provision of adequate support services and easy access to education and training. In the 2022 FRANZCOG Training Selection, of the 111 successful applicants, five of those identified as Aboriginal or Torres Strait Islander, and three identified as Māori.

The College will also continue to seek to provide funding for important ongoing scholarships for Indigenous trainees and members. In 2022/2023, through a successful Department of Health and Aged Care (DoH) funding proposal, RANZCOG was able to provide 10 professional development scholarships to the value of \$2,500, to support Aboriginal and Torres Strait Islander specialist trainees in obstetrics and gynaecology, prevocational doctors and medical students in attending educational and networking events hosted by RANZCOG for their professional development and advancement.

Module Review

In 2022, RANZCOG engaged with First Nations community elders and women about the current content in various College training modules relating specifically to Indigenous health. Much of the feedback from these workshops revealed that some materials needed to be revised as they were outdated. As a result, the Aboriginal and Torres Strait Islander Women's Health Committee and the College Board made the decision to remove the current Indigenous Health training module and develop a new module. RANZCOG's sensitivity and willingness to listen and take action to make appropriate amendments and considerations was well received and further strengthens RANZCOG's relationship with key First Nations stakeholders.

Māori

Te Rautaki Māori me te Ara Whakamua

Over 2021 He Hono Wāhine led the development of RANZCOG's Te Rautaki Māori me Te Ara Whakamua – RANZCOG's Māori strategy and action plan. This was initiated with a hui of all Māori trainees and Fellows and supported by Māori consultant and facilitator Ria Earp and RANZCOG's newly appointed Wāhine Māori Advisor. Te Rautaki Māori me Te Ara Whakamua outlines goals for wāhine Māori, College members and the organisation, and specific actions for 2022 to 2026 (Appendix 1.6_4). Te Rautaki Māori me Te Ara Whakamua was approved by the Board in October 2021. Te Rautaki Māori me Te Ara Whakamua is on the agenda at each He Hono Wāhine meeting and progress against the actions in the plan is reported to the Board and Council each Council week.

Sector engagement

He Hono Wāhine includes a kaupapa Māori researcher from Te Tātai Hauora o Hine (the National Centre for Women's Health Research Aotearoa) at Victoria University of Wellington and a midwife from the Board of Ngā Maia Māori Midwives O Aotearoa, who provide valuable links and information.

RANZCOG also works with and supports Te Ohu Rata O Aotearoa Māori Medical Practitioners Association (Te ORA). RANZCOG encourages all Māori trainees and Fellows to be members of Te ORA. RANZCOG has partnered with Te ORA conferences and more recently to run online webinars. In 2022, RANZCOG sponsored and hosted a Te ORA webinar with Māori fellows and trainees sharing experiences during COVID-19 pandemic of obstetrics in Middlemore Hospital, traditional Māori birthing practice of muka tie, and an update on He Hono Wāhine's mahi and RANZCOG's Te Rautaki Māori me te Ara Whakamua. RANZCOG will again sponsor and host a webinar with Te ORA in 2023.

RANZCOG representatives were involved in the Interagency Māori Advisory Group (IMAG) and the joint work of the Council of Medical Colleges of New Zealand (CMC) and Te ORA to develop the Cultural Safety Training Plan for Vocational Medicine in Aotearoa.

RANZCOG also has strong links with the Māori/Indigenous Health Innovation (MIHI) team at the University of Otago. RANZCOG worked with MIHI in 2019 to develop the first MIHI 501 cultural competence course and has been offering this course to trainees and Fellows since then. The course is mandatory for trainees, required for all SIMGs, and recently became mandatory for all training supervisors. Several RANZCOG Fellows are tutors for the MIHI workshop, as is one of the He Hono Wāhine Kaumātua. MIHI will facilitate a workshop on their Equity Toolkit at RANZCOG's Aotearoa ASM in June 2023.

Community engagement

As well as providing advice to RANZCOG on matters of culture, cultural safety and equity, He Hono Wāhine acts as a network that supports Māori trainees and Fellows. He Hono Wāhine members support each other and reach out to other Māori Fellows and trainees. A Hui-a-Tau (annual meeting) provides an opportunity for all Māori Fellows and trainees to get together and share experiences. A He Hono Wāhine workshop prior to each ASM has provided another opportunity for Māori Fellows and trainees to engage. Both the ASM hui and Hui-a-Tau are held on marae and provide an opportunity for engagement with local Māori and iwi.

He Hono Wāhine also offers tuakana teina (buddy system) for Māori trainees and advocates on behalf of trainees when challenges are identified.

Consumer engagement and network

Consumer Network Working Group

The Consumer Network Working Group is a formal working group of the College. Made up of 11 members from across Australia and Aotearoa New Zealand, the group plays an important conduit role between community experience and College work. This provides RANZCOG the opportunity to understand how members and trainees can better service the community through community interaction, and how the College, as an education and accreditation body, can facilitate this.

An invaluable asset in the development of RANZCOG clinical guidance documents, the Consumer Network Working Group brings together a group of community members with a broad and diverse range of experiences and expertise, who provide critical review of RANZCOG documents from a consumer perspective. This has been invaluable in adding substantial context to the clinical information provided. Consumer involvement across the College's work has expanded the role of RANZCOG resources

from delivering clinical standards to providing detailed educational information to consumers with high levels of health literacy and to facilitating the College's advocacy priorities.

The group also meets regularly to review and discuss work such as frameworks, consultations, projects and important advocacy topics to provide input and insight from a consumer perspective.

Moving forward, consumer representatives will continue to have an embedded role in informing the work of the College and strengthening engagement with consumers and the community. There is room to add involvement with O&G Magazine and the involvement in webinars as both chairs and panellists.

A focus of the Women's Health Summit in Australia, as well as Flourish Women+ Health Summit in Aotearoa New Zealand, was including a consumer voice. At the Women's Health Summit the panel discussion sessions included consumer representatives from RANZCOG's consumer network and from the Australian Consumer Forum. In Aotearoa New Zealand, Te Kāhui Oranga ō Nuku's consumer representative led the Flourish Women+ Health Summit, designed the format and acted as the MC on the day; two other RANZCOG community representatives were part of the facilitation team for the event. Women's Health Action (a consumer advocacy organisation) was a partner organisation for the event and provided a facilitator for the team, and a number of attendees on the day were also from consumer organisations.

Social media network

In 2020, RANZCOG set up a dedicated social media channel for consumers to interact on topics of mutual interest within the women's health space. The platform is used for discussion and sharing of ideas and is also used to post calls for Expressions of Interest by the College and for contributions to College work including articles and participation in consumer-focused webinars.

Since the start of the COVID-19 pandemic, a number of consumer-focused webinar panels have been held, featuring multidisciplinary clinicians as well as consumers, to discuss important health topics such as vaccination and pregnancy, menopause and periods in your 40s, gender inclusivity, and sexual and reproductive health.

In 2020, RANZCOG in Aotearoa New Zealand worked with members to create a series of videos promoting the importance of COVID-19 vaccination on social media, with messages from Māori and Pacific O&Gs. View the videos:

- [COVID-19 vaccination and pregnancy for Pacific women](#)
- [Promoting safe COVID-19 vaccination for hapū māmā](#)

During the pandemic, RANZCOG collaborated with Harmony Alliance to translate information relevant to COVID-19 and the vaccinations in various languages to create awareness for the diverse community. The collaboration also included webinars to migrant communities discussing specific obstetrics and gynaecology topics.

Consumer, external and independent representation on Committees and Working Groups

The College continues to seek input and insight from the community on important topics in women's health by recruiting consumer representatives to formally sit on College Committees and Working Groups across all areas. Refer to standard 1.1.5 for more information on the committees that include consumer representation.

1.7 Continuous renewal

The AMC accreditation standards are as follows:

- | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 1.7.1 | The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice. | ✓ |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|



1.7.1 The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

As part of its ongoing commitment to continuous improvement, RANZCOG uses various mechanisms to ensure resource allocation to education and training remains fit for purpose, reflects evolving trends, and that supporting mechanisms are reviewed in a timely and appropriate manner.

Strategic Plan

A strategic planning session was held at the beginning of the 12th Council term to develop the College's current Strategic Plan. Refer to Appendix 1.1_1 for details of the 2022-2024 plan.

Operational Plan

Concurrent with Strategic Plan development, the ELT leads development of an Operational Plan to identify College tasks and directly associate these with the Strategic Plan. Timelines are put in place and resourcing needs identified. The Operational Plan is reviewed formally on a six-monthly basis, and RANZCOG is building mechanisms to regularly report operational activity to the Board against the Operational Plan (Appendix 1.7_1).

Regulation and Policy Review

RANZCOG policies are regularly reviewed, with a set time limit of (usually) two years for a formal review, but ad hoc revisions are passed through approval processes as necessary.

Changes to training and education program requirements and associated policies may also require amendments to regulations. These are dealt with through relevant committee approvals and summarised for Board approval at the end of each year.

Regulation Revisions: Board Approval Process is attached as Appendix 1.7_2.

Curriculum and Training Program Updates

In addition to the major strategic curriculum review project (Standard 3), specific changes to curricula and training program requirements may be needed to address issues arising or as part of RANZCOG's evolutionary processes. The broad processes for these changes are as follows:

- Issue or driver for change is discussed with relevant committee/s (e.g., CASG, TAC, Trainees' Committee, ESC).
- Agreement in principle to address the issue is attained, and a working group or party, comprising relevant members and staff, is established. This can be formal or informal depending on the nature of the activity e.g., a formal Research Curriculum

Review Group was established and operated through 2021 to reframe research requirements in the FRANZCOG Training Program.

- Specific proposal/s for change are taken back through originating committee for refinement and decision on final proposal.
- Final proposals are then taken forward through relevant approval processes (including Board approval if required).
- In-house teams are involved in discussing the practicalities of implementation and the required communications to trainees and others involved in the training program.
- In-house teams also revise any relevant documentation e.g., the curriculum document itself, training program handbook, associated forms, etc.
- Any associated regulation and policy changes are also addressed and taken through relevant change processes.
- Timeline for curriculum changes of this nature is most often for all changes to be approved in the College's July Council week, for implementation at the start of the following hospital employment year.

Review of College Statements and Guidelines

The role of specialty organisations in clinical guidance development is important and potentially reduces variation in care as well as improving health outcomes.

Currently, RANZCOG has a [portfolio](#) of clinical practice guidelines and over 80 clinical statements covering a broad range of obstetrics and gynaecology topics. In 2020 the College embarked on a process to embed evidence-based methodology into the portfolio of clinical statements and guidelines, using contemporary processes used by NHMRC (known as [GRADE](#)). The high-quality evidence from well-designed studies, e.g., randomised controlled trials (RCTs) is not always available, and the College recognises the need to ensure that guidance is of high quality and compatible with the Australian and New Zealand healthcare context.

Under the auspices of the RANZCOG Women's Health Committee, a survey of the College membership (in 2021) identified key priority topics, as well as overall support for developing larger evidence-based clinical guidance documents. The College established [process](#) documents to support this activity (approved by the Board), and appointed expert working groups to contribute to the update of clinical statements and guidelines in accordance with these processes. The development and approval processes are rigorous and include a public consultation of each draft statement or guideline. RANZCOG statements and guidelines are reviewed on a rolling five-yearly basis (Appendix 1.7_3).

An Advanced Training Pathway in evidence-based medicine is in development to provide opportunity for Trainees (senior registrar or equivalent) to gain knowledge and expertise and contribute to the development of evidence-based guidance. The estimated length for completion of the module would be 52 weeks, with supervision offered by the RANZCOG Dean of Research and Policy.

Documents provided check list – Standard 1

Document	
✓	College's governance structure with key committees and lead members
✓	Terms of reference and membership of training and education committees
✓	Any formal agreements between the education provider and other entities concerning the delivery of training N/A
✓	Conflict of interest policy relevant to training and education functions
✓	Reconsideration, review and appeals policy
✓	A diagram showing the education provider's staffing structure
✓	Most recent Annual Report
✓	Reports of any relevant reviews related to governance or education and training functions N/A



Standard 2:

The outcomes of
specialist training
and education

Standard 2: The outcomes of specialist training and education

2.1 Educational purpose

The AMC accreditation standards are as follows:		
2.1.1	The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.	✓
2.1.2	The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.	✓
2.1.3	In defining its educational purpose, the education provider has consulted internal and external stakeholders.	✓

2.1.1 The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.

Strategic Plan, Vision and Mission Statements

The RANZCOG Strategic Plan 2022-2024 was launched in December 2021 (Appendix 1.1_1). As part of the development process, the College revised its vision and mission statements.

Previous Vision: Delivery of excellence and equity in women's health.

Current Vision: Excellence and equity in women's health.

This change recognised that RANZCOG is not only responsible for delivery, but its advocacy role plays a large part in addressing health inequities, improving access to care, and influencing policy and system change.

Previous Mission: To be the leader in education, training and advocacy in obstetrics and gynaecology.

Revised Mission: To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health.

This change recognised RANZCOG's role as an established champion of women's health, and the broader role of advocacy across the women's health space.

The Strategic Plan was developed through consultation with a range of stakeholders upon formation of the 12th RANZCOG Council:

- Council and Board members

- Key Education and other committee Chairs
- CEO and Executive Leadership Team (ELT)
- Key Education and other staff

Once the Strategic Plan was developed, the draft was distributed to all College staff, members, trainees and other organisations and stakeholders, including consumer representatives. The feedback was collated and incorporated into the final version of the Strategic Plan.

The Strategic Plan consists of six strategic priorities with related key objectives in the areas of:

- Education and Training
- Member Engagement
- People and Wellbeing
- Sustainable Organisation
- Stakeholder Engagement
- Community, Equity and Advocacy

RANZCOG Constitution

The RANZCOG Constitution outlines the objects for which the College was established including educational purpose. Refer to Standard 1.1.4 for further detail.

2.1.2 The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.

Purpose of the College – Aboriginal and Torres Strait Islander and Māori Health

RANZCOG maintains a strong commitment to improving the health and wellbeing of Indigenous people in Australia and Aotearoa New Zealand and increasing the Aboriginal and Torres Strait Islander and Māori workforce members and staff.

RANZCOG has a number of committees focused specifically on these areas and has implemented a range of initiatives to support Aboriginal and Torres Strait Islander and Māori health (discussed below) with continuing work in progress to strengthen this key area.

It should also be noted that, while not assessed by the Australian Medical Council (AMC) and Medical Council of New Zealand (MCNZ), the College's long-standing Diploma and Advanced Diploma programs are specifically designed to train GP obstetricians to provide safe obstetric care in rural and remote locations in Australia, where a significant proportion of First Nations peoples live and birth.

Aboriginal and Torres Strait Islander Women's Health Committee

The Aboriginal and Torres Strait Islander Women's Health Committee was established in July 2009 as the Indigenous Women's Health Committee, with a change of name in July 2014. The Committee acts as an advocate for and provides advice to the

RANZCOG Board regarding matters relating to the health and welfare of Aboriginal and Torres Strait Islander women. Its responsibilities include the following:

- To promote and facilitate culturally acceptable and ethical research in Aboriginal and Torres Strait Islander women's health.
- To develop and support educational programs and resources for health professionals in Aboriginal and Torres Strait Islander women's health.
- To provide information for RANZCOG constituents on matters relating to Aboriginal and Torres Strait Islander women's health.
- To facilitate educational opportunities for Fellows and members of RANZCOG as it relates to their care of Aboriginal and Torres Strait Islander women in both remote, rural and urban areas in Australia.
- To liaise with other medical colleges, societies and professional bodies in matters of common interest in Aboriginal and Torres Strait Islander women's health.
- To liaise where necessary with the College's He Hono Wāhine on matters of mutual interest.
- To liaise where necessary with the RANZCOG Indigenous Network Group on matters where wider consultation is required.
- Facilitating and encouraging Fellows, members and Trainees to attend appropriate Aboriginal and Torres Strait Islander medical events.
- To develop and maintain an Indigenous College trainee and membership population reflective of the broader community by recognising Indigenous status in trainee selection criteria.
- Providing scholarships and financial support for Aboriginal and Torres Strait Islander trainees and medical students.
- Promoting and, where possible, providing Aboriginal and Torres Strait Islander cultural competence training sessions for Fellows, members and trainees.
- Advocating for the health needs of Aboriginal and Torres Strait Islander women.
- Collaboration with other colleges for Aboriginal and Torres Strait Islanders through government-funded projects via the Council of Presidents of Medical Colleges (CPMC), and ongoing relationships with the Australian Indigenous Doctors Association (AIDA) and the Memoranda of Understanding (MoU) with AIDA, with the sponsoring of its events.

Māori Women's Health

Te Kāhui Oranga ō Nuku has a significant focus on equity of health outcomes and the subcommittee, He Hono Wāhine, focuses specifically on providing advice and advocating for the health and welfare of wāhine Māori (Māori women). Functions and responsibilities of He Hono Wāhine include:

- Providing advice to Te Kāhui Oranga ō Nuku, New Zealand Training and Accreditation Committee, the Women's Health Committee, the Aboriginal and Torres Strait Islanders' Women's Health Committee, the Board and Council on matters relating to the health and welfare of Māori women
- Advocating within Aotearoa New Zealand for the health needs of Māori women
- Supporting and developing educational programs, assessment processes and resources for health professionals in Māori women's health
- Facilitating and supporting the provision of the mandated Māori cultural competence/safety in the RANZCOG training program
- Facilitating and encouraging Fellows, members and trainees to attend appropriate Māori medical events, such as the Te ORA conference
- Promoting and, where possible, providing Māori cultural competence/safety training sessions for Fellows, members and trainees

- Facilitating a network of RANZCOG Fellows, members and trainees interested in contributing to Māori women's health initiatives
- Facilitating access to and support a mentoring program for Māori trainees and Fellows
- Promoting, supporting and, where possible, providing financial support for research and other scholarships for Māori trainees
- Promoting and facilitating closer relationships with organisations such as Te ORA, Nga Maia Māori Midwives Aotearoa and other colleges and institutions e.g., MCNZ and District Health Boards (DHBs)
- Supporting culturally acceptable and ethical research in Māori women's health
- Facilitating educational opportunities for RANZCOG Fellows, members and trainees relating to their care of Māori women in Aotearoa New Zealand.

While He Hono Wāhine is currently a subcommittee of Te Kāhui Oranga ō Nuku, discussions have been underway within Te Kāhui Oranga ō Nuku, He Hono Wāhine and the Board to move to a structure that better reflects te Tiriti o Waitangi partnership.

Cultural Safety Steering Group (CSSG)

The CSSG was formally constituted in August 2022 and reports to the Board via the Professional Standards Committee. It held its first meeting in February 2023. The CSSG's main functions are to embed cultural safety in RANZCOG training programs, codes of conduct and professional standards, and to suggest ways in which culturally safe practice can be best included in RANZCOG activities, such as through the development of revisions of existing RANZCOG statements, guidelines and other documents. The responsibilities of the CSSG include the following:

- Review and recommend revisions to the cultural competency statement developed by the Women's Health Committee
- Review and recommend revisions to cultural safety within the Curriculum Framework
- Review and recommend revisions to cultural safety within the CPD Framework
- Recommend measures to implement cultural safety culture within RANZCOG
- Recommend steps required to ensure RANZCOG meets contemporary standards for a medical college.

Membership includes a representative from the Aboriginal and Torres Strait Islander Women's Health Committee; a Māori representative from He Hono Wāhine; a non-healthcare Māori (Kaumātua or similar); a non-healthcare Aboriginal or Torres Strait Islander. The Terms of Reference for the Cultural Safety Steering Group is available in Appendix 2.1_1.

Strategic Plan

The Strategic Plan outlines key objectives in relation to Aboriginal and Torres Strait Islander and Māori health:

- Strengthen RANZCOG's relationships with Aboriginal and Torres Strait Islander and Māori organisations to support health equity for women
- Enact RANZCOG's commitment to Te Tiriti o Waitangi through implementation of Te Rautaki Māori me Te Ara Whakamua (RANZCOG's Māori strategy and action plan, Appendix 1.6_4)
- Enact RANZCOG's commitment to Aboriginal and Torres Strait Islander health through increasing Aboriginal and Torres Strait Islander workforce (members and staff), teaching culturally appropriate obstetric and gynaecological care, and the review and implementation of the Reconciliation Action Plan.

Reconciliation Action Plan (RAP)

RANZCOG is currently undertaking development of a new RAP for 2023-2025. The draft RAP contains 18 action points:

Relationships

- Establish and maintain beneficial relationships with Aboriginal and Torres Strait Islander stakeholders and organisations
- Promote reconciliation through the College's sphere of influence
- Promote positive race relations through anti-discrimination strategies
- Increase understanding, value and recognition of Aboriginal and Torres Strait Islander cultures, histories, knowledge and rights through cultural learning
- Increase RANZCOG members' cultural understanding, awareness and capability within Aboriginal and Torres Strait Islander health
- Promote awareness and share stories of Aboriginal and Torres Strait Islander peoples, cultures and achievements within the College and externally
- Embed appropriate First Nations cultural protocols across the organisation
- Build relationships through celebrating National Reconciliation Week (NRW)
- Recognise, celebrate and promote Aboriginal and Torres Strait Islander dates of significance.

Opportunities

- Investigate and develop opportunities to improve and increase the number of Aboriginal and Torres Strait Islander staff, members, and trainees within RANZCOG
- Increase First Nations focus and voices within RANZCOG Events
- Increase Aboriginal and Torres Strait Islander supplier diversity within RANZCOG business operations
- Develop strategies to increase and maintain the Aboriginal and Torres Strait Islander obstetric and gynaecological workforce
- Raise awareness and increase advocacy around ensuring policies and programs meet the health needs of Aboriginal and Torres Strait Islander people.

Governance

- Establish and maintain an effective RAP Working group (RWG) to drive governance of the RAP
- Provide appropriate support for effective implementation of RAP commitments
- Build accountability and transparency through reporting RAP achievements, challenges and learnings both internally and externally
- Continue the College's reconciliation journey by developing its next RAP.

The RWG consists of:

- A Regional Fellows Committee Representative
- Two Aboriginal and Torres Strait Islander Women's Health Committee Representatives
- A Diplomates Committee Representative
- A Council Representative

The RANZCOG President and CEO attend as ex officio members, with additional attendance from People and Wellbeing and Education Directorate staff.

Te Rautaki Māori me Te Ara Whakamua

[Te Rautaki Māori me Te Ara Whakamua](#) is RANZCOG's Māori strategy and action plan. He Hono Wāhine led its development, with input from Māori Fellows and trainees and Te Kāhui Oranga ō Nuku. It was approved by the Board in October 2021. It includes goals focusing on:

- Advocating for wāhine Māori
- Increasing the cultural safety of the workforce and organisation
- Increasing the Māori O&G workforce
- Equity in all College activities

The action plan will also investigate barriers for the recruitment of Māori in O&G and develop recommendations for the training program. This will in turn inform similar research to be undertaken in Australia on barriers for Aboriginal and Torres Strait Islander people. Refer to Standard 1.6.1 for more information.

Selection into Training Programs

RANZCOG actively supports selection of Māori, Aboriginal and Torres Strait Islander applicants into the training program by allocating additional points on the basis of Māori, Aboriginal or Torres Strait Islander origin. An applicant who is of Māori, Aboriginal or Torres Strait Islander descent, or who identifies as a person of such heritage and is accepted as such by the relevant community receives 10 points on their CV application. The CV application has a total of 60 points ([Australia](#)) or 58 points ([Aotearoa New Zealand](#)) (refer to Standard 7.1.2). The CV/Scoring Guidelines have been amended in the Outstanding Leadership and Altruism section to include recognition of contributions to local marae (meeting house), hapū (subtribe), iwi (tribe) and wananga (education institution). Emphasis on equity continues to be applied to the Training Program selection criteria. Figure 2.1_1 shows the number of applicants who indicated 'yes' to Indigenous identity on the application form between 2018 and 2022. Figure 2.1_2 shows the number of those applicants who entered the RANZCOG training program.

Figure 2.1_1 Applicants who indicated 'yes' to Indigenous identity between 2018-2022

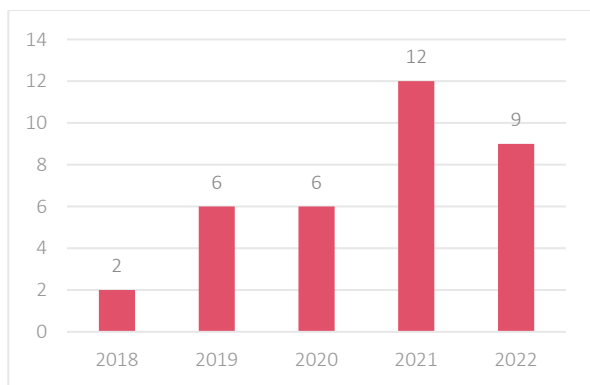
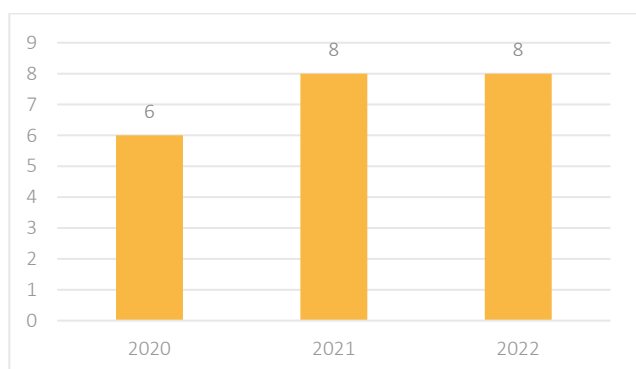


Figure 2.1_2 Number of Indigenous applicants who entered the FRANZCOG Training Program in 2020-2022



Cultural Safety/Competency in Training Programs

The current FRANZCOG Curriculum includes a section dedicated to Women's Health and Cultural Issues. Trainees are expected to:

- Practise a multi-dimensional approach to patient management, by being able to:
 - Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.
 - Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination. For example, in respect of age, gender, race, culture, disability, spirituality, religion and sexual orientation and gender identity.
- Carefully consider the social and cultural context of women's healthcare by:
 - Using a vocabulary that dignifies women in a courteous, sensitive, inclusive and helpful manner. (NB The College [released a statement](#) on inclusive language in November 2022.)
 - Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background.
 - Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and wellbeing of women.
- Show commitment to the best interests of the patient and the profession and act as health advocate for the patient, by:
 - Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs
 - Recognising and respecting cultural diversity and promoting cross cultural understanding.
 - Identifying the important determinants of health and wellbeing of women and the fetus.

Trainees commencing from 1 December 2018 must complete cultural competency education in Basic Training.

- In Aotearoa New Zealand: The New Zealand Training and Accreditation Committee (NZ TAC) has worked with the Māori/Indigenous Health Institute (MIHI) at the University of Otago to develop a comprehensive post-graduate course. To fulfil this requirement NZ trainees must complete:
 - MIHI 501: Application of the Hui Process/Meihana Model to Clinical Practice.
- In Australia: To fulfil this requirement Australian trainees must complete the relevant RANZCOG Acquire modules:
 - [Aboriginal and Torres Strait Islander Women's Health and Cultural Competency](#) (under review)
 - [Intercultural Competency](#)

Towards gendered inclusive language and healthcare for all

The Gender Equity and Diversity Working Group released the RANZCOG Gender Equity Report in 2019. Since then, key recommendations towards gender parity and equity have been achieved and are currently being implemented across the College.

Some examples of this include encouraging and facilitating gender balance in speakers across College events, changes to training and leave regulations for first year trainees to allow for time out of training.

In 2022 the College commenced a comprehensive literature review on gender and language treatment both domestically and internationally. The concluding report was robust and highlighted a number of gaps related to gender inclusive healthcare in Australia, as well as around the world. The evidence pointed to gaps in patient safety, accuracy and specificity of the provision of services and inclusive environments. Instances where language is exclusionary, where there are assumptions of care requirements of patients, and where there is discrimination can lead to poorer health outcomes.

It was evident that RANZCOG has a role to play in the provision of improved and inclusive healthcare language and services for all individuals, no matter their gender.

It is important to consult widely on this project to understand how members and trainees manage gender diverse patients, how the College might be able to facilitate an improved inclusive language base for resources and also encourage and advocate for gender inclusive workplace environments. This is all with the end goal of providing safe and appropriate care to all patients.

Based on the literature review, the first consultation phase in the project is with members and trainees in May 2023. The results of this survey will be collated by July and will inform two additional, separate surveys. One will be internal, to various committees, working groups and College staff. The other will be an external consultation with key stakeholders including the LGBTIQ+ community.

At the end of the project (aiming to complete in Q4 2023/Q1 2024), it is expected to have an action plan finalised and a key set of recommendations for implementation across the organisation.

Curriculum review and cultural safety

In transitioning its curriculum to use the CanMEDS Physician Competency Framework (refer to Standard 2.3.1), RANZCOG has recognised the increasing importance of cultural safety within its training programs. To that end, the development of Graduate Outcomes Statements for each training program has included cultural safety content within and relevant to each of the seven CanMEDS domains. This content was first drafted by the College's Aboriginal and Torres Strait Islander and Māori advisors, and has then been adapted by each review group for their respective curriculum.

Additional developments, such as the institution of the Cultural Safety Steering Group (and thus the College's increased emphasis on this area) and the recent launch of the *Cultural Safety Training Plan for Vocational Medicine in Aotearoa*, led the College to propose establishing an eighth separate domain for cultural safety alongside the seven CanMEDS roles, rather than embedded within them. This proposal has been supported by the Curriculum and Assessment Steering Group and the Education Standards Committee in their March 2023 meeting.

Grants, scholarships and initiatives – Australia

One of the five parameters of the College's STP Funding Agreement is specifically related to enhancing Aboriginal and Torres Strait Islander health outcomes, through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander people either seeking to become medical specialists, or who are already on the specialist medical training pathway.

The STP Operational Framework (Appendix 2.1_2) outlines the College's commitment to identify, attract and support opportunities for Aboriginal and Torres Strait Islander people under the program. These funding and support opportunities aim to address the health disparity between Aboriginal and non-Aboriginal people within Australia.

The College's current STP projects are:

- Development and release of revised Cultural Competency online learning modules for all members
 - RANZCOG is currently working with Indigenous Allied Health Australia (IAHA) with a view to adapting their cultural responsiveness framework to improve its Aboriginal and Torres Strait Islander Women's Health eLearning modules. Based on feedback from IAHA, the work will subsequently be extended to develop and enhance cultural safety modules. The aim of these modules will be to cover Obstetrics and Gynaecology issues in remote and rural as well as urban settings.
- Aboriginal and Torres Strait Islander trainee scholarships
 - Designed to support Aboriginal and Torres Strait Islander trainees and Prevocational medical students to support their professional development and progression through the training program.
- Aboriginal and Torres Strait Islander cultural competency workshops for all members
 - RANZCOG continues to partner with AIDA to conduct cultural competency workshops for members and trainees, with a view to enhancing cultural competency and knowledge of key issues in relation to Aboriginal and Torres Strait Islander Women's Health. Workshops are designed to enable medical personnel to integrate cultural safety into their practices to improve healthcare delivery for Aboriginal and Torres Strait Islander patients.
- Aboriginal and Torres Strait Islander trainee pathway
 - The Aboriginal and Torres Strait Islander trainee pathway aims to encourage Aboriginal and Torres Strait Islander medical students to enter the FRANZCOG program; it is important to support them at every point of the program from entry to completion. The pathway is designed to support a trainee's journey from entering the FRANZCOG program to Fellowship elevation. Funding is used to help cover annual trainee fees, examination fees and other course-related expenses. The pathway will also help identify a mentor for each Aboriginal and Torres Strait Islander trainee, and this mentor will provide ongoing mentoring and guidance through the six-year training journey.

During the 2021-2022 financial year, the following Women's Health Foundation [scholarships](#) were awarded:

- Brown Craig Travel Fellowship
- Glyn White Research Fellowship
- Jean Murray Jones Scholarship
- Norman Beischer Clinical Research Scholarship
- RANZCOG New South Wales Committee Fellow Research Grant
- Urogynaecological Society Australasia (UGSA) Research Scholarship

Grants, scholarships, and initiatives – Aotearoa New Zealand

In Aotearoa New Zealand all trainees' training fees are covered by Te Whatu Ora so the focus has been on encouraging Māori to enter the FRANZCOG Training Program and supporting Māori trainees, rather than scholarships. Te Rautaki Māori me te Ara Whakamua focuses on improving outcomes for wāhine Māori both directly and through increasing the Māori workforce in O&G:

- Improving health outcomes for wāhine Māori through advocacy, research and equity activities
- Supporting members to deliver better for Māori through improving cultural safety in the workforce, increasing the Māori O&G workforce and fostering Māori leadership in O&G
- Improving RANZCOG's cultural safety, focus on health equity and organisational capability to enact our commitment to te Tiriti o Waitangi.

RANZCOG is progressing initiatives outlined in [Te Rautaki Māori me te Ara Whakamua](#) and the [Aotearoa New Zealand Workforce Working Group Report 2022](#).

He Hono Wāhine and RANZCOG's Kaitohutohu Hauora Wāhine Māori (Māori Women's Health Advisor) identify and maintain contact with Māori medical students and post graduate doctors with an interest in O&G. They are invited (and costs funded) to attend He Hono Wāhine's hui-a-tau (annual hui) to engage with Māori Fellows and trainees.

New Māori trainees are welcomed to RANZCOG by He Hono Wāhine's Chair and offered support through tuakana-teina mentoring. The hui-a-tau (annual meeting), held over a weekend at a marae facilitates relationships and provides trainees with an opportunity for collegial support from Māori Fellows and other Māori trainees. RANZCOG's Kaitohutohu Hauora Wāhine Māori (Māori Women's Health Advisor) facilitates informal networking of Māori trainees and He Hono Wāhine Fellows keep in touch with Māori trainees in their rohe (area). Opportunities for Māori Fellows and trainees to connect in a Māori space are also provided at RANZCOG's Aotearoa ASM, an opportunity for collegial support from Māori Fellows and other Māori trainees.

A key project in Te Rautaki Māori me te Ara Whakamua is to undertake research to understand the barriers to Māori entering FRANZCOG training and the challenges to completion of training, and to develop recommendations to address this. This project is being overseen by He Hono Wāhine and will be contracted to an external kaupapa Māori researcher. A scope document has been completed and RANZCOG is currently seeking proposals for this research.

Another key focus has been fostering cultural competence and safety of all O&Gs. RANZCOG has been offering the University of Otago postgraduate course MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice since 2019. The course is mandatory for trainees and SIMGs (recommended as a requirement for their supervision period), encouraged for all Fellows, and RANZCOG is in the process of implementing a requirement for all Training Supervisors to complete the course. All members of Te Kāhui Oranga ō Nuku commit to completing the course within a year of joining. The MIHI course is specifically designed to support obstetricians and gynaecologists to use the Hui Process and Meihana Model to promote positive engagement, appropriate care/treatment and health advocacy that supports Māori health equity.

2.1.3 In defining its educational purpose, the education provider has consulted internal and external stakeholders.

When defining the College's educational purpose, staff, members and trainees, as well as external stakeholders, are consulted for input and feedback on the documents. Table 2.1_1 shows the key items about which internal and external stakeholders are consulted.

Table 2.1_1 Internal and External Stakeholders Consulted for Educational Purposes

	Internal Stakeholders	External Stakeholders
Strategic Plan, Vision and Mission statements	<ul style="list-style-type: none"> • All College staff • Members • Trainees. 	<ul style="list-style-type: none"> • Consumer representatives • Various external organisations.
RANZCOG Constitution	<ul style="list-style-type: none"> • All College staff • Members • Trainees. 	<ul style="list-style-type: none"> • Consumer representatives.
Purpose of the College – Aboriginal and Torres Strait Islander Health	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Women’s Health Committee • RAP Working Group • RANZCOG Indigenous Network Group • Cultural Safety Steering Group • Selection Committee • All College staff • Members • Trainees. 	<ul style="list-style-type: none"> • Consumer representatives • Various external organisations such as Reconciliation Australia, The Australian Indigenous Doctors’ Association (AIDA), Leaders in Indigenous Medical Education (LIME) Network, The National Aboriginal Community Control Organisation (NACCHO).
Purpose of the College – Māori Health: Te Rautaki Māori me te Ara Whakamua, RANZCOG’s Māori strategy and action plan	<ul style="list-style-type: none"> • Developed by He Hono Wāhine with involvement of all RANZCOG Māori Fellows and trainees and representatives from Te Kāhui Oranga ō Nuku. • The Aotearoa New Zealand staff, RANZCOG ELT and Te Kāhui Oranga ō Nuku were consulted in the development of the strategy. • Te Rautaki Māori me te Ara Whakamua was approved by He Hono Wāhine, Te Kāhui Oranga ō Nuku, and the RANZCOG Board. 	<ul style="list-style-type: none"> • Te Rautaki Māori me te Ara Whakamua strategy development day was based on Whakamua: Manatu Hauora Ministry of Health’s Māori Health Action Plan 2020-2025. • It was also drawn from the findings of the 2019-2020 Health and Disability System Review and the 2021 Te ORA and CMC cultural safety review completed by Allen+Clarke. • The development of Te Rautaki Māori me te Ara Whakamua was guided by RANZCOG Kaumātua and external consultant Ria Earp.

2.2 Program outcomes

The AMC accreditation standards are as follows:		
2.2.1	The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.	✓
2.2.2	The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.	✓

2.2.1 The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves *and*

2.2.2 The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

Each of RANZCOG's training programs has documented outcomes and a detailed curriculum. All curricula are available on the RANZCOG website in the [Fellowship of RANZCOG Training Program Curriculum](#).

Subspecialty Program curricula feature in their respective Training Handbooks:

- [Certification in Gynaecological Oncology \(CGO\)](#)
- [Certification in Maternal Fetal Medicine \(CMFM\)](#)
- [Certification in Obstetrical and Gynaecological Ultrasound \(COGU\)](#)
- [Certification in Reproductive Endocrinology and Infertility \(CREI\)](#)
- [Certification in Urogynaecology \(CU\)](#)

The College's review of training program curricula is detailed in Standard 3.

FRANZCOG Training Program

The FRANZCOG Curriculum underpins the Training Program and specifies the:

- Attributes considered essential for an O&G specialist in today's environment across the three key domains of clinical expertise, academic abilities and professional qualities
- Educational objectives and learning outcomes of the knowledge and aspects of practice where competency is expected and assessed
- Teaching and learning strategies by which acquisition of knowledge is assessed
- Assessment formats selected to test the articulated learning outcomes.

The [FRANZCOG Training Handbook](#) outlines the requirements and competency levels expected for Basic and Advanced Training.

Basic Training

Basic Training allows trainees to develop competency in the Common Scope of Practice of Australian and Aotearoa New Zealand Obstetricians and Gynaecologists. On satisfactory completion of Basic Training, a trainee can function at 'Senior Registrar' level in obstetrics and gynaecology:

- Able to perform complex obstetrics, emergency gynaecology and common office gynaecology under supervision. The degree of supervision will depend on the procedure complexity but for at least some of the common scope of practice, the consultant may not be required in the hospital for a supervisory role. Note that this may vary with local guidelines as the consultant may be required to attend in the event that there is a second emergency, and another expert is required to be in the hospital.
- Able to perform many procedures under supervision that are beyond the Common Scope of Practice in order to:
 - provide the trainee with experience of diverse scopes of practice across obstetrics and gynaecology
 - adequately prepare the trainee for whatever Advanced Training posts they will occupy
 - facilitate the capacity of the trainee to later expand their scope of practice post-FRANZCOG training.
- Eligible to undertake any position approved for Advanced Training in a selected Pathway (see below).

College document *C-Gen 20: Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training* (Appendix 2.2_1) details these attributes in relation to the current domains of Clinical Skills, Academic Abilities and Professional Qualities. The document has formed the basis of the current development of Graduate Outcomes Statements for FRANZCOG Training using the CanMEDS Framework (refer to Standard 2.3).

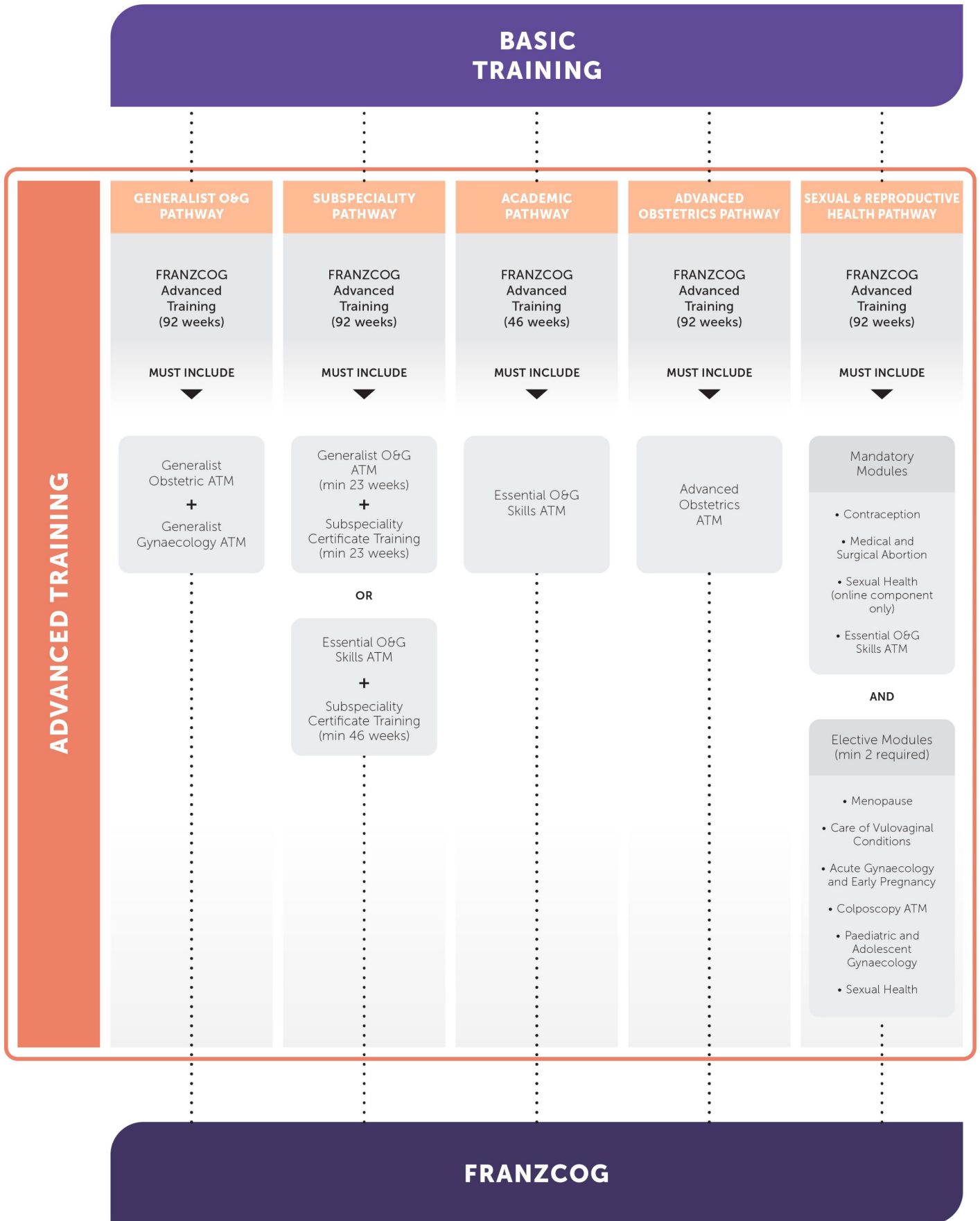
Advanced Training

In 2018, the College introduced Advanced Training Pathway (ATP) requirements to:

- Establish minimum procedural requirements for Advanced trainees
- Clarify expectations for trainees and training sites
- Consistently prepare advanced trainees for a career as a consultant.

The original Generalist, Subspecialty and Academic Pathways have been supplemented by the introduction of an Advanced Obstetric Pathway (from 2021) and a Sexual and Reproductive Health Pathway (from 2023). As part of curriculum review and development processes, the College will be reviewing the structure and requirements of earlier existing pathways to standardise with the more recently developed Sexual and Reproductive Health Pathway. Figure 2.2_1 shows the Advanced Training Pathways available for trainees to undertake prior to elevation to Fellowship.

Figure 2.2_1 FRANZCOG Advanced Training Pathways



Generalist Pathway

Trainees undertaking the Generalist pathway must complete the Generalist Obstetrics Advanced Training Module (ATM) and the Generalist Gynaecology ATM. These ATMs may be completed concurrently over a minimum of 46 weeks, or individually over a minimum of 23 weeks per module. ATM requirements are detailed [here](#).

Academic Pathway

The FRANZCOG Academic Pathway is suitable for those trainees who wish to undertake a PhD. Trainees are given up to three years (156 weeks) continuous Research Leave. Upon completion of the PhD, the trainee will be granted one year (46 weeks) of Advanced Training credit and will meet the research requirement of the FRANZCOG Training Program.

Trainees on the Academic Pathway must also complete the requirements of the [Essential Obstetrics and Gynaecology Skills ATM](#) over a minimum of 46 weeks. From 2025, trainees on the Academic Pathway will also be required to complete the Medical Education ATM.

Advanced Obstetrics Pathway

Trainees undertaking the Advanced Obstetrics Pathway must complete the [Advanced Obstetrics ATM](#) over a minimum of 46 weeks. It should be noted that the Advanced Obstetrics Pathway incorporates the minimum gynaecological requirements from the Essential O&G Skills ATM.

Sexual and Reproductive Health Pathway

Trainees undertaking the [Sexual and Reproductive Health Pathway](#) must complete the following requirements over 92 weeks (FTE) of satisfactorily completed prospectively approved Advanced Training:

- Four mandatory modules:
 - Contraception
 - Medical and Surgical Abortion
 - Sexual Health (online component only)
 - Essential Obstetrics and Gynaecology Skills ATM
- Elective modules (minimum of two must be completed)
 - Menopause
 - Care of Vulvovaginal Conditions
 - Acute Gynaecology and Early Pregnancy
 - Colposcopy ATM
 - Paediatric and Adolescent Gynaecology
 - Sexual Health

Subspecialty Pathways

Trainees looking for a more specific career path in obstetrics and gynaecology may commence subspecialty training during FRANZCOG Advanced Training or once elevated to Fellowship. Trainees undertaking the Subspecialist pathway prior to Fellowship must complete one of the following options:

- Essential Obstetrics and Gynaecology Skills ATM, concurrently with a minimum of 46 weeks of satisfactorily assessed Subspecialty training

- Generalist Obstetrics ATM and Generalist Gynaecology ATM, concurrently over a minimum of 23 weeks, prior to commencing Subspecialist training, plus a minimum of 23 weeks of satisfactorily assessed Subspecialty training.

As part of curriculum and training program development, the College is building more flexible and appropriate pathways for those heading into subspecialty training, particularly those who commence in Year 6 of FRANZCOG training. This development includes:

- Establishing the Essential O&G Skills ATM as the baseline requirement for all FRANZCOG Advanced trainees
- Proposing the Advanced Obstetric Pathway as suitable for future Maternal Fetal Medicine (CMFM) and Obstetric and Gynaecological Ultrasound (COGU) trainees
- Building Advanced Gynaecology Pathways that would be suitable for Gynaecological Oncology (CGO), Reproductive Endocrinology and Infertility (CREI) or Urogynaecology (CU) trainees. This is early work in progress: existing elective ATMs (see below) are being investigated as a foundation for CREI and CU training (“Hysteroscopic and Laparoscopic Surgery” and “Pelvic Floor Disorders” ATMs respectively).

Future development – Rural Generalist Pathway

The College has been awarded funding by the Department of Health and Aged Care (under Flexible Approach to Training in Expanded Settings – FATES – funding) to develop a Rural Generalist Advanced Training Pathway to FRANZCOG. The aim of the project is to support and encourage trainees to return to rural, regional and remote locations to complete their FRANZCOG training. The primary deliverables include:

- Development of curriculum and training program documentation and requirements for the pathway
- Building incentives and initiatives that encourage trainees to undertake the pathway
- Engagement with relevant stakeholders, including hospital O&G units who will employ trainees in the pathway as Senior Registrars and ensure appropriate training experiences are available and provided
- Instituting evaluation mechanisms to assess the efficacy of the pathway’s delivery, and achievement of short- and long-term aims.

The new Pathway is scheduled to be launched in a pilot phase in February 2025.

Elective Advanced Training Modules

In addition to those ATMs that form components of Advanced Training Pathways, trainees can also undertake special interest ATMs in the following areas.

Introduced in 2018:

- [Pelvic Floor Disorders](#) – provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and non-surgical treatment of vaginal prolapse and incontinence to the level of a generalist Fellow who wishes to practise with a special interest in the management of pelvic organ prolapse and urinary incontinence.
- [Hysteroscopic and Laparoscopic Surgery](#) – provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective laparoscopic and hysteroscopic surgery to the level of a Fellow who wishes to practice actively in this area. The aim is that at the end of the ATM a trainee should be able to operate at an RANZCOG/Australasian Gynaecological Endoscopy and Surgery (AGES) skills level 4.
- [Contraception, Abortion and Sexual Health](#) – provides a framework on which to base expert training in the knowledge, clinical skills and professional attitudes required to provide comprehensive high-level contraception, abortion and sexual

health services. This elective ATM is narrower in scope than the more comprehensive Sexual and Reproductive Health Advanced Training Pathway.

- [Colposcopy](#) – provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and non-surgical treatment of cervical and other vagina and vulva genital tract abnormalities to the level of a Fellow who wishes to practise with a special interest in colposcopy.

Introduced in 2023 (piloted 2021-2022):

- [Medical Education](#) – aims to build on the Clinical Education Training Program to create a sound foundation in principles and understanding of educational theory and practice. The ATM is designed to be equivalent in exposure to a Postgraduate Certificate of Health Professional Education. The Board approved in 2021 that the Medical Education ATM would be mandatory for all trainees undertaking the Academic Pathway from 2025, in addition to current requirements.

Table 2.2_1 shows the number of trainees who have completed the Advanced Training Pathways.

Table 2.2_1 Number of Trainees Completed Advanced Training Pathways 2018-2023

Advanced Training Pathway	Number completed January 2018 – January 2023
Advanced Obstetrics	3
Essential O&G Skills (Subspecialty Pathway)	1
Essential O&G Skills ATM (Academic Pathway)	18
Generalist Gynaecology	213
Generalist Obstetrics	222
Total	457

Table 2.2_2 Number of Elective Advanced Training Modules Completed

Elective Advanced Training Modules	Number completed January 2018 – January 2023
Colposcopy	62
Hysteroscopic and Laparoscopic Surgery	92
Medical Education	3
Pelvic Floor Disorders	21
Contraception, Abortion and Sexual Health	4
Total	182

Challenges in FRANZCOG Training – Gynaecological Surgical Training

Adequacy of gynaecological surgical training opportunities in FRANZCOG training – in terms of both quantity and quality – has been an area of ongoing concern thrown into sharp relief recently by the effects of the COVID-19 pandemic on access to and performance of elective surgery.

- The College's recommended gynaecology major procedure numbers of one case per week for Basic trainees (23 cases per six-month semester) is not being met across most Integrated Training Programs (ITPs), which has been exacerbated by the COVID-19 pandemic.

- Persistent, significant staff and bed shortages with reduced theatre access across public hospitals resulting in ongoing elective surgical list cancellations.
- Increasing concerns from trainees that they will be not comfortable to practise commonly performed gynaecology surgery independently at a consultant level.
- Underconfident new Fellows, with associated knock-on effects.
- Additional impact of the COVID-19 pandemic.

These concerns are borne out by major gynaecological surgical data from trainee logbooks, responses to trainee surveys, and a range of issues arising from individual trainee progression cases.

The College has improved accreditation and monitoring mechanisms for training sites as one means of addressing this issue, and has widely stated strategies to improve surgical numbers. Unfortunately, exposure to sufficient gynaecological surgical training remains a significant challenge for the College.

Feedback from trainee surveys

Respondents to 2021 FRANZCOG trainee six-monthly assessment surveys:

- Number of respondents across two semesters = 471
- 12.3% of trainees felt they had insufficient opportunities to develop surgical skills
- 15.8% felt they had insufficient time to develop new skills
- Both figures rise to 16.1% for Basic Trainees
- 18.8% of those who provided free text comment focused on negative experience of gynaecological surgical training.

Respondents to 2021 FRANZCOG exit survey (on elevation to Fellowship):

- Number of respondents in 2021 = 86 (100% of those elevating)
- 17.5% of trainees felt that their training in operative gynaecology had been inadequate or very inadequate
- 37.2% rated their competence in operative gynaecology as only average, with a further 5.8% self-rating as below average
- When asked which area of O&G they feel least confident in, 20.5% selected operative gynaecology (the most common response)
- A further 12.8% selected Advanced/Major gynaecological surgery.

FRANZCOG trainee gynaecological surgical data

The [Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training](#) outlines how accreditation mechanisms address training sites' delivery of gynaecological surgical training.

- Trainees should average at least one major surgical case per week as primary operator throughout FRANZCOG Basic Training.
- The document acknowledges the different experiences that can be offered at different types of hospital, so it is accepted that this average applies across each ITP rather than individual hospitals.
- Nevertheless, it is expected that each individual hospital training site maximises opportunities for trainees to perform as primary operator.
- The College has acknowledged the difficulties in enforcing the "one per week" requirement across the board.
- The Guidelines set minimum thresholds for ITPs and hospitals below which conditions and recommendations will be placed upon individual training sites.

- Accreditation conditions will be implemented for hospitals if:
 - The ITP overall delivers less than two-thirds of target 23 procedures per semester (i.e. below 15.33 per six-month period)
 And then
 - For tertiary and home base hospitals if delivering less than 50% of target per semester (note this excludes obstetrics-only hospitals)
 - For non-tertiary hospitals if delivering less than 80% of target per semester
- Averages are based on the best four from the previous six semesters (this was put in place to allow for COVID-19 pandemic impacts).

Background factors

- In recent decades there has been a general reduction in surgical solutions for common gynaecological conditions, for example the treatment of heavy menstrual bleeding.
- The gradual reduction in exposure through changes to 'safe working hours', and overtime opportunities.

Compounding factors

- COVID-19 pandemic
 - Reduced or cancelled elective surgery in many jurisdictions
 - Allowed progression to Advanced Training without meeting all Basic Training requirements – thus Advanced Trainees competing with Basic Trainees for surgical opportunities
 - Outsourcing of elective surgery to private organisations (e.g., Surgery Connect): trainees are unable to follow surgical opportunities, and in many cases external organisations are taking those surgical cases most suitable for trainees (i.e., leaving minor or very complex procedures in training setting).
- Competition
 - Underconfident new Fellows do more procedures as primary operator – impact on Advanced Trainees.
 - Advanced Trainees get fewer opportunities and in some cases are still completing Basic Training requirements – impact on Basic Trainees.
 - Basic Trainees obtain insufficient experiences and thus may be underconfident/under skilled through program and beyond.
 - Australasian Gynaecological Endoscopy and Surgery (AGES) Fellows and SIMGs undergoing period of oversight compete directly with FRANZCOG trainees for gynaecological surgery.

In Aotearoa New Zealand the introduction from 1 October 2022 of Accident Compensation cover for maternal birth injuries has the potential to further limit access to gynaecological surgery for trainees as funding results in more surgery being done in the private system.

Current mechanisms to address gynaecological surgical training issues and concerns

Accreditation standards/criteria for gynaecology, extracted from the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) are outlined in Figure 2.2_2.

Figure 2.2_ 2 Accreditation Standards/Criteria for Gynaecology

4B: GYNAECOLOGY	
CRITERIA	
4B.1	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'.
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 Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training. Hospitals should refer to the associated document Strategies for training hospitals to improve trainee gynaecological surgery procedure numbers 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> <p>Primary Operator experience, with a junior assistant, for those procedures where remote supervision credentialing level has been achieved.</p> <p>Primary Operator experience with in-theatre supervision for those procedures where onsite or remote credentialing level has not yet been achieved.</p> <p>Supervising Basic trainees who are acting as the Primary Operator.</p>
4B.1.4	Priority Access to O&G Theatre Lists:
	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.

Measures to address underperforming hospitals

Where individual hospitals fail to meet relevant thresholds (based on ITP underperformance), the following condition is applied:

In the training period <insert 6-month block dates: not the next one but the one after>, ITP trainees must reach <insert the above target relevant to the nature of the hospital>. If that does not occur, a recommendation will be made to the relevant State/Territory/Aotearoa New Zealand TAC to reduce the next Year 1 trainee intake for that hospital by one.

However, the following issues arise with the implementation of this mechanism:

- The timing of the implementation means the College is only now reaching the point where action can be taken.
- Lengthy lead time does not mitigate issues for current trainees.
- Very soft penalty that may be difficult to implement in practice.
- May have unintended consequence of further staff shortages and increased service provision by other trainees.
- Reductions in Year 1 intake can only be sustained if very low numbers – otherwise it will become a workforce issue.

Strategies for Training Hospitals to Improve Trainee Gynaecological Surgery Procedure Numbers

The [Strategies for Training Hospitals to Improve Trainee Gynaecological Surgery Procedure Numbers](#) document is referenced in the accreditation standard for gynaecological surgical training, and is available to all hospital training sites. The strategies are summarised below, with a commentary providing further detail or outlining the issues faced for most strategies.

- Reducing the number of FRANZCOG trainees

- Trainees must be rotated elsewhere – so perhaps only shifting the problem. Also unintended consequence that remaining trainees may have to shoulder more service provision.
- Service delivery by GP Obstetricians or GP Obstetrician trainees (not applicable for Aotearoa New Zealand)
- Service delivery by Prevocational trainees or career medical officers
- Service delivery by all Advanced FRANZCOG trainees
 - Dependent on Advanced trainee rosters, and potentially disadvantageous as may limit Advanced Training opportunities
- Sufficient working hours for all FRANZCOG trainees
 - Relates to the fact that specific hospitals / health services may hide behind a doctrine of ‘Safe Working Hours’ when they actually wish to avoid paying any overtime. Increasing the average working week to 50 hours, for example, may significantly reduce the number of trainees needed and thereby increase the procedural training per trainee.
- Not employing overseas Fellows to positions that reduce exposure for local trainees
- Utilising consultant gynaecologists with gynaecological private practices
- Inherent challenges with trainees undertaking surgery for private cases.

Curriculum Development

The following improvements to curriculum and training program requirements have been introduced or are in development:

- Increased flexibility in Advanced Training, with the introduction of:
 - Advanced Obstetric Pathway
 - Sexual and Reproductive Health Pathway

Both of which have very low gynaecological surgical requirements – those included are purely to maintain the base level of expectations for Fellows in O&G.

- Work in progress in the curriculum review space acknowledges that trainees do not have to achieve independence in all procedures by the end of training, e.g.
 - Vaginal surgery: Intermediate (e.g., Hysterectomy) – depending on Advanced Training experiences, proposed expectation for some new Fellows is to be able to perform with onsite supervision immediately available
 - Laparoscopic surgery, RANZCOG/AGES Skill Levels 4# – proposed expectation is to be able to perform with offsite supervision / assistance in complicated cases.

The effect that such changes will have on the volume of procedural training required is yet to be explored.

- Future role of simulation training
 - Increasing importance of simulation training within College training programs
 - Move to recognise simulation training as an integral part of FRANZCOG Basic Trainees’ experience
 - Development is underway to determine the parts of the curriculum where simulation should be used as a mandatory underpinning for clinical skill development, including recommended procedure and training numbers.
 - Would provide further foundations in surgical skills for Basic Trainees.
 - Accreditation standards for simulation recently strengthened.
 - Potential to stipulate that trainees should be re-routed to simulation training where theatre lists are cancelled.

Gynaecological surgical training – strategic plan

The College is striving to address the issue of gynaecological surgical training across a number of different streams of activity. On a more strategic level, further work will be undertaken to explore the following areas:

Basic Trainee rotations

Strengthen processes around trainee rotations:

- Provide more flexibility for trainees with low gynaecological numbers to be allocated to sites with more gynaecological procedures.
- Advocate for training sites to roster trainees offsite to obtain gynaecological experience.
- Strengthen (where necessary) communication streams between ITP Coordinators and Training Supervisors to address individual trainee needs.

Move to an evidence-based model of training

- Use data about training to evaluate training and needs.
- Improve capture of surgical data to include patient outcomes.
- Change the culture – shift to time operating from numbers.
- Look at types of surgeries – similarities between and cross-pollination of experiences.
- Identify the role of surgical assistance.
- Change sign-off model to emphasise competency.
- Surgical anatomy emphasis rather than procedure – potential to introduce revision of surgical anatomy / anatomical complications courses.
- Review Assessments of Procedural and Surgical Skills and associated documentation to make these more competency-based, perioperative.

Accreditation mechanisms

- Investigate whether the College should take a harder line with training sites through accreditation mechanisms – i.e., insist on higher numbers because they must train the future workforce in O&G.
- Identify what other consequences for underperforming sites could be put in place beyond reducing trainee numbers.
- Investigate having more accredited training sites, with fewer trainees at each, to increase availability of experiences.
- Investigate accrediting more rural training sites, since rural hospitals provide a higher volume of gynaecological surgical experiences.

Advocacy

- The College is advocating to Commonwealth and State and Territory health departments to address the elective surgery backlog due to COVID-19 pandemic, and to ensure that they are adequately funded, appropriately resourced and have no negative impacts on the patients and healthcare workers including trainees.
- The College is also advocating for trainees to follow surgical opportunities into private settings (particularly if an outsource arrangement), noting the need to ensure that such opportunities are appropriately supported/supervised.
- The College is advocating further to regional and national health departments regarding, for example, O&G staffing, number and regularity of gynaecology theatre lists.

Structure of training program

- Reviewing the types of surgical experiences required for Year 1 trainees (Caesarean sections and minor gynaecological procedures, rather than majors), and support their exposure to increasingly complex surgery using simulation.
- Investigate increasing the rural rotation to one year to allow more exposure to gynaecological surgery.

The FRANZCOG Training Program recognises that there is a common scope of practice as a result of completing Basic Training, with increasing flexibility in the Advanced Training space. Through Advanced Training, the “common ground” for an emerging Fellow is based on completion of the requirements of the Essential O&G Skills ATM (which is either required as a standalone ATM or is built into other pathways). This ensures that all trainees have demonstrable knowledge and clinical and professional skills relevant to:

- Antenatal, intrapartum, and postnatal care of normal and complex pregnancies.
- Initial management of common office gynaecological conditions.
- Management of common acute gynaecological conditions and gynaecological emergencies.
- Management of clinical teams and resources within the unit.
- Teaching, guidance and supervision at undergraduate and postgraduate levels.

Earlier streaming in the FRANZCOG Training Program has been considered as part of the current curriculum review. However, the status quo of four years’ Basic Training has been maintained to support generalist training and the need to ensure that a competent generalist workforce is available in regional and outer metropolitan areas that can cover both obstetrics and gynaecological emergencies.

Subspecialty Training Programs

The Training Handbook for each of RANZCOG’s five subspecialty training programs includes its curriculum and training program requirements.

- [Certification in Gynaecological Oncology](#)
- [Certification in Maternal Fetal Medicine](#)
- [Certification in Obstetrical and Gynaecological Ultrasound](#)
- [Certification in Reproductive Endocrinology and Infertility](#)
- [Certification in Urogynaecology](#)

The curriculum section in its introduction provides:

- A definition of the subspecialty
- The context for the subspecialty
- The aims and objectives of the subspecialty

Each Handbook follows the same (or similar) structure, providing details of components of the training program, training and assessment requirements, and a year-by-year summary for trainees. An example is provided below for CGO in Figure 2.2_3.

Components of the CGO Subspecialty Training Program:

- Gynaecological Oncology
- Medical Oncology
- Radiotherapy
- Pathology Sessions
- Surgical Skills – details expected surgical competence in specific procedures by the end of Year 2 of training and by the end of Year 3, plus desirable but not compulsory procedures.

Figure 2.2_3 Year-by-year summary for CGO Training Requirements

	Year 1 (46 weeks)	Year 2 (92 weeks)	Year 3 (138 weeks)	Post Year 3
Prospective Approval of Training	Statement of Understanding (SoU) Registration (Form A) Prospective Approval (Form B) Submit annually (each calendar year), eight weeks prior to commencement of training year			Statement of Understanding (SoU) Registration (Form A) Submit annually prior to 31 January
Clinical Training Program Requirements	Gynaecological Oncology (compulsory) Minimum of two (2) years in a Gynaecological Oncology unit General Surgery (desirable) -One (1) year at an advanced level Medical Oncology (desirable) -No more than three (3) months Radiotherapy (desirable) -No more than three (3) months			Post-Year 3 Progress Report (replaces TAR) Submit report, six (6)-monthly until completion of all training program components
	Pathology Sessions Attendance at pathology sessions, including tumour Board meetings			
Clinical Training Program Assessments	Training Assessment Record (TAR) 1 per Semester Submit within six weeks of the end of each relevant six (6)-month period the following: (Add blurb from CU timetable for CTS) <ul style="list-style-type: none">Summative Assessment ReportClinical Training Summaries (CTS) one for the period covered by this TAR and one cumulative from commencement of training.Surgical Skills Summative Assessment Forms eight (8) compulsory surgical skills assessments must be completed by the end of Year 2 of clinical training Six (6) must be completed by the end of Year 3 of clinical trainingScholarly Elective Research Stream Progress ReportOnline Trainee Feedback Survey			
	Formative Appraisal Report (FAR) 1 per Semester Within four (4) weeks of the end of each relevant three (3)-month period			
	Multi-Source Feedback (MSF) Semester 2			
Examinations	Written Examination (first attempt after forty-six weeks (46) FTE satisfactory training)			
			Oral Examination (first attempt after ninety-two (92) weeks FTE satisfactory training)	
Scholarly Elective	Scholarly Elective (Research Project) Proposal and Timeline Semester 1	Scholarly Elective (Research Project) The research project must be submitted for assessment within one (1) year of completion of clinical training and satisfactorily assessed within three (3) years of completion of clinical training.		
	Scholarly Elective (Research Project) Proposal & Timeline (final) including ethics committee approval (if required) Semester 2			

Certification in Urogynaecology Developments

Through 2021 and 2022, the CU Committee identified that:

- Minimum requirements for laparoscopic surgery should be introduced for CU trainees.
- Training experiences in / volume of exposure to laparoscopic procedures differed from training unit to training unit.
- Consistent training of all trainees in a broader skillset including laparoscopic procedures was required.

To address these issues, a “skill expansion program” has been set in motion. Trainee logbook data from Semester 2 2022 onwards will be used to categorise some CU training units as ‘Vaginal/Laparoscopic’ (VL) units. VL units are the training units that provide a minimum recommended trainee exposure to laparoscopic procedures in addition to the traditional foundational procedures in urogynaecology. It is intended that, from 2025, trainees commencing the CU training program will be required to spend a minimum of two years in VL units. This will ensure that every urogynaecologist has been trained to undertake specific procedures laparoscopically to meet evolving healthcare needs.

2.3 Graduate outcomes

The AMC accreditation standards are as follows:

- | | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| 2.3.1 | The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available. | ✓ |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|

2.3.1 The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

Transition to CanMEDS Roles

The current FRANZCOG curriculum currently uses three “domains” to define competent obstetricians and gynaecologists:

- Clinical Expertise: combining medical expertise and effective communication
- Academic Abilities: comprising self-learning and research abilities and the capacity to teach
- Professional Qualities: encapsulating management responsibilities, practice review and development, teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

These domains are more fully articulated in the College document “C-Gen 20 Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training” (Appendix 2.2_1).

The curricula for subspecialty programs do not use the same approach. Each curriculum incorporates contextual knowledge relating to matters such as ethics, business and management principles, and cultural awareness, but these are not explicitly structured or mapped to clinical skills and knowledge-learning outcomes.

The following overarching problems were identified by the College’s Curriculum Review Expert Advisory Panel (CREAP) in its report of July 2019:

- The three domains in place cannot facilitate a full articulation of all key roles within any College curriculum. Role attributes or requirements become homogenised and not sufficiently represented in the curriculum e.g., “Professional Qualities” becomes a “dumping ground” for what does not easily fit elsewhere.
- Since there is currently no framework applied across all College curricula, there is limited vertical integration of the FRANZCOG Training Program curriculum with the subspecialty training program curricula.

The CREAP recommended the adoption of a curriculum structure based on the CanMEDS Physician Competency Framework, noting that it is a well-established best-practice model used for the majority of Australian medical specialist training program

curricula. The CREAP originally suggested a staged process of moving to four domains (the fourth elaborating on professional qualities to explicitly include areas such as cultural competency, relationships, health and wellbeing). However, following further development work and discussion through TAC, EAC and ESC, a proposal to implement the CanMEDS Framework in its entirety for all College training programs was approved by the ESC in July 2020. This proposal was further developed in 2023 to add the domain not included in the CanMEDS Framework covering all aspects of cultural safety and competence embracing care of both First Nations peoples, as well as culturally and linguistically diverse communities, including refugees. This was done to place greater emphasis on the importance of these competencies in the ANZ context.

The CanMEDS Physician Competency Framework was developed by the Royal College of Physicians and Surgeons of Canada, and first launched in 1996, with subsequent updates in 2005 and 2015. CanMEDS is now used in dozens of countries on five continents, in medicine and in other healthcare professions, making it the most recognised and most widely applied healthcare profession competency framework in the world.

Defining roles in line with the framework enables a full articulation of what is expected of a qualified practitioner – the “whole person” – and thus a comprehensive exploration of the breadth and depth of each training program:

- Medical Expert – the central role, supported by six intrinsic roles, includes competencies addressing the evolving recognition of patient safety and continuous quality improvement as important components of medical expertise.
- Communicator – focus on interactions with patients and patients’ families that facilitate the gathering and sharing of essential information for effective healthcare.
- Collaborator – how to work effectively with other healthcare professionals to provide safe, high-quality, patient-centred care.
- Leader – engage with others to contribute to a vision of a high-quality healthcare system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.
- Health Advocate – contribute expertise and influence while working with communities or patient populations to improve health.
- Scholar – demonstrate a lifelong commitment to excellence in practice through continuous learning and by teaching others, evaluating evidence, and contributing to scholarship.
- Professional – commit to the health and wellbeing of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Curriculum frameworks and Graduate Outcomes Statements are being developed using the CanMEDS roles as underpinning structures with the addition of an eighth role of cultural safety (refer to Standard 2.1.2 and Standard 3.1).

Graduate Outcomes Statements

When approving the adoption of the CanMEDS Framework, the ESC also approved the ongoing development of revised Graduate Outcomes Statements for each of the College’s training programs. The Graduate Outcomes Statements are being developed to ensure:

- The CanMEDS framework is adapted appropriately for each College training program.
- There is sufficient future-thinking to maintain each curriculum’s currency in the longer term.
- They can be used as a solid foundation for full curriculum review, development and evolution.

- That each College training program is clearly defined and unnecessary overlaps between programs are removed.

Development of the FRANZCOG Graduate Outcomes Statements – using “C-Gen 20 Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training” as a starting point – has been driven by the Curriculum and Assessment Steering Group (CASG) and previously the Curriculum Advisory Group (CAG):

- Initial draft produced by key members (including the Dean of Education) and curriculum development staff
- Socialised and refined by full CAG/CASG membership
- Iterations shared for comment with EAC, TAC, ESC and Trainees’ Committee through the development period.



Development of Graduate Outcomes Statements for subspecialty programs has followed a similar path:

- Initial draft produced by the Curriculum Advisor for each subspecialty committee in consultation with two to three other committee members
- Socialised and refined by full subspecialty committee membership
- Where relevant, shared for comment with relevant national/binational subspecialty membership bodies
- Presented to the CASG to ensure a unified approach across the five subspecialties, and alignment with FRANZCOG Graduate Outcomes Statements.

Current drafts of the FRANZCOG and each subspecialty’s Graduate Outcomes Statements are attached as Appendices 2.3_1 – 2.3_6. These will be further adapted as the detail of each curriculum is reviewed to ensure that each Graduate Outcome Statements reflects the relevant learning outcomes (and vice versa).

As mentioned in Standard 2.1, the College is introducing an eighth domain relating to Cultural Safety, to sit alongside the CanMEDS roles. Graduate Outcomes Statements (and then the curriculum learning outcomes) will include coverage of this domain. The current drafts provided do not yet reflect the recent decision to have a separate domain: cultural safety concepts are still embedded in each of the CanMEDS roles.

Documents provided check list - Standard 2

Document	
	Program and graduate outcomes for each of the specialist medical training programs.
	Statement of purpose <ul style="list-style-type: none">• Standard 2.1.1



Standard 3:

The specialist
medical training
and education
framework

Standard 3: The specialist medical training and education framework

3.1 The specialist medical training and education framework

The AMC accreditation standards are as follows:

3.1.1 For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.



3.1.1 For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

The [FRANZCOG Curriculum](#) and the [Fellowship of RANZCOG Training Program Handbook](#) detail the structure and requirements of the FRANZCOG Training Program. The FRANZCOG Training Program is a 276-week (six-year) structured post-graduate program that leads to certification as a Fellow of the College (FRANZCOG).

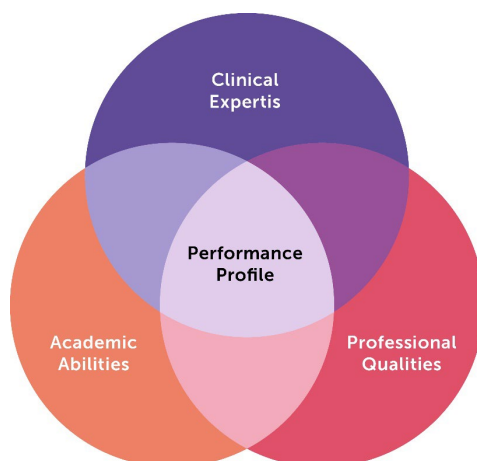
Fellowship of RANZCOG is the only post-graduate qualification that leads to recognition as a specialist obstetrician/gynaecologist in Australia and Aotearoa New Zealand. Fellowship is awarded by the RANZCOG Board after necessary training and assessment is completed, and all requirements are met. The FRANZCOG Training Program comprises:

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

The FRANZCOG curriculum is currently arranged around three key domains of specialist practice. These are:

- Clinical Expertise: combining medical expertise and effective communication
- Academic Abilities: comprising self-learning and research abilities and the capacity to teach
- Professional Qualities: encapsulating management responsibilities, practice review and development teamwork, ethical attitudes and conduct, a commitment to what is best for the patient, and health advocacy.

Figure 3.1_1 FRANZCOG Curriculum Domains



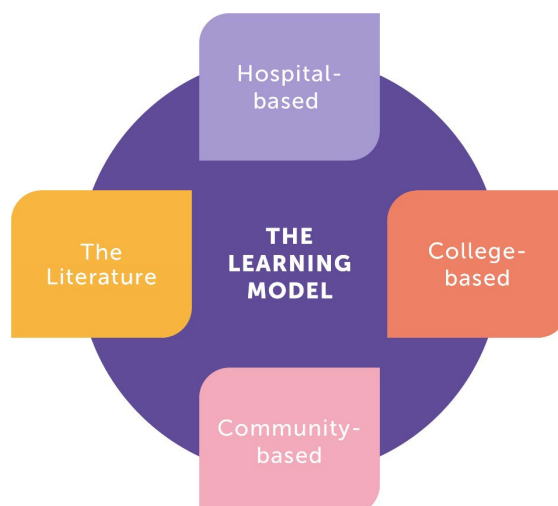
The curriculum breaks down each domain into a series of competencies and related learning outcomes and curriculum topics that relate back to the domains:

- Core Scientific and Medical Knowledge:
 - Epidemiology and Research Methods
 - Anatomy
 - Placental Fetal and Early Neonatal Physiology
 - Reproductive Physiology and Endocrinology
 - Genetics
 - Pharmacology and Therapeutics
 - Clinical Imaging
 - Pathology and Haematology
 - Microbiology
 - Immunology
 - Medical and Surgical Conditions in Pregnancy
- Clinical Knowledge and Management Skills
 - Obstetrics
 - Gynaecology
 - General Surgical Principles
- Contextual Knowledge
 - Women's Health and Cultural Issues
 - Ethics
 - Law
 - Management and Professional Skills

The Learning Model (Figure 3.1_2) for the FRANZCOG is described on [page. 5 of the curriculum](#) document and comprises:

- Hospital-based learning (apprenticeship learning)
- College-based learning (enhanced apprenticeship learning)
- Community-based learning (learning within social and professional settings of practice)
- Accessing the literature (accessing knowledge for application in a complex professional setting).

Figure 3.1_2 The Learning Model



Basic Training

Basic Training consists of defined clinical and educational experience in training hospitals and includes:

- Rotation through two or more different hospitals, with at least:
 - 46 weeks in a tertiary hospital
 - 23 weeks in a rural hospital
 - 46 weeks in a non-base hospital (can include rural rotation)
- Logged clinical work in obstetrics and gynaecology resulting in attainment of prescribed competency levels in specified procedures
- Utilising the resources of Acquire, the College's eLearning hub
- Experience in gynaecological oncology sufficient to gain a working knowledge of the anatomy of the pelvic sidewall, particularly regarding the ureter and major blood vessels
- Formative three-monthly and Summative six-monthly assessments of the trainee's progress by their Training Supervisor
- Foundations of Surgery Workshop
- Basic Obstetric Skills Workshop (for trainees commencing from December 2016)
- Formal in-hospital ultrasound training
- An approved internal/external ultrasound course/workshop (for trainees commencing from December 2016)
- Completion of three ultrasound modules on Acquire (for trainees commencing from December 2016)
- Neonatal Resuscitation training
- Fetal Surveillance Workshop
- Communication Skills Workshop
- Completion of cultural competency training (for trainees commencing after 1 December 2018)
- Completion of the Acquire Abortion Module (for trainees commencing from 1 December 2019)
- Passing the FRANZCOG Written Examination
- Passing the FRANZCOG Oral Examination
- Competency in Assessments of Procedural and Surgical Skills (APSSs).

It is also anticipated that Basic trainees commence their [Research Study Activity](#), completion of which is required by the end of Year 5 of training. Refer to Standard 3.2.8.

Medical and Surgical Abortion

The Board approved in August 2021 mandating educational exposure to medical and surgical abortion for FRANZCOG trainees in the absence of a conscientious objection (to be lodged by the trainee with their Training Supervisor). Relevant curriculum updates were applied to come into effect for trainees commencing from the 2022 training year. Further work has been undertaken by the Sexual and Reproductive Health Committee to identify procedural exposure to abortion and contraception for trainees during Basic Training. The following requirements, to come into effect from 2024, were approved by the Education Standards Committee (ESC) and the Board in March 2023:

Table 3.1_1 Recommended Procedure Numbers for Medical and Surgical Abortion

Item	Number
Medical abortion* under 9 weeks (<63 days) consultation	5
Surgical abortion* first trimester consultation and procedure	5
Insert contraceptive implants (Jadelle or Implanon)	4
Remove contraceptive implants (Jadelle or Implanon)	2
IUD (copper or hormonal) insertion (GA/Sedation)	7
IUD (copper or hormonal) insertion (outpatient setting)	7

* Trainees are required to notify their training supervisor in case of conscientious objection

Advanced Training

Advanced Training comprises Years 5 and 6 of the FRANZCOG Training Program: trainees are expected to develop higher professional maturity and professionalism during these years. Advanced Training can be tailored to meet the needs and interests of the trainee and training aims and outcomes will vary from trainee to trainee. However, all trainees must undertake one of the approved Advanced Training Pathways (refer to Standard 2.2.1) to satisfy the common scope of practice.

Advanced Training may focus on:

- extending expertise in general obstetrics and gynaecology
- extending expertise in gynaecological surgery
- extending expertise in complex obstetrics
- developing expertise in rural practice
- developing research expertise
- developing expertise in areas of special interest
- developing expertise in practice in developing countries
- commencing subspecialty training

Additionally, several professional objectives should be common to Advanced Training Pathways. These include the development of:

- confidence and competence in patient management
- career direction
- leadership skills
- teaching skills
- financial management skills
- people management skills

Advanced Training posts are approved on the merit of the position. The position should give the trainee an opportunity to advance in practice from senior registrar to consultant across the intended scope of practice. This will include reaching a high level of independence in the performance of procedures and advanced communication skills. Procedurally this will necessitate:

- Primary operator experience, with a junior assistant for those procedures where independent practice and competency has been achieved
- Supervised primary operator experience (i.e., operating with a consultant) for those procedures where independent practice has not yet been achieved.

Acknowledging the success of changes to the RCOG training program and to provide structure to RANZCOG's program, the College introduced Advanced Training Modules (ATMs) in 2018 to:

- establish minimum procedural requirements for Advanced trainees
- clarify expectations for trainees and training sites
- consistently prepare advanced trainees for a career as a consultant.

ATMs now form an integral part of the Advanced Training Pathways. There are currently five pathways to Fellowship following Basic Training, as outlined in Figure 2.2_1 Pathways to Fellowship.

Generalist O&G Pathway

Trainees undertaking the Generalist pathway must complete the [Generalist Obstetrics and Generalist Gynaecology Advanced Training Modules](#) (ATM). These ATMs provide a framework for trainees to consolidate and enhance the knowledge, clinical skills and professional abilities required to provide high-level services in an urban or rural setting across the Generalist Scope of Practice. The curriculum within these ATMs is designed to:

- Enhance progress from Senior Registrar to FRANZCOG graduate across the Generalist Scope of Practice as specified below.
- Position the Advanced Trainee to further increase their scope of practice following completion of the ATMs through exposure to more complex conditions and undertaking procedures beyond Basic Training.
- Provide the FRANZCOG graduate with the foundation for a continuum of learning and ongoing CPD based on the FRANZCOG curriculum, allowing ongoing skills development by the FRANZCOG graduate, as required for future scope of practice.

Academic Pathway

The FRANZCOG Academic Stream is a pathway for trainees who wish to undertake a PhD. In the Academic Stream, trainees are given up to three years (156 weeks) continuous Research Leave. Upon completion of the PhD, the trainee will be granted 46 weeks (1 year) of Advanced Training credit and will meet the research requirement of the FRANZCOG Training Program.

Trainees undertaking the Academic pathway must complete the Essential Obstetrics and Gynaecology Skills ATM (see below). The RANZCOG Board approved in December 2021 that trainees commencing the academic stream after 31 January 2025 must also satisfactorily complete the Medical Education ATM (see below).

Advanced Obstetrics Pathway

Trainees undertaking the Advanced Obstetrics pathway must complete the [Advanced Obstetrics ATM](#). This was approved by the RANZCOG Board and implemented for trainees from the 2022 training year. The Advanced Obstetrics ATM is designed to equip advanced trainees with the knowledge, skills and professional attributes needed to independently manage a complex obstetric patient, in collaboration with a Maternal Fetal Medicine Subspecialist and/or an O&G Ultrasound Subspecialist where necessary.

As the Advanced Obstetric Pathway to FRANZCOG has the same standing as the Generalist O&G pathway to FRANZCOG, the obstetrics contained therein must be at a higher level than the Generalist Obstetrics ATM. It should be noted that the on-call component is expected to include emergency gynaecology on-call, since on completion of FRANZCOG training with the Advanced Obstetrics ATM, the trainee should have the Common Scope of Practice in addition to an Advanced Obstetrics Scope of Practice.

The ATM thus also incorporates the minimum gynaecological surgical requirements from the Essential Obstetrics and Gynaecology Skills ATM (see below).

Sexual and Reproductive Health Pathway

The RANZCOG Board approved the [Sexual and Reproductive Health Pathway](#) in December 2022 for implementation in the 2023 training year.

The objective of the pathway is to provide a framework on which to build expert training in the knowledge, clinical skills and professional attitudes required to provide comprehensive, high-level sexual and reproductive health services. Trainees undertaking the pathway must complete four mandatory and a minimum of two elective modules as detailed below.

Mandatory modules:

- Contraception
- Medical and Surgical Abortion
- Sexual Health (online component only)
- Essential Obstetrics and Gynaecology Skills ATM

Elective modules (minimum two):

- Menopause
- Care of Vulvovaginal Conditions
- Acute Gynaecology and Early Pregnancy
- Colposcopy
- Paediatric and Adolescent Gynaecology
- Sexual Health

The Essential Obstetrics and Gynaecology Skills ATM is a mandatory component to ensure Common Scope of Practice requirements are covered.

Subspecialty Pathway

Trainees on a subspecialty pathway may commence subspecialty training post-Fellowship, or often in Year 6 of FRANZCOG training (and in a minority of cases, mid-way through Year 5). To cater for all contingencies, trainees undertaking the Subspecialist pathway prior to Fellowship must complete one of the following options:

- The Essential Obstetrics and Gynaecology Skills ATM, concurrently with a minimum of 46 weeks of satisfactorily assessed Subspecialty training; or
- The Generalist Obstetrics ATM and Generalist Gynaecology ATM, concurrently over a minimum of 23 weeks, prior to commencing Subspecialist training, plus a minimum of 23 weeks of satisfactorily assessed Subspecialty training.

Essential Obstetrics and Gynaecology Skills ATM

The Advanced Training Program is designed to ensure that all those awarded FRANZCOG will have completed the training program as per the regulations and have currency in the Common Scope of Practice, which is defined by the [Essential Obstetrics and Gynaecology Skills ATM](#).

The Common Scope of Practice for all RANZCOG Fellows includes the following essential skills:

- Antenatal, intrapartum, and postnatal care of normal and complex pregnancies.
- Initial management of common office gynaecological conditions.
- Management of common acute gynaecological conditions and gynaecological emergencies.
- Management of clinical teams and resources within the unit.
- Teaching, guidance, and supervision at undergraduate and postgraduate levels.

Special interest ATMs

In addition to ATMs related to Advanced Training Pathways, trainees may also undertake ATMs in an area of special interest alongside other training requirements.

- [Pelvic Floor Disorders](#)

The Pelvic Floor Disorders ATM provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and non-surgical treatment of vaginal prolapse and incontinence to the level of a generalist Fellow who wishes to practise with a special interest in the management of pelvic organ prolapse and urinary incontinence.

- [Hysteroscopic and Laparoscopic Surgery](#)

The Hysteroscopic and Laparoscopic Surgery ATM provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective laparoscopic and hysteroscopic surgery to the level of a Fellow who wishes to practise actively in this area.

- [Contraception, Abortion and Sexual Health](#)

For those with an interest in sexual and reproductive health but not undertaking the pathway. Provides a framework on which to base expert training in the knowledge, clinical skills and professional attitudes required to provide comprehensive high-level contraception, abortion and sexual health services.

- [Colposcopy](#)

The Colposcopy ATM provides a framework to enable a trainee to consolidate and enhance the knowledge, clinical skills and professional abilities required to perform safe and effective surgical and non-surgical treatment of cervical and other vagina and vulva genital tract abnormalities to the level of a Fellow who wishes to practise with a special interest in colposcopy.

- [Medical Education](#)

The Medical Education ATM was piloted in 2021-2022 following Board approval and implemented from the 2023 training year. It aims to build on the Clinical Education Training Program to create a sound foundation in principles and understanding of educational theory and practice. The ATM is designed to be equivalent in exposure to a Postgraduate Certificate of Health Professional Education.

FRANZCOG Curriculum – in development

As outlined in previous Progress Reports/Monitoring Submissions, the College has been undertaking an overarching curriculum and training program review since 2018. In its July 2020 meeting, RANZCOG’s Education Strategy Committee (ESC; now the Education Standards Committee) approved the adoption of the CanMEDS Physician Competency Framework in its entirety for all College training programs. As articulated above, RANZCOG currently uses three “domains” in curricula to define competent obstetricians and gynaecologists:

- Clinical Expertise
- Academic Abilities
- Professional Qualities

Two overarching problems had been identified in using this approach:

- The three domains in place cannot facilitate a full articulation of all key roles within any College curriculum. Role attributes or requirements become homogenised and not sufficiently represented in the curriculum.
- Since there is currently no framework applied across all College curricula, there is limited vertical integration of, for example, the FRANZCOG Training Program curricula with the subspecialty training program curricula.

Defining roles in line with the CanMEDS Framework enables a full articulation of what is expected of a qualified practitioner and thus a comprehensive exploration of the breadth and depth of each training program. Adopting a single framework for use across all College curricula also enables their vertical integration.

The ESC also approved a new Curriculum Structure Design to be applied to all College curricula. This will address structural issues with existing curricula, and differences between them, by more clearly:

- Defining exactly what competency means and how elements of competency and learning outcomes inform competencies
- Articulating competencies as either knowledge, skill, behaviour or role-related (or a combination)
- Articulating milestones that need to be achieved at set times in training
- Detailing the requirements for each item of knowledge and each skill, how these develop and become more complex during training, and how they are taught and assessed.
- Mapping the inter-relationship between roles, skills and knowledge

- Mapping competencies of RANZCOG's curricula to CanMEDS roles.

Clinical Skills and Knowledge in Practice model

In the period 2022-2023, the College – through the Dean of Education and the CASG – has been reviewing the Clinical Knowledge and Management Skills topics in its current curriculum and transitioning these to a new structural design known as Clinical Skills and Knowledge in Practice (CSKIP).

CSKIP topic areas (currently in final review stages) are included as Appendices 3.1_1 to 3.1_12. Relevant learning outcomes (in terms of skills and knowledge) are detailed and mapped to the relevant CanMEDS roles, teaching and learning strategies, and assessments. The most significant development is the incorporation into each topic of the relevant procedures to be undertaken with the following associated information:

- Expected level of supervision at each stage of training (end Year 2, end Basic, end Advanced)
- Whether an APSS is required, and by which point in training
- Recommended number of procedures to be logged during training.

Each item in the CSKIP model will be coded for ease of reference and to assist with blueprinting of assessments.

As part of the review process, CASG members have looked at each of the learning outcomes and procedures and identified whether each remains relevant for the training program, at what level, and whether any amendments are required. Each topic has then been further socialised for comment with members of the Trainees' Committee, Examination and Assessment Committee (EAC), Training Accreditation Committee (TAC) and Education Standards Committee (ESC). Feedback has been consolidated and further reviewed by the CASG.

CanMEDS – Roles in Practice

The College's transition to the CanMEDS Physician Competency Framework as a foundation for its curriculum offerings is detailed in Standard 2.3.1.

The CSKIP model described above relates largely to the Medical Expert role, and the content reflects the current Clinical Knowledge and Management Skills section as detailed. Other CanMEDS roles are currently outlined in [Section C of the curriculum – Contextual Knowledge](#), as well as appearing within other sections.

To explore each of the other CanMEDS roles, a similar model to the CSKIP is being used to build Roles in Practice topics. Each of these will explore one of the non-Medical Expert roles; content is being transitioned from the current curriculum and placed in a relevant "role" as learning outcomes, again mapped to relevant teaching and learning strategies and assessments. To ensure each role is sufficiently addressed, development processes have also incorporated content from the CanMEDS Milestones and cross-referenced this with existing content. A sample of Role in Practice for Scholar in development is attached as Appendix 3.1_13.

It is envisaged that the new FRANZCOG curriculum incorporating the CanMEDS Framework and the CSKIP model, will be rolled out for trainees commencing in the 2024 hospital employment year.

Advanced Training – further pathway development

As has been described in previous monitoring submissions, the College continues to review the Advanced Training component of its Fellowship program, in order to:

- Better cater for fully-fledged non-generalist streams for trainees wishing to focus more closely on obstetric, gynaecological or sexual and reproductive health disciplines
- Strengthen activities and support systems to improve the transition to consultant
- Improve the clarity and communication of training requirements, particularly in Year 5 of training
- Provide greater support for a trainee's journey from Basic Training into subspecialty training.

An Advanced Training Pathways Framework was originally developed to inform onward work in this space, with nine pathways to FRANZCOG proposed, comprising:

- Academic
- Advanced Gynaecology: Gynaecological Oncology
- Advanced Gynaecology: Reproductive Endocrinology and Infertility
- Advanced Gynaecology: Urogynaecology
- Advanced Obstetrics
- Advanced Obstetrics / subspecialty maternal fetal medicine
- Advanced Obstetrics / subspecialty O&G ultrasound
- Generalist O&G
- Sexual and Reproductive Health

To help address workforce maldistribution, the College is also currently exploring the establishment of a dedicated Rural Generalist Advanced Training Pathway.

The Advanced Gynaecology pathways remain to be developed: consultation work continues with each relevant subspecialty committee to determine requirements. In broad terms, there is a general understanding that:

- The current Pelvic Floor Disorders ATM could provide a foundation for building a Urogynaecology pathway.
- The current Hysteroscopic and Laparoscopic Surgery ATM could provide a foundation for building a Reproductive Endocrinology and Infertility pathway.

Developing a specific pathway in gynaecological oncology has proved more of a challenge; current discussions revolve around maintaining the status quo of requiring the Essentials ATM only prior to subspecialty training, with little appetite to develop a pathway for those with an interest in gynaecological oncology but who do not want to become subspecialists.

Subspecialty Programs – current state

Curriculum and training program requirements for each of the five subspecialty programs are detailed in the relevant Training Program Handbook:

- [Certification in Gynaecological Oncology \(CGO\) Training Program Handbook](#)
- [Certification in Maternal Fetal Medicine \(CMFM\) Training Program Handbook](#)
- [Certification in Obstetrical and Gynaecological Ultrasound \(COGU\) Training Program Handbook](#)
- [Certification in Reproductive Endocrinology and Infertility \(CREI\) Training Program Handbook](#)
- [Certification in Urogynaecology \(CU\) Training Program Handbook](#)

Each subspecialty training program has a duration of three years, with training taking place in an accredited training unit for at least the first two years of training. Requirements differ from program to program, but generally include satisfactory completion of:

- Formative Appraisal Report (FAR) at the three-month point in each semester
- Training Assessment Record (TAR) at the end of each semester
- Scholarly Elective (Research Project, or for some subspecialties an equivalent)
- Multi-Source Feedback assessment
- Written Examination
- Oral Examination (with the exception of CU)
- Other assessments as detailed

The Curriculum section of each handbook outlines the aims and objectives of the training program, the context for the subspecialty, and provides a brief description of a subspecialty practitioner's scope of practice. The curriculum itself is laid out as learning outcomes relating to:

- Knowledge and Understanding:
 - Scientific knowledge
 - Clinical or applied knowledge
 - Contextual knowledge
- Clinical and Management Skills, including:
 - Surgical skills and procedures (where relevant)
 - Management and Professional Responsibilities

Subspecialty Programs – in development

As with the ongoing review and development in the FRANZCOG Training Program, subspecialty curriculum development is focusing on two main features:

- Transition to the CanMEDS Physician Competency Framework
- Transition to an adapted version of the CSKIP structural design

As outlined in Standard 2, each subspecialty group has drafted a graduate outcomes statement based around the CanMEDS Framework, plus the additional cultural safety domain, that defines the expectations of a qualified subspecialist practitioner. This is being used to inform review of the curriculum learning outcomes detail.

Current learning outcome listings are being redrawn into the CSKIP model, so that each can be aligned with teaching and learning strategies and assessments. Where possible and relevant, procedural requirements are also being incorporated into each section.

The challenge in the subspecialty curriculum space is to implement a unified model that is harmonious with the FRANZCOG curriculum while allowing for the relative differences between subspecialties and how this translates into curriculum presentation.

Each subspecialty committee has appointed a sub-group to undertake initial curriculum review work, with support from College staff. Work is then socialised through both the relevant subspecialty committee and the CASG. Wider consultation with relevant subspecialty cohorts will follow at later stages of review.

Subspecialty Programs – previous developments

In the past, the curriculum of each of the five Subspecialty Training Programs were reviewed regularly according to a five-year cycle with the procedure requirements of each program reviewed every two years. Specific aspects of the curriculum would also be reviewed as needed. This regular review cycle has been superseded by the overarching curriculum review as described. Since the commencement of the curriculum review, specific aspects of individual subspecialty curricula have continued to be reviewed by the relevant subspecialty committees as the need is identified.

Mechanisms for review, and specific subspecialty reviews and improvements are described below.

Certification in Gynaecological Oncology (CGO)

Feedback is sought from trainees through regular surveys. CGO Committee members are asked for feedback when issues arise at Committee meetings. Feedback is sought from Training Supervisors and the wider CGO community at the Australian Society of Gynaecologic Oncologists (ASGO) meetings. A list of CGOs outside the Committee have been enlisted to contribute to specific areas of training that are of particular interest.

Examples of recent developments/improvements:

- 2018 Surgical Skills Assessments – were reviewed and updated based on feedback and trainee experience.
- 2020 Oral Exam – Online Oral Examination using Zoom successfully implemented due to the COVID-19 pandemic.

Certification in Maternal Fetal Medicine (CMFM)

Feedback is sought from trainees through regular surveys. CMFM Committee members are asked for feedback when issues arise at Committee meetings. Feedback is sought from Training Supervisors and the wider CMFM community at the CMFM Colloquium.

Recent developments/improvements:

- 2020 Oral Exam – Online Oral Examination using Zoom successfully implemented due to the COVID-19 pandemic.
- 2021 Scholarly Elective Non-Research Stream – As an alternative option to the research project requirement, an alternative option called the Scholarly Elective Non-Research Stream was introduced. This allows trainees the flexibility to complete a prospectively approved vocational training course with relevance to their chosen subspecialty instead of undertaking a research project.
- 2022 IHCE – A hybrid In-hospital Clinical Examination (IHCE) was implemented. The IHCE paperwork and was reviewed and updated by CMFM Committee members.
- 2022 Oral Exam – Eligibility to sit the CMFM Oral Exam was reduced from 92 weeks to 46 weeks of satisfactorily completed training.

Certification in Obstetrical and Gynaecological Ultrasound (COGU)

Feedback is sought from trainees through regular surveys. Trainee procedure numbers are reviewed annually at Committee meetings. COGU Committee members are asked for feedback when issues arise at Committee meetings.

Examples of recent developments/improvements:

- 2018 IHCA – The In-hospital Clinical Assessment (IHCA) format was redeveloped.

- 2020 Oral Exam – Online Oral Examination using Zoom successfully implemented due to the COVID-19 pandemic.
- 2022 Oral Exam – Eligibility to sit the COGU Oral Exam was reduced from 92 weeks to 46 weeks of satisfactorily completed training.
- 2023 Scholarly Elective Non-Research Stream – As an alternative option to the research project requirement, an alternative option called the Scholarly Elective Non-Research Stream was introduced. This allows trainees the flexibility to complete a prospectively approved vocational training course with relevance to their chosen subspecialty instead of undertaking a research project.
- 2023 Grief Counselling Course – based on feedback and trainee experience, the Grief Counselling Course was removed as a training program requirement.

Certification in Reproductive Endocrinology and Infertility (CREI)

Feedback is sought from trainees through regular surveys. CREI Committee members are asked for feedback when issues arise at Committee meetings. Feedback is sought from Training Supervisors and the wider CREI community at the Australian and New Zealand Society of Reproductive Endocrinology and Infertility (ANZSREI) meetings.

Examples of recent developments/improvements:

- 2020 Oral Exam – Online Oral Examination using Zoom successfully implemented due to the COVID-19 pandemic.
- 2022 Oral Exam – Eligibility to sit the CREI Oral Exam was reduced from 92 weeks to 46 weeks of satisfactorily completed training.
- 2023 Scholarly Elective Non-Research Stream – As an alternative option to the research project requirement, the Scholarly Elective Non-Research Stream was introduced. This allows trainees the flexibility to complete a prospectively approved vocational training course with relevance to their chosen subspecialty instead of undertaking a research project.
- 2023 Biostatistics Course – the opportunity for Recognition of Prior Learning (RPL) was formalised for the Biostatistics Course requirement.
- 2023 CREI Training Program Review Workshop – A facilitated workshop is scheduled for July 2023 to review the current structure of the CREI Training Program. The aim will be to brainstorm new ideas on ways to make CREI training more flexible and attractive with an aim to increasing the number of CREIs certified each year. This was initiated following a review of CREI trainee commencement and completion data.

Certification in Urogynaecology (CU)

Feedback is sought from trainees through regular surveys. CU Committee members are asked for feedback when issues arise at Committee meetings. Feedback is sought from Training Supervisors and the wider CU community regularly at UroGynaecology Society of Australasia (UGSA) meetings.

Examples of recent developments/improvements:

- 2019/2020 Directly Observed Procedural Skills (DOPS) – Five Surgical DOPs were removed from the program and two added based on trainee feedback and procedure availability.
- 2022 Introduction of Vaginal/Laparoscopic (VL) Units – The Committee approved the introduction of a skills expansion to include laparoscopic surgery. The logbooks have been updated to provide more detailed information. An advisory group was set up including a recently certified CU and experienced Training Supervisor/Program Director. CU Training Units will be

categorised as VL or non-VL units and from 2025, CU trainees will be required to train in VL units for a minimum of two years. Refer to Standard 2.2.2.

Subspecialty Programs – building on FRANZCOG Training

Subspecialty training necessarily builds on knowledge, skills and experience gained in the FRANZCOG Training Program. It should be noted that the features detailed below will be retained in the next iteration of the curriculum.

Gynaecology

- FRANZCOG Basic Training requirements include “experience in gynaecological oncology sufficient to gain a working knowledge of the anatomy of the pelvic sidewall, particularly regarding the ureter and major blood vessels”.
- Ideally this is gained through three months’ experience but not necessarily in a formally designated gynaecologic oncology unit (e.g., a hospital where there is no specific gynaecologic oncology service on-site, but multiple gynaecologists are available).
- Subsection B.2.5 of the current [FRANZCOG Curriculum](#) is dedicated to Gynaecological Oncology.

Maternal Fetal Medicine

- FRANZCOG trainees must attend a Fetal Surveillance Workshop in their first year of training, setting the foundations for learning in this area.
- Placental Fetal and Early Neonatal Physiology is included as part of the core scientific knowledge.
- Alongside many other references to fetal care, current curriculum section B.1.3. Intrapartum Care includes learning outcomes related to fetal monitoring, status and wellbeing.
- The Advanced Obstetrics Pathway is viewed as a pathway suitable for those progressing into CMFM training.

Ultrasound

- Clinical Imaging is included as part of the core scientific knowledge.
- Basic trainees must complete 23 ultrasound training sessions in the first 92 weeks of training. The 23 sessions must cover the recommended ultrasound training including transabdominal and vaginal scanning in both early and late pregnancy. NB Trainees may enter ultrasound and scanning sessions in their logbook, which are reviewed by the Training Supervisor as part of the Six-monthly Summative Assessment.
- Trainees must complete an approved ultrasound course/workshop, plus three ultrasound modules on Acquire.
- Trainees must complete an ultrasound APSS.
- The Advanced Obstetrics Pathway is viewed as a pathway suitable for those heading into COGU training.

Reproductive Endocrinology and Infertility

- Reproductive Physiology and Endocrinology is included as part of the core scientific knowledge.
- Section B.2.3. of the current curriculum is dedicated to Reproductive Endocrinology.
- As mentioned above, the current Hysteroscopic and Laparoscopic Surgery ATM could provide a foundation for building a CREI pathway.

Urogynaecology

- Section B.2.6. of the current curriculum is dedicated to Urogynaecology.
- Trainees are expected to show an understanding of the indications, technique, anatomy and potential complications for the complex urogynaecological procedures.
- As mentioned above, the current Pelvic Floor Disorders ATM could provide a foundation for building a CU pathway.

Subspecialty Programs – Community Needs

The College acknowledges that the subspecialty program curriculum review needs to include a review of ongoing community needs. This will be supported in the first instance by continued community representation on the CASG and the Board, through continued collaboration with the Consumer Network Working Group, and liaison with College and external (Government) groups focusing on workforce.

3.2 The content of the curriculum

The AMC accreditation standards are as follows:		
3.2.1	The curriculum content aligns with all of the specialist medical program and graduate outcomes.	✓
3.2.2	The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.	✓
3.2.3	The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.	✓
3.2.4	The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.	✓
3.2.5	The curriculum prepares specialists for their ongoing roles as professionals and leaders.	✓
3.2.6	The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.	✓
3.2.7	The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.	✓
3.2.8	The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.	✓
3.2.9	The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).	✓
3.2.10	The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.	✓

3.2.1 The curriculum content aligns with all of the specialist medical program and graduate outcomes.

FRANZCOG Training Program

As outlined in Standard 2.3.1, the current FRANZCOG curriculum currently uses three “domains” to define competent obstetricians and gynaecologists: Clinical Expertise, Academic Abilities and Professional Qualities. These domains are more fully articulated in the College document “C-Gen 20 Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training” (Appendix 2.2_1).

As part of the curriculum review, a new Graduate Outcomes Statement is being drafted for the FRANZCOG Training Program, structured around the CanMEDS Framework plus an additional domain relating to cultural safety. The current draft is provided as Appendix 2.3_1. The Graduate Outcomes Statement is further broken down into Basic and Advanced Training components, providing clear indications of expectations at the end of each stage of training. The Graduate Outcomes Statement remains a “living document” while the review of learning outcomes in the CSKIP and Roles in Practice components is in progress, to ensure alignment.

Subspecialty Training Programs

The introduction to the Curriculum section in each subspecialty training handbook provides details of the aims and objectives of, and context for, subspecialty training and future practice. An example can be found on pages 29-31 of the [CGO Handbook](#). Existing curriculum content is designed to meet the outcomes of the training program and the needs of future practitioners.

As with the FRANZCOG curriculum, each subspecialty is developing a Graduate Outcomes Statement based around the CanMEDS Framework and the additional cultural safety domain. This will also drive development of the learning outcomes content and structure to ensure all roles are covered fully.

3.2.2 The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.

FRANZCOG Training Program

The current [FRANZCOG Curriculum](#), in its exposition of the Academic Abilities domain (page. 8), stipulates that:

“Specialist obstetricians and gynaecologists engage in professional learning and development throughout the entire span of their career. They function within their profession as learners and researchers, seeking to further understanding in their discipline and its practice through the systematic collection, interpretation and reporting of data. They recognise that ongoing learning is central to optimal professional practice and that advances in technology and clinical management require changing attitudes and organisational flexibility. Specialist obstetricians and gynaecologists recognise that their discipline is continuously evolving and that productive and ethical research is necessary to benefit the healthcare of women and infants. Consequently, they appreciate the importance of scientific research and participation in clinical research.”

Specialists are expected to be able to:

- Demonstrate self-learning in obstetrics and gynaecology and other relevant areas of medical practice
- Actively seek relevant information to enhance their knowledge and practices and to ensure that they maintain a contemporary service to women in their care
- Understand the underlying physiology and pathology, and the available assessment and management options in order to provide safe and effective care
- Demonstrate cognitive skills, particularly in the area of clinical problem solving
- Understand the principles and practice of evidence-based medicine and research in a clinical setting, including:
 - an understanding of relevant local, national and international guidelines that are based on contemporary and historical evidence
 - the application of appropriate qualitative and quantitative research tools and methods
 - the contributions that evidence has to the development of new knowledge, understanding and practices

Scientific foundations of the specialty are covered in Part 4 Knowledge and Application in Obstetrics and Gynaecology: Section A Core Scientific and Medical Knowledge:

- Epidemiology and Research Methods
- Anatomy
- Placental Fetal and Early Neonatal Physiology
- Reproductive Physiology and Endocrinology
- Genetics
- Pharmacology and Therapeutics
- Clinical Imaging
- Pathology and Haematology
- Microbiology
- Immunology
- Medical and Surgical Conditions in Pregnancy

Research requirements for the FRANZCOG and subspecialty programs are discussed in Standard 3.2.8.

Subspecialty Training Programs

As referenced in Standard 3.1.1, the curriculum section in the Training Program Handbook for each of the five subspecialties includes a Knowledge and Understanding subsection (described as “the building blocks required for the development of expertise in” the relevant subspecialty), which incorporates scientific knowledge (“that forms the building blocks underpinning clinical practice”).

3.2.3 The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.

FRANZCOG Training Program

The current FRANZCOG curriculum presents a professional profile to guide the practice of obstetricians and gynaecologists throughout their careers. The curriculum design and timeline of activities and competencies is based on establishing, demonstrating and mastering communication, clinical, diagnostic, management and procedural skills to enable safe patient care. As outlined in Standard 3.1.1, the profile is comprised of three overlapping domains, being Clinical Expertise, Academic Abilities and Professional Qualities.

Assessment of competencies is structured to reflect the pathway of learning required throughout training. Competency is achieved through an incremental process of learning and development, so the curriculum indicates ways in which learning might be promoted in the three key domains. Consultants who supervise the training of future medical specialists are crucial to this process, in guiding day-to-day learning and ensuring robust growth of the profession. The Three-monthly Formative Appraisal and Six-monthly Summative Assessments are structured on the three domains.

The current transition to the CanMEDS Framework, with the addition of an eighth domain relating to cultural safety, will enable a closer focus on each domain, and how each is taught and assessed. Structural components of the curriculum allow for enhanced mapping of learning outcomes (and associated teaching and learning strategies and assessments) to CanMEDS roles.

Clinical, diagnostic and procedural skills have been reviewed as part of the transition to the CSKIP model outlined in Standard 3.1.1. Communication and management skills will be incorporated/mapped where relevant in the “Medical Expertise” topics, but also addressed specifically in the Roles in Practice components of the curriculum, which relate directly to the other CanMEDS roles and the cultural safety domain. In development at present, these components will incorporate relevant existing curriculum content cross-referenced with content from the [CanMEDS milestones](#).

Challenges facing gynaecological surgical training and current support strategies are outlined in Standard 2.2.1.

Subspecialty Training Programs

The curriculum for each of the subspecialty programs, allowing for appropriate differences reflecting the nature of each, includes learning outcomes in relation to:

- Diagnostic techniques
- Clinical and management skills
- Surgical skills and associated procedures (where relevant)
- Management and professional responsibilities

As with the FRANZCOG curriculum, transition to the CanMEDS Framework and a clear relationship with revised Graduate Outcomes Statements will enable closer attention to these aspects in the training program.

3.2.4 The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

FRANZCOG Training Program

The current [FRANZCOG Curriculum](#) in Section C (Contextual Knowledge) Subsection C1 (Women’s health and Cultural Issues) states the following as learning outcomes for trainees:

- Practise a multi-dimensional approach to patient management, by being able to:
 - Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background.
 - Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination. For example, in respect of age, gender, race, culture, disability, spirituality, religion and sexuality.

- Carefully consider the social and cultural context of women's healthcare by:
 - Using a vocabulary that dignifies women in a courteous, sensitive and helpful manner.
 - Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background.
 - Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and wellbeing of women.
- Show commitment to the best interests of the patient and the profession and act as health advocate for the patient, by:
 - Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs.
 - Recognising and respecting cultural diversity and promoting cross cultural understanding
 - Identifying the important determinants of health and wellbeing of women and the fetus.

As outlined in Standard 3.1.1, these outcomes will be retained in the revised curriculum content and strengthened with appropriate use of the CanMEDS milestones.

Subspecialty Training Programs

There is no direct referencing of patient-centred care within subspecialty curricula; collective goal-setting appears only as part of Teamwork competencies.

These shortfalls will be addressed with the transition to the use of the CanMEDS framework. Draft Graduate Outcomes Statements for each of the subspecialties (refer to Standard 2.3) prominently articulate the provision of patient-centred care as a fundamental function within the Medical Expert role. This articulation will be carried through into the detailed learning outcomes as these are reviewed and further developed in line with the CanMEDS Framework and the draft Graduate Outcomes Statements.

3.2.5 The curriculum prepares specialists for their ongoing roles as professionals and leaders.

FRANZCOG Training Program

The Professional Qualities domain in the current curriculum ([refer to section 3.4 page. 11](#)) outlines the objective for specialist obstetricians and gynaecologists to function as managers, team workers and health advocates, with high standards of ethical conduct and a commitment to the best interests of the patient. This is further explored in the associated competency areas:

- Provide effective team management and leadership in the workplace.
- Conduct effective reviews of professional practice.
- Solicit and accept constructive feedback on practice.
- Exhibit ethical attitudes and conduct.
- Show commitment to the best interests of the patient and the profession.

It is further delineated in the elements of competency and linked learning outcomes in [section C.4 Management and Professional Skills](#).

The implementation of the CanMEDS Framework for the revised curriculum introduces the more explicit role of Leader to more definitively describe the relevant competencies. Existing curriculum content will be transitioned to the relevant Role in Practice and enhanced with the CanMEDS milestones.

Subspecialty Training Programs

The curriculum for each of the subspecialty programs includes a section on Professionalism and Management, with the general aim of ensuring that trainees build an understanding of the organisational responsibilities inherent in the practice of the subspecialty. These learning outcomes build on the professionalism/management skills detailed in the FRANZCOG program.

As with the FRANZCOG program, the transition to the CanMEDS Framework in the subspecialty curriculum review will enable the role of Leader to be more fully explored; this is underpinned in the drafts of the graduate outcome statements for each of the subspecialties.

3.2.6 The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.

FRANZCOG Training Program

[Section C.4 Management and Professional Skills](#) of the current FRANZCOG curriculum includes a range of learning outcomes relevant to building a trainee's capacity to contribute effectively to the healthcare system. These include:

- Review of professional practice:
 - Understand the principles, and participate in the practice of, clinical governance.
 - Actively engage in practise of risk management/ minimisation by addressing and advocating safety and quality in healthcare practices.
- Demonstrate commitment to the best interests of the patient and the profession by:
 - Acting as health advocate for the patient.
 - Allocating finite health resources prudently.
 - Using time and resources to balance patient care, learning needs and lifestyle.
- Contributing to the health of women and the fetus and development of the profession of Obstetrics and Gynaecology by:
 - Being an effective College member and contributor and recognise the need to 'give back' to the profession.
 - Advocating for appropriate resourcing of healthcare for women.
 - Influencing development of public policy that affects women's health.

These concepts will be further developed under the Professional role as the curriculum is transitioned to the CanMEDS Framework.

Subspecialty programs

The sections on Professionalism and Management (e.g., 1.11 in CGO) and Management and Professional Skills (e.g., 2.5 in CGO) in the current subspecialties' curriculum include learning outcomes relevant to risk management, practice audits, optimising service delivery and cost-effectiveness.

- Understand the organisational responsibilities inherent in the practice of gynaecologic oncology at a subspecialty level that relate to risk management, practice audit and optimising service delivery.
- Understand the principles of risk management and importance of continuing professional development in risk management and practice improvement.
- Understand the basic principles of economics of resource allocation such as supply and demand and cost utility analysis, and explain to patients the realities of health resource allocation.

The College acknowledges that these concepts are not sufficiently unpacked in the current subspecialty curricula. These shortfalls will be addressed as part of the onward curriculum review and transition to the CanMEDS Framework. For example, the draft CGO Graduate Outcomes Statement for the role of Health Advocate states:

- Definition: As Health Advocates, Gynaecological Oncologists use their expertise and influence responsibly to advance the health and wellbeing of individual patients, communities and populations.
- After satisfactory completion of the CGO training program, the graduate will be able to:
 - Respond to individual patient health needs and issues as part of patient care, including opportunities for advocacy, health promotion and disease prevention.
 - Respond to the health needs of the communities that they serve, including opportunities for advocacy, health promotion and disease prevention.
 - Identify the determinants of health for the populations that they serve, including barriers to care, lack of resources, and the needs of marginalised populations.
 - Promote the health of individual patients, communities, and populations.

3.2.7 The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.

FRANZCOG Training Program

In the current curriculum, the Academic Abilities domain includes the requirement for trainees to be able to teach and communicate effectively:

- Understand and apply principles of apprenticeship learning for trainees, students and other health professionals, including:
 - the provision of guidance and advice in a considerate and consultative manner
 - giving and receiving constructive feedback
 - assessment of performance and learner achievements according to set performance criteria.

The development of teaching skills is a professional objective common to all Advanced Training Programs. Clinical Education Training (CET) has been developed to support FRANZCOG trainees, Fellows and members who are interested in becoming clinical educators, as well as those already involved in the training/teaching and education of others in the workplace.

The CET comprises a series of online modules available through RANZCOG's [Acquire](#) platform and is presented in two parts. [Part 1](#) introduces learners to the principles of adult learning theory and strategies that support teaching and learning in the clinical environment. Completion of the Part 1 modules is mandatory for all FRANZCOG Advanced Trainees and includes the following section topics:

- Adult learning theory
- Teaching and learning preferences
- Personal learning plan
- Teaching and learning strategies
- Barriers to learning
- Communication

The CET modules were extensively reviewed through 2020, with updated modules launched in February 2021.

Medical Education Advanced Training Module (ATM)

In 2022, the College introduced a special interest (elective) ATM in Medical Education. The [Medical Education ATM](#) aims to build on the CET Program to create a sound foundation in principles and understanding of educational theory and practice. The ATM is designed to be equivalent in exposure to a Postgraduate Certificate of Health Professional Education.

Advanced trainees undertaking the ATM must complete CET Part 2 modules covering:

- The learning environment
- Evaluation, appraisal, and assessment
- Documentation

Trainees must then complete three mandatory and a minimum of one elective unit as detailed below.

Mandatory units:

- Curriculum design
- Clinical teaching
- Feedback

Elective units (minimum one):

- Virtual teaching
- Simulation in education
- Interdisciplinary education
- Evidence based medical education and leadership in education

Completion of the Medical Education ATM will be mandatory for those undertaking the Academic Pathway to Fellowship from 2025.

Transition to CanMEDS

Learning outcomes relating to training and supervision will be retained and strengthened under the Scholar role as the curriculum is transitioned to the CanMEDS Framework. A draft of the “Roles in Practice: Scholar” component is attached as Appendix 3.1_13.

Subspecialty Training Programs

Subspecialty curricula include a section on Teaching, with minor variation across the five subspecialties. The CMFM curriculum describes the following:

General Aim:

- Understand the principles and methods underpinning the teaching and assessment of practical and theoretical concepts.

Learning Objectives:

- Understand the principles underpinning:
 - The facilitation of learning of patients, trainees, students and other health professionals
 - Apprenticeship learning
 - The provision of constructive feedback
 - Assessment of performance according to set performance criteria
- Understand the use of vocabulary that encourages and acknowledges learning
- Understand the learning needs of oneself and others

Transition to the CanMEDS Framework will provide an opportunity to explore these concepts more fully.

3.2.8 The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.

FRANZCOG Training Program

Excepting those undertaking the Academic Pathway, satisfactory completion of research study is mandatory for all FRANZCOG trainees. The [FRANZCOG Research Training Requirement Policy](#) outlines the current research requirements for the FRANZCOG Training Program. All trainees entering the program from 1 December 2017 are required to meet their research requirements based on the Points-based Research Activity model and must accrue three research points by the end of 52 weeks FTE of time in Advanced Training.

Research Toolkit

The College launched its online [Research Toolkit](#) in December 2020, with the aim of providing trainees with:

- an understanding of the principles of evidence-based medicine
- the knowledge and insight to confidently interpret and evaluate research publications and presentations
- assistance in critically appraising the literature and towards designing, completing and presenting their own research.

A pilot webinar was held in December 2020 to launch the Toolkit and invite trainees to meet with the RANZCOG Research and Assessment Committee and ask any questions regarding research requirements. A series of further webinars was held in 2021.

Trainees completing the Toolkit qualify for one point of the three required for the points-based research study.

Changes to research requirements

The College established a Research Curriculum Review Group in May 2021 to:

- Address concerns raised by the Trainees' Committee
- Review the current research points-based allocation system in alignment with the RANZCOG curriculum as well as meet the requirements of the AMC/MCNZ Standards
- Review eligibility of research project and acceptable study designs
- Review recognition of prior learning, including higher degrees in other sciences
- Propose recommendations to the ESC.

The recommendations of the Review Group reduced the points requirement from four points to three and provided guidance as to the above points. These recommendations were approved by the ESC and incorporated into the [RANZCOG Research Training Requirement Policy](#) (October 2021 version) for implementation in 2022.

Further refinements were recommended by the Research Assessment Subcommittee and approved by ESC in Board in March 2023. These included:

- External equivalents to completion of the RANZCOG Research Toolkit are no longer acceptable.
- Approval criteria for Point system first author publications require that they are completed during training or within two years prior to commencing training.

Recommendations have been reflected in the current revised policy.

Subspecialty Training Programs - Scholarly Elective Requirements

Each of the subspecialty programs requires trainees to complete a scholarly elective, being either:

- A research project
- A non-research stream, comprising a course of study relevant to the subspecialty program and future practice.

Requirements are outlined in the respective [Handbooks](#).

The paper that reports on research must be at a standard to be accepted in a peer-reviewed journal and must meet the criteria. The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper. A Cochrane Review, which must be prospectively approved by the CGO Subspecialty Committee, with the trainee as first author, also meets the CGO research requirement. The research project should be prospectively approved and demonstrate the basic

principles of research: original hypothesis testing, research methodology, rigorous scientific method, and approved by the trainee's research and ethics committee.

The non-research stream has been introduced in the CMFM (from 2021), COGU (from 2023) and CREI (from 2023) Training Programs. Courses of study must meet the following requirements:

- The course must progressively build on any previous RANZCOG training and have future vocational relevance.
- The course cannot be merely a repetition of a part of the current COGU Subspecialty curriculum.
- The course must provide complementary skill or educational development to the relevant Subspecialty Training Program noting that the course is to:
 - Prepare practitioners for their future careers; and/or
 - Broaden their education and educational opportunities.
- Limited to one course of study (not a combination of several courses).
- The course meets the minimum criteria of an Australia Framework Qualification (AQF) Diploma Level 5 (or above) or New Zealand Framework Qualification (NZQF) Diploma Level 5 (or above).
- The course submitted must be recognised at a Tertiary Institute or Professional College within Australia or New Zealand.

3.2.9 The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).

FRANZCOG Training Program

As part of Contextual Knowledge: Women's Health and Cultural Issues, FRANZCOG trainees are expected to "understand special implications for women's health services with respect to women of various ethnic backgrounds including Aboriginal, Torres Strait Islander, Māori and Pacific Islander".

Trainees must complete cultural competency education in Basic Training:

- In Aotearoa New Zealand: The NZ Training and Accreditation Committee (NZ TAC) has worked with the Māori/Indigenous Health Institute (MIHI) at the University of Otago to develop a comprehensive post-graduate course. To fulfil this requirement NZ trainees must complete:
 - MIHI 501: Application of the Hui Process/Meihana Model to Clinical Practice.
- In Australia: To fulfil this requirement Australian trainees must complete the relevant RANZCOG Acquire modules:
 - [Aboriginal and Torres Strait Islander Women's Health and Cultural Competency](#) (under review)
 - [Intercultural Competency](#)

As outlined in Standard 2.1.2, in transitioning its curriculum to use the CanMEDS Framework, the development of Graduate Outcomes Statements for each training program has included content relating to Aboriginal and Torres Strait Islander and Māori women's health within and relevant to each of the seven CanMEDS domains. This content was first drafted by the College's Aboriginal and Torres Strait Islander and Māori advisors and has then been adapted by each review group for their respective curriculum.

More recent developments have led the College to investigate establishing an eighth separate domain for cultural safety alongside the seven CanMEDS roles, rather than embedded within them.

Subspecialty Training Programs

Current subspecialty curricula do not include specific content or requirements relating to developing an understanding of the health, history and culture of Aboriginal and Torres Strait Islander and Māori peoples. Trainees would be expected to retain this knowledge from the FRANZCOG program.

However, as with FRANZCOG developments, revised graduate outcomes statements for subspecialty programs will also include content relating to Aboriginal and Torres Strait Islander and Māori women's health. These were similarly developed within and relevant to each of the seven CanMEDS domains and will now be consolidated under the new cultural safety domain.

3.2.10 The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.

FRANZCOG Training Program

The current [FRANZCOG curriculum](#) includes multiple references to the relationship between culture and health. The very first line of the Introduction sets the curriculum within the context of a culturally diverse landscape:

"The objective of the FRANZCOG Curriculum is to equip future specialists with the knowledge, skills and professional qualities appropriate to the healthcare needs of women in two countries that comprise culturally diverse populations."

A qualified practitioner is expected to be able to:

- Practise a multi-dimensional approach to patient management, by being able to:
 - customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background ([page. 7](#))
- Demonstrate understanding of relevant social and cultural issues that impact on the provision of healthcare to women by:
 - using a vocabulary that dignifies women and their healthcare in a courteous and helpful manner
 - discussing history and management issues in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background ([page. 8](#))
- Act as health advocate for the patient, by:
 - recognising and respecting cultural diversity and promoting cross cultural understanding ([page. 13](#))
- As part of Antenatal Care learning outcomes:
 - assess social and cultural factors that may impact on pregnancy care ([page. 41](#))
- As part of Gynaecological Health, Menstrual Disorders and Menopause learning outcomes:
 - assess the impact of socioeconomic factors on a woman's health ([page. 54](#)).

[Section C.1 Women's Health and Cultural Issues](#) covers these concepts in more detail; learning outcomes include:

- Practise a multi-dimensional approach to patient management, by being able to:
 - Customise care according to the individual needs and wishes of women in their care, taking into account their personal beliefs, experiences, and social, economic and cultural background
 - Recognise how health systems can discriminate against patients from diverse backgrounds and work to minimise this discrimination – for example in respect of age, gender, race, culture, disability, spirituality, religion and sexuality.
- Carefully consider the social and cultural context of women's healthcare by:
 - Using a vocabulary that dignifies women in a courteous, sensitive and helpful manner
 - Listening and questioning in ways that respect and empower women in their care, considering their personal beliefs, experiences, and social, economic and cultural background
 - Demonstrating an appropriate awareness of the impact that social and emotional issues have on health and well-being of women.
- Show commitment to the best interests of the patient and the profession, and act as health advocate for the patient, by:
 - Advocating on behalf of all patients, particularly those who are vulnerable and those with special needs
 - Recognising and respecting cultural diversity and promoting cross cultural understanding
 - Identifying the important determinants of health and well-being of women and the fetus.

These concepts will be reviewed/retained/enhanced in the revised curriculum with the introduction of the CanMEDS Framework under the Health Advocate and Cultural Safety Roles in Practice. Also to be incorporated is the need for practitioners to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

It should be noted that the College acknowledges that “culture” and “cultural safety” extend beyond Aboriginal and Torres Strait Islander and Māori populations to also cover:

- Ethnically diverse groups other than those Indigenous to Australia and Aotearoa New Zealand
- Socially diverse populations defined by gender, beliefs and values.

The College's Cultural Safety Steering Group is exploring the development of statements relating to all relevant groups, which will be used to inform curriculum development in this space.

Subspecialty Training Programs

The five subspecialties differ slightly in their approach to culture/health content in their [respective curriculum's learning objectives](#).

CGO / CREI / CU

- Understand special implications for women's health services with respect to women of diverse cultural backgrounds, including Indigenous women and those with various spiritual beliefs, sexual orientations, lifestyles, beliefs, ages, social status and perceived economic worth.
- Understand and respect the ways in which culture impacts on women's reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments.

- Have an awareness of the general beliefs, values, behaviours and health practices of particular cultural groups and how these are applied in a clinical situation.

COGU

- Be aware of the effect of diverse views and culture on reproduction, gynaecology and ultrasound assessment.
- Actively engage in self-learning to enhance the individual and collective knowledge of ethics, law and culture in the contemporary practice of obstetric and gynaecological ultrasound.

CMFM

These discrepancies and shortfalls are being addressed through the curriculum review process with the introduction of the CanMEDS Framework and the new cultural safety domain.

3.3 Continuum of training, education and practice

The AMC accreditation standards are as follows:		
3.3.1	There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.	✓
3.3.2	The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.	✓

3.3.1 There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.

FRANZCOG Training Program

The curriculum design incorporates a training program and learning model that provides an integrated approach. The delivery of the curriculum enables trainees to undertake their training in a range of formats with compulsory requirements often spread across training years with extended leave also available. The design also allows for ongoing opportunities to undertake professional development through a range of workshops, online resources, journals and scientific meetings available to trainees.

The FRANZCOG Curriculum provides the guiding principles to inform the design and structure of the Training Program. Each stage of the Training Program's delivery and assessment builds on knowledge and skills that are articulated in the curriculum and supported by an integrated learning model. This supports trainees to attain proficiency across the range of domains now associated with competence in the specialty. To ensure a comprehensive delivery of the curriculum the hospital-based training needs to be enhanced by the inclusion of well-designed supportive programs, as well experience in alternative training settings. Trainees undertake a number of hospital and non-hospital-based workshops, and complete online modules are part of their training requirements.

Prevocational Pathway

The College has a well-established [Prevocational Pathway](#) (PVP) that establishes foundation-level knowledge and skills in obstetrics and gynaecology, with a focus on preparing prevocational doctors for entry into the Fellowship of RANZCOG specialist training program. This training pathway is intended for post-graduate year 1 and 2 (PGY1 and PGY2) medical graduates, and other doctors seeking to further specialise after completing the College's Certificate of Women's Health, Diploma of RANZCOG or Advanced Diploma of RANZCOG qualifications.

Applicants for the FRANZCOG Training Program who have successfully completed the PVP are awarded six points as part of the CV scoring process for selection.

Continuum of learning – Basic and Advanced Training

"C-Gen 20 Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training" (Appendix 2.2-1) articulates the competencies required across the three current domains (Clinical Expertise, Academic Abilities and Professional Qualities) upon successful completion of Core (Basic) and Advanced Training.

This document has been used as one of the bases for development of the current graduate outcomes statement (Appendix 2.3_1 and Standard 2) which retains staging for Basic and Advanced Training.

Continuum of learning – Advanced Training and transition to Consultant

FRANZCOG Advanced Training Modules articulate the concepts of continuum of learning through Advanced Training and into Fellowship/consultancy as follows. The curriculum within the Advanced Training Modules that define each pathway to Fellowship is designed to:

- Enhance progress from Senior Registrar to FRANZCOG graduate across the relevant Scope of Practice.
- Position the Advanced Trainee to further increase their scope of practice following completion of the ATMs through exposure to more complex conditions and undertaking procedures beyond Basic Training.
- Provide the FRANZCOG graduate with the foundation for a continuum of learning and ongoing CPD based on the FRANZCOG curriculum, allowing ongoing skills development by the FRANZCOG graduate, as required for future scope of practice.

During Advanced Training, trainees have the opportunity to build on core competencies already achieved and develop higher-level skills that will enable the transition to Consultant, including the following Leadership and Management skills:

- Manages independently across common and selected scope of practice.
- Independently performs common specified advanced skills and those within selected scope of practice and expertise. Recognises limits of practice and seeks assistance from specialist colleagues when the situation is complex.
- Applies advanced-level clinical reasoning and judgment; can manage complexity and uncertainty and devise options and adapt management plans.
- Effectively manages resources, clinical teams, resolves conflicts, prepares rosters, sets priorities, and appraises work practices within the unit.
- Develops guidelines, protocols and checklists where appropriate.

Subspecialty Training Programs

Refer to Standard 3.1.1 “Subspecialty Programs – building on FRANZCOG training” to see how subspecialty programs build on training experience within FRANZCOG Basic Training.

As also detailed in 3.1.1, one driver of the development of additional Advanced Training Pathways is to provide stronger links between FRANZCOG and subspecialty training, and provide clear pathways from one to the other:

- The Advanced Obstetrics Pathway is suitable for those heading into CMFM or COGU training.
- The current Pelvic Floor Disorders ATM could provide a foundation for building an Advanced Gynaecology Pathway suitable for those heading into CU training.
- The current Hysteroscopic and Laparoscopic Surgery ATM could provide a foundation for building an Advanced Gynaecology Pathway suitable for those heading into CREI training.
- Discussions continue to identify a suitable pathway for those heading into CGO training.

It has been established though that completion of requirements of the Essential Skills in O&G ATM forms the baseline for all pathways to FRANZCOG, and thus this ATM must be completed by all those who commence subspecialty training in Year 6 who are not undertaking another pathway.

Requirements of previous stages of medical training

The College consults through its Fellowship academic representation from Australian and Aotearoa New Zealand universities and seeks feedback on changes in undergraduate teaching in reproductive medicine. It has contributed to reviewing the changes in the AMC PGY1 and PGY2 program, and is aware of the relevant competencies, curriculum and assessment requirements of doctors at the end of PGY2. The College has helped to establish the Prevocational Obstetrics and Gynaecology Society (PVOGS), a bi-national student-led society for medical students and prevocational doctors with an interest in a career in O&G. Members of PVOGS were involved in the development of the College [PVP program](#) and provide feedback on the needs of these trainees for the College.

Information from the recent changes in the AMC internship model and feedback from both Prevocational trainees and the experience of trainees now in specialist training who have completed PVP are being incorporated into the ongoing review of the PVP.

The College led the development of a National Medical Schools Curriculum in Obstetrics and Gynaecology (Appendix 3.3_1) to provide guidelines for universities for the development of medical student training. As previously outlined, the College provided feedback to the AMC on the new internship framework. College Fellows provide educational supervision for Prevocational trainees including unaccredited registrars and residents. These trainees are able to access workshops such as Basic Obstetric Skills and FSEP run by RANZCOG. The College has developed a [program of learning](#) that incorporates the existing Certificate in Women's Health to provide an assessable prevocational qualification to prepare trainees for specialist training.

3.3.2 The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

Recognition of Prior Learning

Trainees who have been selected onto the FRANZCOG Training Program, can apply for Recognition of Prior Learning (RPL) as per the [Recognition of Prior Learning Policy](#). The following scenarios may be recognised as RPL:

- Completion of at least one year of supervised and formally assessed specialist training in a structured O&G training program offered by a recognised specialist medical college or similar body that is based on a detailed curriculum and involves competitive entry. Non-accredited hospital training which has taken place outside a training program and recognised institution as defined in this item will not be considered. This period of formal training must have occurred not more than five years prior to the date of application.
- Completion of one or more years of supervised and formally assessed training in a structured training program in a relevant O&G training program specialty that leads to the awarding of a formal recognised specialist qualification. The program must have included competitive entry, a detailed curriculum, regular summative assessments and logged clinical experience. In addition, the training must have occurred not more than five years prior to the date of the RPL application.
- Specialist training programs can differ in their structure and content. When assessing training undertaken in another training program, it cannot be assumed a completed year in a particular training program will be deemed to be equivalent to a completed year in the FRANZCOG Training Program.
- Assessment by the RANZCOG Specialist International Medical Graduate/Area of Need Assessment Committee as being not partially or substantially comparable to an Australian trained specialist. Specialist International Medical Graduates (SIMGs) in this category are required to obtain the Australian Medical Council (AMC) certificate and then apply to enter the FRANZCOG

specialist training program at Year 1. Candidates in this group must still obtain the AMC certificate and obtain entry to the FRANZCOG Training Program.

RPL applications are submitted to the College and assessed by an RPL Panel. The [application form](#) allows for trainees to detail their training experience in obstetrics and gynaecology, workshops, online modules on the RANZCOG eLearning platform, Assessment of Procedural and Surgical Skills, Examinations, Advanced Training Modules and Research. As with all College decisions, applicants have the right to seek reconsideration, review or appeal of the decision outcome.

Table 3.3_1 Requests for Recognition of Prior Learning - FRANZCOG Training Program

Year	Number of trainees	Number granted	% granted	Number rejected	% rejected
2022	0	0	0	0	0
2021	1	1	100%	0	0
2020	2	2	100%	0	0

Table 3.3_2 Requests for Recognition of Prior Learning - Subspecialty Training Programs

Year	Number of trainees	Number granted	% granted	Number rejected	% rejected
2022	0	0	0	0	0
2021	1	1	100%	0	0
2020	0	0	0	0	0

3.4 Structure of the curriculum

The AMC accreditation standards are as follows:		
3.4.1	The curriculum articulates what is expected of trainees at each stage of the specialist medical program.	✓
3.4.2	The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.	✓
3.4.3	The specialist medical program allows for part-time, interrupted and other flexible forms of training.	✓
3.4.4	The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.	✓

3.4.1 The curriculum articulates what is expected of trainees at each stage of the specialist medical program.

FRANZCOG Training Program

Basic Training

Basic Training requirements are detailed in Standard 3.1.1.

Procedural and skill requirements – current curriculum

The [FRANZCOG Training Program Handbook \(page 13\)](#) provides a guide for minimum procedural experience (Appendix 3.4_1).

Trainees should aim for these numbers but are not penalised if unable to meet them. Figures for procedures refer to the number of procedures performed, as primary operator including a direct supervisor.

While it is recognised that numbers performed do not equate to competency, the recommended numbers provide a base for the volume of experience that will inform a trainee's successful completion of the associated Assessments of Procedural and Surgical Skills (APSSs). In association, the [Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training](#) outline the requirement for hospitals to provide Basic trainees with at least 23 major gynaecological procedures as primary operator in any semester. This is designed to ensure that trainees obtain sufficient exposure to gynaecological surgery as part of Basic Training.

Procedural and skill requirements – curriculum review

As part of the FRANZCOG curriculum review and the introduction of a new structure, procedural requirements are being included within relevant topic areas. In addition, the level of supervision expected at different stages of training (end Year 2, end Basic, end Advanced) is also provided as a guide. Refer to Standard 3.1.1 and the section on the Clinical Skills and Knowledge in Practice model. Appendix 3.1_6 provides an example of how procedural requirements are provided for Gynaecological Surgery.

In undertaking this review, RANZCOG (through the CASG) has identified that the limited numbers of certain procedures available to trainees during FRANZCOG Training means that not every trainee can become fully independent (Level D) in performing those procedures at the point of Fellowship. These are indicated by:

Level C: Able to perform with offsite supervision / assistance in complicated cases

Or in a few cases

Level B: Able to perform with on-site supervision immediately available

The review of procedural capability has been a valuable exercise in establishing that trainees will not necessarily have sufficient exposure to certain complex procedures in training to become fully competent and independent in their practice, and that further development of skills is necessary in the post-Fellowship space – i.e., there is a continuum of learning and development as a consultant.

Advanced Training

Advanced Training constitutes 92 weeks (two years) of post-Basic Training (i.e., undertaken in Years 5 and 6), and trainees are expected to develop higher professional maturity and professionalism during these years.

The Curriculum also provides a breakdown of Advanced Training options and requirements as outlined in Figure 3.4_1:

Figure 3.4_1 Advanced Training Requirements

Individual requirements for Advanced Training Pathways, including procedural requirements, are detailed in the relevant Advanced Training Module/Pathway documents:

ADVANCED TRAINING		
Trainees can choose from the Generalist, Advanced Obstetrics, Academic, Subspecialty or Sexual and Reproductive Health pathways. Refer to the website for more information on Advanced Training Pathways.		
	1 YEAR ADVANCED TRAINING TIME	2 YEARS ADVANCED TRAINING TIME
WORKSHOPS & LEARNING RESOURCES	eLearning@RANZCOG modules (eLM)	
	Workshops/courses as required per Advanced Training Modules and Subspecialty programs	
	ASMs	
ASSESSMENT REQUIREMENTS	At 3 and 9 months: Satisfactory three-monthly formative appraisal with Training Supervisor. Logbook reviewed and signed by Training Supervisor	
	At 6 and 12 months: Submit six-monthly summative assessment and TAR. Submit Trainee Feedback Evaluation	
	Training and assessment requirements as per the chosen pathway (Generalist, Advanced Obstetrics, Academic, Subspecialty or Sexual and Reproductive Health)	
	Research Study+	
	Clinical Educator Training (CET) Modules	

+ Must be completed before commencement of Subspecialty Training.

- Advanced Obstetric Pathway
- Generalist Pathway: Generalist Obstetrics ATM and the Generalist Gynaecology ATM
- Essential Obstetrics and Gynaecology Skills ATM
- Sexual and Reproductive Health Pathway

Comparison with other programs

One of the main focuses of the current curriculum review is to structure it against the CanMEDS Physician Competency Framework. This brings RANZCOG in step with the majority of Australasian specialist medical colleges.

The decision to move to the CanMEDS model was informed by the work of the Curriculum Review Expert Advisory Panel (CREAP) in 2018-2019. The CREAP identified at the time that:

- Of the 70 Australian medical specialist training programs, 21 use the exact (or almost) CanMEDS Framework, including the majority of the surgical training specialties.
- 40 colleges (all non-surgical specialties) use a slightly modified version of the CanMEDS Framework.

In developing cultural safety/competency statements, the College has reviewed a range of statements from other organisations to inform this work. The introduction of an additional domain for cultural safety in the curriculum matches approaches used by some other colleges (e.g., RACS). The College is also investigating methods used by RACS in addressing bullying, harassment and discrimination issues in hospital training sites.

Subspecialty Training Programs

Each of the subspecialty programs is of three years' duration. The Training Program Handbook for each of the subspecialty programs provides a detailed breakdown of requirements year by year, an example of which (for the CGO program) is provided in Figure 2.2_3.

Procedural and skill requirements

Where relevant for the training program, the Handbook also details the types of surgical and/or diagnostic procedures that subspecialty trainees are expected to understand, perform under direct supervision, or perform unassisted (depending on the complexity and/or availability of the procedure). Refer to pages 51-52 of the [CGO Handbook](#) for an example of presentation.

Communication with trainees, supervisors and training consultants

The College has multiple methods through which it communicates curriculum and training program requirements and updates to relevant stakeholders:

- Curriculum and training program handbooks are available on the [RANZCOG website](#)
- Launched in 2023, a [Trainee Hub](#) on the [website](#) for trainee news and updates
- A FRANZCOG training section within [Acquire](#), providing a range of resources to support learning in key curriculum areas and topics, links to compulsory eLearning modules, and materials to help trainees prepare for examinations.
- Articles in *Connect*, the College's weekly newsletter for all members and trainees.
- Regular communication from the State/Territory/Aotearoa New Zealand office staff.
- Targeted Electronic Direct Mail (EDM) communications as required.
- Socialisation through local and central Training Accreditation Committees to ITP Coordinators and Training Supervisors
- Socialisation through local trainee representatives, who in turn share content through Facebook groups and other means.

3.4.2 The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.

FRANZCOG Training Program

The College training programs have a minimum length (e.g., six years for FRANZCOG), though trainees who do not meet the criteria for progression or certification may be required to train for longer periods to a maximum period of 11 years in training. Progression in FRANZCOG training may be halted at the end of four years (Basic Training) prior to entering Advanced Training, and certification may be delayed despite having completed Advanced Training time if all other criteria have not been met.

Previously, the length of training for FRANZCOG was five years. This was increased to six years as Fellows perceived that trainees generally did not have the level of unsupervised competence that they themselves had upon qualification. These were valid concerns as hours of work, and thereby training, at least by exposure, supervised and unsupervised, were decreasing and continue to decrease. These points are still valid in reference to the current length of training. In addition, expectations of the AMC and of hospitals and patients are that higher levels of supervision of trainees than occurred in the past are appropriate, leading to less independent practice before qualification. Finally, the number of trainees has increased, which has disrupted the close apprenticeship model of training that occurred in the past. Over the last 30 years, the hours of work of RANZCOG trainees have reduced by well over 50% while the length of training has only increased by 20%.

RANZCOG has attempted to compensate somewhat for these issues by improving selection processes to choose better-suited trainees, who have had an average of two years of obstetrics and gynaecology experience as junior doctors prior to commencing training; providing better structured training; and setting realistic expectations of trainees before qualification that reflect pragmatic standards. The College has identified a common scope of practice to be attained by the end of FRANZCOG training, but also provided for those trainees with a special interest, or those wishing, for example, to practise only in sexual and reproductive health, or to pursue an academic career by providing alternative pathways to Fellowship within the overall framework of the specialist training program.

Requirements for completion of training are detailed in [Regulation B1.6](#) Timeframe for Completion of the FRANZCOG Training Program.

Subspecialty Training Programs

Subspecialty programs are of three years' duration (the first of which may overlap with the final year of FRANZCOG training). Three years has been identified as an appropriate length of time for trainees to be able to:

- develop necessary skills at a more complex level
- experience training in different settings
- complete assessment requirements
- reach the level of independent practice needed for a subspecialist.

3.4.3 The specialist medical program allows for part-time, interrupted and other flexible forms of training.

Support for part-time training

Until January 2022, the following applied to FRANZCOG training with regards to fractional training.

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 after they have completed their first 12 months of full-time training. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.

The College had long held a preference for full-time training in the first 12 months as a FRANZCOG trainee. Given that just over 80% of trainees are female, there are inevitably instances of parental leave and return to part-time training. These were approved through an “application for special consideration” process. Additionally, trainees who have been selected for FRANZCOG training will often defer commencement of training if they are intending to take extended leave of absence.

In light of the condition placed upon the College as an outcome of the 2021 AMC Progress Report, a recommendation was made to the Board to amend the Regulations to allow part-time training in Year 1 of FRANZCOG training, and in Year 1 of Subspecialty training (for the CGO, COGU and CU programs that required full-time training in Year 1), without the need for a trainee to lodge a special consideration. The Board approved this recommendation in November 2021, and the associated regulation changes were published in January 2022 ([Regulations B1.12 and C1.8.1](#)).

Extended Leave

Policies and procedures for trainees who apply for leave during their training are described in the Training Program Leave Policy.

Trainees who take Extended Leave or Research Leave may be eligible for a partial reduction or refund of the Annual Training Fee under the [Training and Associated Fees Policy](#).

In July 2020 the RANZCOG Board approved the proposal to increase Extended Leave from 104 weeks (two years) to a maximum 156 weeks (three years) over all time in the FRANZCOG Training Program.

The increase in Extended Leave provides greater flexibility for trainees to consider family planning as well as allow for unforeseen circumstances such as serious illness, carer obligations, and/or overseas opportunities outside of training.

To reduce the impact of de-skilling it was agreed to limit the amount of extended leave able to be taken consecutively to 104 weeks (two years) with a mandatory period of 10 weeks (FTE) prospectively approved and satisfactorily assessed training prior to any further Extended Leave.

Training while pregnant

The College is currently considering a range of proposals put forward by the Trainees’ Committee in relation to minimising negative impacts of pregnancy on FRANZCOG training. A copy of the paper that was put forward to the RANZCOG Board for their 31 March 2023 meeting, following consultation with the TAC and ESC, is attached as Appendix 3.4_2.

3.4.4 The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

FRANZCOG Advanced Training

Advanced Training can be tailored to meet the needs and interests of each trainee. Individual aims will vary from trainee to trainee and Advanced Training may focus on:

- extending expertise in general obstetrics and gynaecology
- extending expertise in gynaecological surgery
- developing expertise in rural practice
- developing research expertise
- developing expertise in areas of special interest
- developing expertise in practice in developing countries
- commencing subspecialty training.

In addition to the requirements for specific Advanced Training Pathways (and their associated ATMs), Advanced trainees may also undertake special interest ATMs in:

- [Pelvic Floor Disorders](#)
- [Hysteroscopic and Laparoscopic Surgery](#)
- [Contraception, Abortion and Sexual Health](#)
- [Colposcopy](#)
- [Medical Education](#)

Refer to Standard 3.1.1 for further detail on the Advanced Training Pathways and special interest ATMs.

Training in resource-limited settings

The College recognises that training posts in countries with limited medical services can provide valuable and rewarding experiences for trainees, as well as the participating communities and health services. Examples of countries that may be considered resource-limited settings include Papua New Guinea, Fiji and India.

As with any training post, trainees must apply for prospective approval of training in a resource-limited setting. The College considers applications on a case-by-case basis for training periods of up to 12 months. In applying, trainees must:

- have satisfactorily completed Years 1 and 2 of FRANZCOG training
- completed the standard prospective approval form
- provide additional information about the position description, learning outcomes, rosters, theatre lists and supervision.

If the proposed training post is deemed suitable, the trainee may be able to substitute training in a resource-limited setting for the rural rotation in their Basic Training Program. More information is provided in the [Guidelines for Training in Resource-Limited Settings](#).

Subspecialty training programs – overseas training

As per [Regulation C1.12](#), the first 12 months of any subspecialty training must be spent in a RANZCOG-approved training position in Australia or Aotearoa New Zealand. Thereafter, subspecialty training in a prospectively approved overseas training position may be credited towards RANZCOG subspecialty training if:

- The trainee has completed 46 weeks of training in a RANZCOG-approved subspecialty training unit in Australia or Aotearoa New Zealand and the training program has been prospectively approved by the relevant RANZCOG subspecialty committee
- The trainee is registered with the College as a subspecialty trainee
- The period of training is supported by completion of all relevant RANZCOG subspecialty training documentation submitted within the stipulated time frames
- The training has been assessed as satisfactory by the relevant overseas Training Supervisor and the Chair of the relevant Subspecialty Committee.

Table 3.4_1 FRANZCOG Training - Requests for part-time and interrupted training 2020-2022*

Part-time training	2020 Sem 1	2020 Sem 2	2021 Sem 1	2021 Sem 2	2022 Sem 1	2022 Sem 2
Total	35	40	42	46	41	45
Male	1	2	5	4	1	1
Female	34	38	37	42	40	44
NSW/ACT	11	14	15	13	8	11
QLD	4	3	3	6	4	2
SA/NT	3	1	1	1	7	6
TAS	1	1	0	1	0	0
VIC	7	11	9	9	8	8
WA	2	2	2	2	2	2
NZ	7	8	12	14	12	16
Interrupted training	2020 Sem 1	2020 Sem 2	2021 Sem 1	2021 Sem 2	2022 Sem 1	2022 Sem 2
Total	111	94	91	100	106	112
Male	9	4	3	4	4	4
Female	102	90	88	96	102	108
NSW/ACT	31	28	27	32	31	26
SA/NT	5	3	4	7	2	7
QLD	23	22	16	15	22	26
TAS	1	2	1	2	3	3
VIC	29	21	18	21	23	23
WA	4	3	3	5	6	9
NZ	18	15	22	18	19	18

*Note that no requests for part-time or interrupted training were declined between 2020–2022.

Table 3.4_2 Subspecialty Training Programs - Requests for part-time and interrupted training 2020-2022*

Part-time training	2020	2021	2022
Total	7	4	11
Male	1	1	1
Female	6	3	10
NSW/ACT	1	2	6
QLD	1	1	1
SA/NT	0	0	1
TAS	0	0	0
VIC	2	0	1
WA	0	0	0
NZ	3	1	2
Interrupted training	2020	2021	2022
Total	9	11	12
Male	0	0	1
Female	9	11	11
NSW/ACT	2	7	4
SA/NT	1	1	1
QLD	1	0	1
TAS	0	0	0
VIC	2	1	4
WA	0	0	0
NZ	3	2	2

*Note that no requests for part-time or interrupted training were declined between 2020–2022.

Documents provided check list - Standard 3

Document	
✓	Curriculum map, including documents that describe mapping to program and graduate outcomes.
✓	Training program handbook(s). If the curriculum documents are available on a members-only section of the website, please provide access.
✓	Policy and procedures for any research project or research requirement.
✓	Recognition of prior learning policy
✓	Relevant flexible training policy documents; provide access to application forms • Extended Leave and part-time training forms are available on My.RANZCOG .



Standard 4:

Teaching and
learning

Standard 4: Teaching and learning

4.1 Teaching and learning approach

The AMC accreditation standards are as follows:

4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.



4.1.1 The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

The FRANZCOG Training Program

The FRANZCOG Training Program continues to use a range of learning and teaching approaches including access to eLearning modules, online education programs, workshops, hospital-based education sessions, hospital-based clinical experience and simulation-based learning.

Standard 5 of the [RANZCOG Accreditation Standards and Guidelines, Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities](#), aims to ensure a comprehensive education program is available for trainees that includes Consultant-led hospital teaching, rounds, lectures, case presentations, ultrasound teaching, mortality and morbidity meetings, journal club, discussions, audits and reviews.

Teaching and learning approaches are guided by outcomes defined in the training curriculum that documents a range of teaching and learning strategies mapped across the current competency domains of Clinical Expertise, Academic Abilities, and Professional Qualities, and the 18 main topic areas.

The following teaching and learning strategies, mapped against the [FRANZCOG Curriculum \(page. 18\)](#), provide a variety of learning opportunities:

- eLM = eLearning module
- ST = Supervised Training
- HEP = Hospital Education Program (includes, but not limited to: journal club, morbidity and mortality meetings, local teaching sessions, CTG meetings, case review meetings, ward rounds and multidisciplinary team meetings)
- FSEP = Fetal Surveillance Education Program
- WS (U) = Workshop (Ultrasound)
- WS (R) = Workshop (Research)
- WS (FoS) = Workshop (Foundations of Surgery)
- WS (BOS) = Workshop (Basic Obstetric Skills)
- WS (NNR) = Workshop (Neonatal Resuscitation)
- WS (PP) = Workshop (Private Practice)

- WS (AC) = Workshop (Anatomy of Complications)
- WS (ALSO) = Workshop (Advanced Life Support in Obstetrics)
- WS (MOET) = Workshop (Management of Obstetric Emergencies and Trauma)
- WS (PROMPT) = Workshop (Practical Obstetric Multi-professional Training)
- P = Research Project

Knowledge and application in obstetrics and gynaecology is defined in [section 4 \(page. 18\)](#) of the [FRANZCOG Curriculum, which](#) provides details of the principles that underpin the practice of obstetrics and gynaecology. Understanding of these principles aims to help trainees develop with regular clinical experience: the interaction between knowledge and practice provides the basis for growth in clinical expertise.

Trainees engage with a variety of teaching and learning approaches in Basic Training through the Integrated Training Program (ITP), a multi-disciplinary approach involving the trainee rotating through a minimum of three training hospitals (a home/base hospital, a peripheral hospital, and a rural hospital) and including:

- logged clinical work in obstetrics and gynaecology
- attainment of prescribed performance levels in specified procedures
- completion of online modules through RANZCOG eLearning ([Acquire](#))
- Completion of Foundations of Surgery Course
- Completion of Basic Obstetric Skills Course
- Formative and summative assessments, including Three-monthly Formative Appraisals and Six-monthly Summative Assessments.

Opportunities for Gynaecological Training

RANZCOG stipulates that a FRANZCOG Basic Trainee should undertake (as averaged across the years of Basic Training) a minimum of 23 major gynaecological procedures as primary operator every six months. The College continues to monitor the average number of procedures performed on a six-monthly basis, for individual hospitals, across each Integrated Training Program (trainee rotation network), and by region (State/Territory/Aotearoa New Zealand). It is acknowledged that access to gynaecological procedures is a concern to the College.

Refer to Standard 2.2.1 for further information on how RANZCOG is addressing the challenges of gynaecological surgical training.

Trainee Logbook for Simulation Activities

The online logbook to maintain a mandatory record of procedures, clinics and scans has been updated to enable trainees to log engagement with simulation activities. The College has recently communicated with trainees to advocate the advantages of engaging with and logging simulation activities.

Improvements

Update of Feedback resources

Feedback can occasionally be misconstrued as bullying, as identified in the RANZCOG 2021 [Discrimination, Bullying, Sexual Harassment and Harassment survey report](#). The Training Supervisor Workshop, which all new Training Supervisors must complete within one year of appointment, includes a major component dedicated to giving and receiving feedback. While the program

recognises there are many types of feedback models available, the College has adopted the Pendleton's model of feedback for this course, where participants get the opportunity to role-play the supervisor and trainee. As a future improvement, the College has undertaken a review of the Feedback for Trainees eLearning module that will include guidance on giving and receiving feedback for the new Mini-CEX assessment tool described under Standards 5.2.1 and 7.5.1. It is expected this module will be mandatory for all Training Supervisors and trainees from 2024.

Training Supervisors in Aotearoa New Zealand are strongly encouraged to complete the University of Otago MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice. The Aotearoa New Zealand Training Accreditation Committee is preparing a recommendation to make this course mandatory for Training Supervisors, as it is for trainees. This is particularly important for reinforcing trainee learning and fostering a culturally safe environment for Māori trainees.

Update of RANZCOG Accreditation Standards for Simulation Activities

The Simulation Training Advisory Group (STAG) continues to report to the ESC, keeping abreast of simulation opportunities in O&G and making recommendations of learning opportunities for trainees. The STAG requested an update to the [RANZCOG Accreditation Standards and Guidelines](#) under Standard 5.4.1, now approved, that simulation training 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. The College is now reviewing funding opportunities to help provide hospitals with additional simulation equipment, particularly in rural and remote hospitals.

4.2 Teaching and learning methods

The AMC accreditation standards are as follows:		
4.2.1	The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.	✓
4.2.2	The specialist medical program includes appropriate adjuncts to learning in a clinical setting.	✓
4.2.3	The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.	✓
4.2.4	The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.	✓

4.2.1 The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.

The FRANZCOG Training Program is practice-based and involves 276 weeks (six years) of hospital-based training and assessment. Training is divided into two components: 184 weeks (four years) of Basic Training, followed by an additional 92 weeks (two years) of Advanced Training.

Basic Training

Basic Training through the ITP network (group of RANZCOG-accredited hospitals that usually includes at least one tertiary hospital and one rural hospital) (184 weeks) that includes:

- 46 weeks in a tertiary hospital
- 23 weeks in a rural hospital
- 46 weeks in a non-base hospital (can include rural rotation)
- Logged clinical work in obstetrics and gynaecology resulting in attainment of prescribed competency levels in specified procedures
- Access to resources through the RANZCOG eLearning platform, [Acquire](#)
- Completion of mandatory education as described in Standard 4.2.2
- Formative and summative assessments, including Three-monthly Appraisals and Six-monthly Summative Assessments
- Experience in gynaecological oncology.

Rural Training

During a compulsory rural rotation, trainees gain exposure to opportunities that may not be available at a tertiary hospital, including:

- An understanding of the distinctive issues facing rural hospitals, such as patient transfers and proximity to subspecialists and tertiary facilities
- Enhanced confidence and competence in core operative skills
- Increased independence in the skills needed for Advanced Training

- Involvement in outpatient and outreach clinics
- Exposure to different resource settings and models of patient care and follow-up care.

Advanced Training

While still working in the clinical environment, Advanced Training (92 weeks) involves completion of relevant Advanced Training Modules (ATMs), and a focus on:

- extending expertise in obstetrics and/or gynaecology
- developing research expertise with completion of research project at the end of year 5
- developing experience in areas of special interest.

Refer to the [RANZCOG Training and Assessment webpage](#) for further information about each pathway.

A significant proportion of learning occurs in the clinical learning environment, supported by RANZCOG Training Supervisors, where learning is available in a teaching hospital with other structured educational opportunities involving, for example, workshops, short courses and databases of learning resources. The following learning resources and personnel support practice-based learning:

Table 4.2_1 Examples of learning resources and personnel support for practice-based learning

Hospital-Based	Community-Based
<ul style="list-style-type: none"> • Specialist obstetricians and gynaecologists • Specialists in other disciplines (Paediatricians, General Surgeons, Anaesthetists, Sonographers etc.) • Academic departments within the ITP • In-hospital meetings (audit, perinatal education etc.) • Other RANZCOG trainees • Nursing staff • Midwifery staff • Ancillary professionals • Local Training Supervisors 	<ul style="list-style-type: none"> • General practitioners • Private specialists • Scientific institutions • Medical and other learned societies • Conferences and meetings • Consumer organisations

4.2.2 The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

RANZCOG provides a variety of opportunities that support hospital-based training. Training Supervisors and ITP Coordinators are instrumental in helping to guide and support trainees and are often involved in a pro bono capacity to support the design and delivery and review of educational resources.

Trainees must complete the following mandatory programs within the first two years of the RANZCOG Training Program. An overview and evaluation, with proposals for future improvements for each program is provided as per the referenced attachments.

Courses/Programs

- Foundations of Surgery – Appendix 4.2_1 FOS Outline and Purpose, and Appendix 4.2_2 FOS Program
- Neonatal resuscitation (sign off) – Appendix 4.2_3 Neonatal Resuscitation Course
- Basic Obstetric Skills – Appendix 4.2_4

- Fetal Surveillance Program – Appendix 4.2_5
- Ultrasound – external provider – Appendix 4.2_6
- Communications Skills Workshop – Appendix 4.2_7
- Application of the Hui Process and Meihana Model (for Aotearoa New Zealand – combined workshop/eLearning module)

Additional optional, but highly attended, courses are also available, such as the New Zealand Surgical Anatomy and Complications Workshop (Appendix 4.2_8).

eLearning

Since the last progress report RANZCOG has successfully implemented its new eLearning platform [Acquire](#) and engaged subject matter experts to assist with the content review of all mandatory eLearning modules that support the FRANZCOG Training Program as follows.

- Abortion
- Clinical Education Training (CET) Year 4
- Ultrasound
- Communication Skills
- Helping patients make informed decisions
- Developing Communication Skills
- Feedback for Trainees
- Feedback from Trainees (undergoing a review)
- Aboriginal and Torres Strait Islander Women’s Health and Cultural Competency

Refer to Appendix 4.2_9 eLearning Review Summary for an overview of eLearning module updates, evaluation and ongoing continuous improvement.

Online Trainee resources pages in Acquire

A curriculum support page provides access to a range of learning tools and resources to support trainee progress through the program. Each page describes the learning outcomes for a component of the program. These pages have undergone a major review and update as part of the eLearning review and evaluation project. When RANZCOG migrated to a new eLearning platform, it was an opportune time to undertake a thorough review to ensure the resources were supporting the trainees. Refer to the link for [Trainee resources pages](#) in Acquire.

Surgical Skills Companion Resources

The Surgical Skills Companion Resources comprise a suite of online modules to support trainees in preparation for undertaking their Assessments of Procedural and Surgical Skills (APSSs). Refer to the [Surgical Skills Companion Resources](#) in Acquire.

RANZCOG Scholarships

The College awards trainees and Fellows with scholarship funds to use for research, study, travel and activities worldwide that support RANZCOG’s work promoting excellence in women’s health and support continuing professional development. The Women’s Health Foundation reviews and supports scholarship applications. The College awards scholarships with an average worth of \$200,000 - \$300,000 each year. Refer to the [Scholarship webpage](#) to learn more about the grants and scholarship applications open for doctors in Australia and Aotearoa New Zealand.

Research Toolkit/Webinars

The aim of the Research Toolkit is to equip trainees with an understanding of the principles of evidence-based medicine, and the knowledge and insight to confidently interpret and evaluate research publications and presentations. It will guide them to critically appraise the literature and towards designing, completing and presenting their own research. One research point can be achieved towards the points-based research study model in the FRANZCOG Training Program following completion of the module. Refer to the online [Research Toolkit](#) module to view the resources.

Webinars – Wellbeing

RANZCOG has developed and hosted a number of webinars to support trainees' wellbeing, including:

- How to embed a wellbeing program in your workplace
- Mater Mothers' Hot Debrief Program
- Mental Health Webinar – Facing Adversity, Finding Connection

Refer to Appendix 4.2_10 for further overview and evaluation, with proposals for future improvements.

Webinars – Consumers

As part of the College's engagement and commitment to the community that our members serve each day, a series of webinars were organised to provide consumers and clinicians with insight and information on various topics within the women's health space. The webinars provided an opportunity for consumer involvement, input and voice into College work. Webinars were open to clinicians and the public and featured multidisciplinary panellists across Australia and Aotearoa New Zealand, including consumer representatives. More webinars are being planned for the remainder of 2023. Webinars in 2022 included:

- Vaccination and Pregnancy
- Family Planning, Sexual Health and Contraception
- Perimenopause – Periods in our 40s
- Gender Inclusion

Refer to Appendix 4.2_11 for further overview of the webinars that were hosted.

RANZCOG Statements/Guidelines

[RANZCOG Statements and Guidelines](#) are a valuable resource for trainees that cover specific areas of Obstetrics and Gynaecology, Training, and Workforce and Practice issues. The Women's Health Committee is responsible for the ongoing update and development of Statements and Guidelines. A consumer representative sits on the Women's Health Committee and reports back to the Consumer Network Working Group to seek feedback on statements and guidelines through the public consultation process. Refer to the [Statements and Guidelines webpage](#) and Standard 1.7 for further information.

Training Supervisor Workshops

The [Training Supervisor Workshop](#) explores the integral role of the Training Supervisor and delves into the issues encountered by Training Supervisors as they balance workplace demands, College requirements, and trainee learning needs. The interactive format, including group discussions and roleplays, draws on the collective experience of participants and experienced workshop facilitators. This workshop is generally run online, recognising members' busy schedules and allowing them to attend remotely from their homes or workplace. Face-to-face workshops are often run during the pre-meeting program at Annual Scientific Meetings and Symposiums. A key component of the program is how to give and receive feedback using Pendleton's model of

feedback. Training Supervisors are required to attend this workshop during their first year as a Training Supervisor, and then undertake relevant CPD upskilling activities each year. Refer to Appendix 4.2_12 for an overview of the program, evaluation and ongoing continuous improvement.

Respectful Workplace Training

The [Respectful Workplaces Workshop](#) aims to help participants understand discrimination, bullying, sexual harassment, and harassment (DBSH) through the lens of a public health framework. It explores the causes, drivers and context of DBSH behaviours, including external and environmental pressures, power differentials and organisational culture. The workshop provides participants with information and strategies to create a supportive and respectful workplace. Refer to Appendix 4.2_13 for an overview of the program, evaluation and ongoing continuous improvement.

Emotional Intelligence and Compassion workshops

The [Emotional Intelligence and Compassion Workshop](#) was developed in 2021 in conjunction with psychologist Sharee Johnson from Coaching for Doctors. This workshop is available for all members and trainees and covers the impact of stress, emotional literacy, emotional intelligence and the difference between empathy and compassion. Participants are provided with tools to help them understand their own emotions, to recognise empathy fatigue, and to learn how to cultivate compassion for sustained wellbeing. Refer to Appendix 4.2_14 for an overview of the program, evaluation and ongoing continuous improvement.

Mentoring Program

The [RANZCOG Mentoring Program](#) was launched in March 2023. The purpose of this mentoring program is to support RANZCOG Advanced trainees and Fellows by offering a facilitated established platform in partnership with MentorLoop for participants to seek and provide guidance, advice, feedback and exchange of support, and strengthen leadership skills. The pilot program is government-funded until 2024. Refer to Appendix 4.2_15 for an overview of the program, evaluation and ongoing continuous improvement.

OGET Project

The Obstetrics and Gynaecology Education and Training (OGET) project is a Commonwealth Department of Health and Aged Care-funded project with funding provided for 2022-2024. The aim of the program is to deliver upskilling and education for a range of medical professionals who play a key role in the provision of obstetrics and gynaecology services. This includes O&G Specialists, GP Obstetricians, trainees, general practitioners, midwives, theatre nurses, anaesthetists and other professionals. The program is delivered using a hub-and-spoke model, where the hubs provide onsite or outreach training to their peripheral hospitals in the form of case-based learning and interactive forums. The program is currently being delivered via four hubs with plans to expand to seven hubs in 2023. Refer to Appendix 4.2_16 for an overview of the project and ongoing continuous improvement.

RANZCOG Events

As an adjunct to learning in the clinical workplace, RANZCOG runs a series of mid-size and major educational events throughout each calendar year for the benefits of members.

The major and mid-sized events that are run each year by RANZCOG are as follows:

- RANZCOG Annual Scientific Meeting (ASM): approximately 800-1,200 delegates
- RANZCOG Symposium: approximately 150-250 delegates
- RANZCOG Regional Symposium: approximately 150-200 delegates

- Aotearoa New Zealand Annual Scientific Meeting (ASM): approximately 150-175 delegates

The Working Groups and Organising Committees for RANZCOG events include a Trainee Representative to ensure that this cohort of RANZCOG membership is considered in the formation of programs for both workshops and the main program of each event. These events run throughout Australia and Aotearoa New Zealand to ensure that trainees have the opportunity to attend an event nearby. Pre-meeting events include workshops specifically for trainees – e.g., Respectful Workplaces – or in some instances a full Trainee Day (this is the case for Aotearoa New Zealand ASMs).

The main program (or scientific program for the ASM) aims to include sessions on general Obstetrics and Gynaecology, as well as subspecialty practice and research (Maternal Fetal Medicine, Gynaecological Oncology, Reproductive Endocrinology and Infertility, Urogynaecology, and Obstetric and Gynaecological Ultrasound). The main program also includes updates on RANZCOG initiatives and projects, along with sessions focused on training, education, wellbeing and other broader women's health and community issues.

As the event space and educational and CPD requirements of RANZCOG members and other delegates constantly evolve, RANZCOG regularly reviews their event content, including topics, delivery and attendance options. Refer to program outlines for the ASMs for Australia and Aotearoa New Zealand and the Regional Symposium:

- Appendix 4.2_17 ASM Australia
 - [Annual Scientific Meeting 2023 Programme](#)
- Appendix 4.2_18 ASM Aotearoa New Zealand
 - [Aotearoa Annual Scientific Meeting 2023 Programme](#)
- Appendix 4.2_19 Regional Fellows Scientific Meeting

State, Territory and Aotearoa New Zealand Events

RANZCOG offices in Aotearoa New Zealand and across Australia provide valuable support to members and trainees for their learning and professional development needs. For further information on professional development events delivered across Australia and Aotearoa New Zealand, please refer to:

- Appendix 4.2_20 Australian events
- Appendix 4.2_21 Aotearoa New Zealand events

Pre-examination Courses

To support FRANZCOG trainees undertaking the Written and Oral Examinations, the State/Territory/Aotearoa New Zealand offices facilitate the formal FRANZCOG Online Pre-Examination Course and Mock Objective Structural Clinical Examination (OSCE).

FRANZCOG Online Pre-Examination Course

This course is designed to prepare trainees sitting the FRANZCOG Written Examination. Prior to 2020, this course was run annually in Victoria, New South Wales and Queensland, covering a variety of topics within the curriculum. In mid-2020, the course was moved to an online format to cater to trainees across Australia and Aotearoa New Zealand, run over a period of five-six weeks with two webinars each week. Feedback from this format has been positive as trainees can review webinar content post-course and practise short-answer questions in their own time. A library has also been developed in Acquire consisting of the 2020-2022 course recordings. Trainees can request access to this library throughout the year to assist with exam preparation.

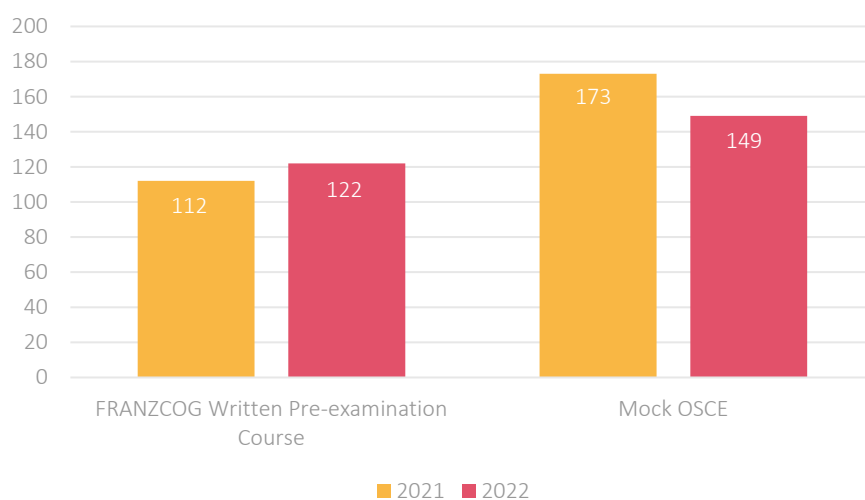
The expert speakers present content reflecting the learning objectives and incorporate case studies and live polling throughout to maximise engagement with trainees. Refer to Appendix 4.2_20 for more information and [Acquire](#) for access to the 2022 program.

Mock Objective Structured Clinical Examination (OSCE)

Trainees sitting an upcoming Oral Examination are invited to participate in a Mock OSCE run by their State/Territory/Aotearoa New Zealand office. This complements local hospital-based mock examinations arranged ad-hoc by Training Supervisors in their respective institutions. The RANZCOG course replicates the real exam structure, with rotational circuits of obstetrics and gynaecology cases, including at least one communication station. The cases are designed and reviewed by Fellows and College staff. Candidates are provided with written feedback on their performance in each station. A sample of the feedback form is available to [view online](#).

Figure 4.2_1 shows the number of trainees who participated in exam preparation courses in 2021 and 2022.

Figure 4.2_1 Number of FRANZCOG trainees participating in exam preparation courses



Improvements for 2023

Review of Foundations of Surgery and Basic Obstetric Skills Programs

To align with the RANZCOG curriculum review, working groups have been approved by the RANZCOG Board to review the [Foundations of Surgery and Basic Obstetric Skills Programs](#). These groups will review the content to ensure they meet training program requirements. Terms of reference for these working groups were approved by the Board in March 2023 and are provided as Appendices 1.1_4 and 1.1_5.

Development of a Multisource Feedback Tool

Scoping for a multisource feedback tool to be built within the RANZCOG Integrate platform is underway. This will enable trainees to select a minimum number of participants along with specific participants chosen by the Supervisor. Multisource feedback has inherently been a tool to help identify areas of concern for underperforming trainees. RANZCOG will now develop this tool to support lifelong learning and continuous improvement.

Update to trainee portal and Acquire to support lifelong learning

To support lifelong learning, a project is currently underway to scope requirements for attendance at RANZCOG events and completion of eLearning to be automatically recorded in the trainee portal. When the trainee elevates to Fellowship, they will have access to the CPD portal that will also provide information on their achievements in the training program.

Challenges

For all education resource design and delivery, RANZCOG relies on a pro bono workforce, which presents a number of challenges working with time-poor clinicians. For delivery of education programs, RANZCOG has established a faculty of educators to reduce reliance upon the same members to deliver events. For the review of eLearning modules, the eLearning team established an Expression of Interest process to reach out to the broader membership. This has proved successful; however, meeting deadlines can still be a challenge due to competing demands on clinicians.

4.2.3 The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.

The FRANZCOG Training Program encourages trainee learning through a wide range of teaching and learning methods with numerous opportunities for the trainee to take responsibility and progress their learning. These are described under 4.2.2.

Interprofessional collaboration is an integral component of the FRANZCOG Training Program where trainees work together with multidisciplinary teams to achieve successful patient outcomes. These opportunities also allow participants to discuss issues/barriers in areas of clinical practice, education, and research etc. Standard 5 of the [RANZCOG Accreditation Standards and Guidelines](#) ensures that trainees are engaging in a variety of teaching and learning opportunities, i.e. Consultant-led hospital teaching, rounds, lectures, case presentations, ultrasound teaching, mortality and morbidity meetings, journal club, discussions, audits and reviews.

All trainees are assigned a Training Supervisor as a guide and mentor as they engage in and become exposed to many different situations where they can learn new skills and knowledge to help them achieve positive patient safety outcomes and progress safely through the training program. All Training Supervisors must complete the mandatory Training Supervisor Workshop as detailed in Standard 4.2.2.

Engagement in College activities is also a very useful way for trainees to be exposed to other members of the College such as Fellows or Diplomates. These activities can range from committee representation to design and delivery of education programs. For example, all new education development projects include trainee representation from Australia and Aotearoa New Zealand. This provides opportunities for trainees to have a voice in the education programs that are being developed for them.

As described under Standard 4.2.2, trainees have the opportunity to engage in a variety of RANZCOG activities that support self-directed learning and opportunities to learn with interprofessional and multidisciplinary teams. Other opportunities are:

- Journal clubs/study groups
 - Trainees are encouraged to participate in journal club activities, particularly for examination preparation.
- Social media (Facebook group)

- o Trainees support a Facebook page for trainees only. This is an opportunity for trainees to raise any issues or concerns that can then be actioned by a member of the Trainees' Committee and put forward for discussion as appropriate.

4.2.4 The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

The FRANZCOG Curriculum underpins the Training Program and specifies the:

- Attributes considered essential for an O&G specialist in today's environment across the three key domains of clinical expertise, academic abilities, and professional qualities.
- Educational objectives and learning outcomes of the knowledge and aspects of practice where competency is expected and assessed.
- Teaching and learning strategies by which acquisition of knowledge is assessed.
- Assessment formats selected to test the articulated learning outcomes.

A trainee on completion of Basic Training can function at 'Senior Registrar' level in obstetrics and gynaecology.

Upon completion of Basic Training, a trainee then prepares further for their selected career by undertaking Advanced Training in either the Generalist Pathway or Non-Generalist Pathway. As noted in Standard 3.1.1, the College continues to review Advanced Training Pathways to improve the transition from trainee to consultant through increased choice of Advanced Training independence and building leadership skills.

Clinical placements

Trainees undertake clinical placements to expose them to the full breadth of Obstetrics and Gynaecology. The program consists of defined clinical and educational experience in training hospitals that enables the trainee to build on their skills and knowledge and progress to the next stage of the training program.

Refer to Standard 3.1.1 and [Fellowship of RANZCOG training and assessments](#) for more detail.

4.2.5 NZ additional: The training provider has processes that ensure that trainees receive the supervision and opportunities to develop their cultural safety and reflect on their unconscious bias in order to deliver patient care in a culturally-safe manner.

Cultural competence: Application of the Hui Process/Meihana Model to Clinical Practice course

Aotearoa New Zealand RANZCOG trainees are required to undertake cultural competency training through the Application of the Hui Process/Meihana Model to Clinical Practice course, facilitated by Māori/Indigenous Health Innovation (MIHI) within the University of Otago. The online modules of the course are available throughout the year and the face-to-face workshop is offered once or twice throughout the year.

All RANZCOG Fellows are encouraged to attend the MIHI course as part of their continuing professional development and Te Kāhui Oranga ō Nuku members are to complete the course within a year of their election.

The 'Hui Process' applies traditional Māori principles of greeting, introducing, starting a relationship and closure of an encounter, to the setting of a medical consultation with a Māori patient. The Meihana Model is specifically designed to support health practitioners to gain a fuller understanding of the presenting complaint and the context of the patient and whānau (family). The purpose of the framework is to encourage health practitioners to broaden their range of assessment to provide quality health care and reduce health disparities.

As the course is delivered within the O&G context, attendees can immediately apply the Hui Process and the Meihana Model to their clinical practice. This course is inclusive of online learning, on-site learning and assessment modules and takes 22-28 hours to complete.


The RANZCOG CPD web page has also been updated to provide support to Training Supervisors in Australia and Aotearoa New Zealand on cultural safety and offers guidance on engagement with a variety of resources and activities that will help them update their cultural safety skills and knowledge and meet their CPD requirements.

Improvements

The College is currently undertaking a curriculum review and developing graduate learning outcomes based on the CanMEDS Physician Competency Framework, with the addition of an eighth domain relating to cultural safety. Refer to Standard 3.3.1 on continuum of training, education, and practice for further information.

RANZCOG is working on the implementation of the CMC-Te Ora Cultural Safety Training Plan for Vocational Medicine. The project is being guided by the Cultural Safety Steering Group established by the Board (refer to Standard 2.1.2). The CPD department is working on mapping the criteria of the plan to the CPD Framework and providing further guidance and support to Fellows. This work is in progress with RANZCOG Hauora Wāhine Māori Advisor, Aotearoa New Zealand, who is also participating in the Council of Medical Colleges Cultural Safety Rōpū collaborating on implementation of the training plan.

Documents provided check list - Standard 4

Document	
	Course outlines for mandated skills courses, or other required courses and awards.



Standard 5:

Assessment of
learning

Standard 5: Assessment of learning

5.1 Assessment approach

The AMC accreditation standards are as follows:		
5.1.1	The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program, which enables progressive judgements to be made about trainees' preparedness for specialist practice.	✓
5.1.2	The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.	✓
5.1.3	The education provider has policies relating to special consideration in assessment.	✓

5.1.1 The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program, which enables progressive judgements to be made about trainees' preparedness for specialist practice.

All RANZCOG Training Programs are assessed using a mixture of written and oral examinations and workplace-based assessments (WBAs), tailored to the required outcomes of each program.

All examination questions or Objective Structured Clinical Examination (OSCE) stations are referenced to the relevant curriculum items. For FRANZCOG, successful completion of examination requirements is necessary before a trainee can enter Advanced Training. Unsuccessful candidates have access to written feedback and discussion of their performance with examiners.

Satisfactory Six-monthly Summative Assessments are required for progression in training, as are completion of Workplace-Based Assessments (WBAs).

The assessments used in each program are regularly reviewed by the relevant oversight committees to ensure that they are fit for purpose and represent current medical education assessment practice. There is trainee representation on these committees and trainees are kept fully informed of any changes to assessments.

RANZCOG has committed to adopting additional methods of programmatic assessment. Currently, all trainees have a program of assessments comprising examinations, Assessments of Procedural and Surgical Skills (APSSs), Six-monthly Summative Assessments and WBAs. However, the College still relies on examinations as hurdles to overcome before progression in the program. Work is in progress to improve the number and nature of WBAs to increase confidence in the use of programmatic assessment in the future and shift the emphasis from the traditional 'exit style' examinations.

Governance

RANZCOG has multiple layers of governance overseeing assessments, including elected committees, Board-appointed members with specialist knowledge and College staff members. Refer to Standard 1.2.1 for further information on the education and training committees.

Education Standards Committee (ESC)

The ESC reports directly to the Board and oversees the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. The Committee is responsible for the College's training programs, including regular monitoring and evaluation, and is delegated by the Board to make decisions relating to its area of responsibility. Refer to Appendix 1.2_1 for the ESC Terms of Reference.

Examination and Assessment Committee (EAC)

The EAC reports to the Board via the ESC. It is responsible for delivering assessments and ensuring, maintaining and enhancing the integrity, validity and reliability of individual and collective examination and assessment components, and associated processes pertaining to training programs run and administered by the College. Refer to Appendix 1.2_5 for the EAC Terms of Reference.

Board of Examiners

The Board of Examiners contribute to all RANZCOG examinations. Examiners are appointed to a specific category of membership within the scope of their specialty or subspecialty. Examiners are appointed by the Board following a recommendation by the EAC. The [Board of Examiners policy](#) defines the process for appointment of examiners to the Board of Examiners, outlining examiner classifications, roles and responsibilities. The policy document describes the eligibility criteria for examiners across all training programs.

Subspecialty Committees

The five subspecialty committees include the Maternal Fetal Medicine (CMFM) Subspecialty Committee, Obstetrical and Gynaecological Ultrasound (COGU) Subspecialty Committee, Reproductive Endocrinology and Infertility (CREI) Subspecialty Committee, Urogynaecology (CU) Subspecialty Committee and Gynaecological Oncology (CGO) Subspecialty Committee, which report to the Board via the Subspecialties Committee and the ESC.

The five subspecialty committees report to the overarching Subspecialties Committee, which collaborates with the EAC on matters relating to performance and continuous improvement of subspecialty Written and Oral Examinations including the In-Hospital Clinical Examinations and In-Hospital Clinical Assessments (Appendix 1.2_6).

The relevant subspecialty committees also provide advice to the EAC on the appointments of subspecialists to the Board of Examiners and conjointly meet with the EAC for the purposes of examination result ratification.

Curriculum and Assessment Steering Group (CASG)

The CASG was established in November 2021 to provide advice to the ESC and RANZCOG Board on the following:

- Developments to RANZCOG's curricula and assessment practices that are necessary to meet AMC/MCNZ requirements
- Review, development and alignment of all curricula
- Progression frameworks across and between all RANZCOG training programs

- Contemporary best-practice assessment methods across all RANZCOG training programs
- In the last regard, the CASG is the driver for introducing new methods of assessment across RANZCOG training programs
- The CASG is chaired by the Dean of Education.

Dean of Education

RANZCOG education and assessment is currently overseen by a Dean of Education, Professor Ian Symonds BMedSci (Hons), BM BS (Nottingham), MMedSci (Clin Ed), DM, FRCOG, FRANZCOG, who is also the Deputy Vice Chancellor of the International Medical University in Kuala Lumpur, Malaysia. As well as being Chair of the CASG, the Dean is an ex officio member of all Education committees. Professor Symonds is a former Vice-President of RANZCOG, Chair of the ESC, and previously the President of Medical Deans of Australia and New Zealand.

Specialist Advisor: Assessment

RANZCOG currently retains the services and advice of Adjunct Associate Professor Robert Bryce (MBBS, MSc, PhD, FRANZCOG) of the University of Adelaide in matters of assessment design, marking, standard setting, examination processes and interpretation of examination results. The Specialist Advisor: Assessment is a member of the CASG and EAC and attends ESC meetings.

Examinations Team

The Examinations Team is a professional multi-disciplinary team employed by the College to assist subject matter experts in the development and delivery of College examinations. The team comprises individuals with a range of experience and formal qualifications including data analysts, education and learning professionals, examination delivery staff, health professional academics and staff with backgrounds in academia, management and healthcare.

Examination Directors, Examiners and Provisional Examiners

All RANZCOG examinations are led by Examination Directors who are responsible for the whole or part of an examination. The Examination Directors are experienced examiners appointed by the EAC and relevant subspecialty committees, following extensive experience in question writing, delivery and marking of the examination component.

Examiners are appointed following completion of a provisional examiner process where, following an Expression of Interest and selection process, provisional examiners are mentored and assessed against the marking standard of full examiners. During examinations, provisional examiners shadow-mark alongside a full examiner. These marks are then compared to full examiner marks by the examination directors and a recommendation for full examiner status or continued provisional examiner status is made.

Australian State and Territory and New Zealand Training Accreditation Committees (TACs)

The Australian State and Territory and New Zealand TACs are responsible for overseeing local FRANZCOG training matters and assessments. The TACs are responsible for approving and reviewing Three-monthly Formative Appraisals and Six-monthly Summative Assessments and discussing trainees' ability to progress in training. The TACs also contribute to trainee support and access to meet their training requirements.

5.1.2 The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.

FRANZCOG Training Program

An overview of FRANZCOG training is [available on the website](#), which lists all the required assessments to be completed throughout training, details of each requirement and information on how to access the requirements. Further details of assessments and requirements are available in the [FRANZCOG Training Program Handbook](#), with learning outcomes listed in the [FRANZCOG Curriculum](#). To assist trainees in meeting deadlines, each trainee has access to their personalised training requirement summary on My.RANZCOG. A traffic light system is used, with green indicating the assessment was completed by the deadline, orange showing that a deadline is less than 12 months away, and red indicating that the assessment is overdue. When an extension has been granted to the trainee, the new deadline will appear. Trainees can view their training requirements/assessments at any time.

Trainees entering the program are inducted through their State, Territory or Aotearoa New Zealand office, prior to the training year commencing. They are provided with an Orientation Handbook (Appendix 5.1_1), and an overview of all training requirements is now available on [Acquire](#), including assessments, deadlines, links to resources and essential information.

Subspecialty Training Programs

The requirements, including assessment requirements, of each program are outlined in the five [Subspecialty Training Program Handbooks](#), which are available on the [RANZCOG website](#). In each handbook, the assessment requirements are summarised in the “A Year-By-Year Guide for Trainees”:

- [CGO page 14](#)
- [CMFM page 13](#)
- [COGU page 13](#)
- [CREI page 11](#)
- [CU page 13](#)

This includes the examinations, Six-monthly Summative Assessments and WBAs that are required for each program. An in-depth curriculum that outlines what is assessable and the procedures to be assessed is included in each Training Program Handbook. The assessment process for WBAs is either included in the body of the handbook and/or on the [RANZCOG website](#) as separate instruction guides for trainees and Training Supervisors. These assessments include:

- Formative Appraisal Report (FARs) for all programs
- Training Assessment Record (TAR) for all programs
- In-Hospital Clinical Examination (IHCE) for CMFM
- In-Hospital Clinical Assessment (IHCA) for COGU
- Assessment of Procedural Skills (APS) for CMFM and CREI
- Directly Observed Procedural Skills (DOPS) for CU
- Surgical Skills Assessments (CGO)
- Multi-Source Feedback (MSF) for CGO, CREI and CU
- Research-Based Discussions (RbD) for CU and COGU

- Scholarly Elective (Research) for all programs
- FRANZCOG has committed to the introduction of Mini-CEX and MSF assessments (refer to Standard 5.2.1).

Other applications/reports requiring review and/or approval include:

- Prospective Approval applications
- Post Year 3 Progress Reports
- Clinical Training Summaries (logbooks) with minimum procedure numbers

Details of the Written and Oral Subspecialty Examinations, including format, eligibility, registration process, fees, resources, regulations and policies and procedures, are detailed in the Examinations section of the [College website](#).

5.1.3 The education provider has policies relating to special consideration in assessment.

Exceptional Circumstances and Special Consideration Policy and Procedure

RANZCOG trainees have access to the [Exceptional Circumstances and Special Consideration Policy and Procedure](#) for all assessments undertaken during their training. An application for Exceptional Circumstances and Special Consideration can be made in writing by a trainee 72 hours prior to an assessment.

Trainees have access to three categories of application:

- Exceptional Circumstances Special Consideration
- Extension of Time Special Consideration
- Technical Special Consideration

The policy provides the candidate with guidance on the pathway, process and documentation required for each category. Candidates are notified in writing of the outcome of their request once the decision is made by the relevant overseeing body.

Reconsideration, Review and Appeal of Decisions Policy

Decisions made by the College – including decisions of the College education and training committees in relation to the assessment of progress of trainees of the College (including admission, dismissal or recognition of training) – are subject to reconsideration, review and appeal as per the [Reconsideration, Review and Appeal of Decisions Policy](#). This includes assessment outcomes and the decision made by an [Exceptional Circumstances and Special Consideration Policy and Procedure](#) application.

Supporting documentation must be submitted to the College in a timely manner prior to the assessment due date, or, in an examination setting, can be submitted at the conclusion of the examination. More information on this policy, including the application form, is available on the [website](#).

5.2 Assessment methods

The AMC accreditation standards are as follows:		
5.2.1	The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.	✓
5.2.2	The education provider has a blueprint to guide assessment through each stage of the specialist medical program.	✓
5.2.3	The education provider uses valid methods of standard setting for determining passing scores.	✓

5.2.1 The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.

Examinations

The competence of trainees in the FRANZCOG and subspecialty training programs is examined using Written and Oral Examinations (Written Examination only for CU). Table 5.2_1 provides a summary of the Examinations in each Training Program and when each is scheduled to occur. All Oral Examinations include components of both clinical stations and communication stations. Clinical stations are designed primarily to gauge a candidate's clinical knowledge; communication stations aim to examine the candidate's ability to communicate with a simulated patient in a complex clinical scenario. The FRANZCOG Oral Examination comprises eight clinical stations and two communication stations. The subspecialty Oral Examinations involve a minimum of one station where communication skills are assessed.

Table 5.2_1 Summary of Examination Structure for FRANZCOG and Subspecialty Training Programs

Program	Assessment task	Eligibility	Structure
FRANZCOG	Written Examination	A minimum of forty-six (46) weeks FTE of prospectively approved and satisfactory Basic Training.	12 Short answer questions (SAQ) 100 Multichoice Questions (MCQ) 7 hours 30 minutes of examination.
	Oral Examination	A minimum of 66 weeks FTE of prospectively approved and satisfactory Basic Training.	10 stations each with 4 minutes reading time and 12 minutes examination time.
CMFM	Written Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a Subspecialty Training Program.	10 Short answer questions. 3 hours 15 minutes examination time.
	Oral Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the Subspecialty Training Program.	8-9 stations. 5 minutes reading time and 15 minutes examination time.
CREI	Written Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a Subspecialty Training Program.	10 Short answer questions. 3 hours 15 minutes examination time.
	Oral Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the Subspecialty Training Program.	8-9 stations. 5 minutes reading time and 15 minutes examination time.
CGO	Written Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a Subspecialty Training Program.	10 Short answer questions. 3 hours 15 minutes examination time.

	Oral Examination	Must have completed at least 92 weeks FTE of prospectively approved and satisfactory training in the Subspecialty Training Program.	8-9 stations. 5 minutes reading time and 15 minutes examination time.
COGU	Written Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a Subspecialty Training Program.	10 Short answer questions. 3 hours 15 minutes examination time.
	Oral Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the Subspecialty Training Program.	8-9 stations. 5 minutes reading time and 15 minutes examination time.
CU	Written Examination	Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a Subspecialty Training Program.	10 Short answer questions. 3 hours 15 minutes examination time.

Attempts

Attempts at each examination have been limited to a maximum of three attempts for all candidates. Candidate attempt count can, however, exceed this number where candidates are granted a 'fail not count' by the EAC after special consideration applications or following the granting of extra attempts at a show-cause hearing of the Progression Review Committee (PRC).

FRANZCOG Training Program

FRANZCOG trainees are required to complete a range of assessments to assess their knowledge and competence, in the workplace and academically. Over the six-year Training Program, the assessments used to assess trainee performance include:

- Assessment of Procedural and Surgical Skills (APSSs)
- Two Three-Monthly Formative Appraisals per year
- Two Six-Monthly Summative Assessments per year
- Written and Oral Examinations (as noted above)
- Six Mini-CEX per year in Years 1 and 2 (commencing second semester 2023 – see below)
- One Mini-MSF in Years 1 and 3 (commencing 2024 – see below)
- Ultrasound APSS
- Colposcopy APSS
- Educational workshops as outlined in Standard 4.2.2
- Research project
 - Points-based research activities (post 2017 cohort)
 - Research proposal and project (pre 2017 cohort)

The regular Three-monthly Formative Appraisals and Six-monthly Summative Assessments form a fundamental part of the Training Program as they assess the level the trainee is at based on feedback from consultants. Refer to Standard 5.3.1 on how these assessments analyse trainee performance in the workplace and interactions with patients and staff.

Trainees are required to complete approximately 30 APSSs during their training, which varies each training year as APSSs are regularly reviewed and updated in accordance with new policies and guidelines. These assessments are signed off by an assessor and Training Supervisor, with at least three formative assessments recommended per skill to be assessed before attempting a summative assessment (Appendix 5.2_1). There are seven areas that are assessed for each APSS including:

- Consent
- Preparation
- Clinical Knowledge
- Surgical Procedure and Care
- Patient Interaction
- Insight
- Professional Behaviour

The College website outlines all current training requirements and forms on the [Fellowship of RANZCOG training and assessments page](#). Year 3 of training has one training requirement due to the rural rotation, examinations and complex APSSs required to be signed off by the end of Year 4.

Assessment development in progress

Mini Clinical Evaluation Exercise (Mini-CEX)

Mini-CEX is a concise, validated, contemporary best-practice method of workplace-based assessment (WBA) (Appendix 5.2_2). Trainees undergo direct observation and receive meaningful feedback on their observed performance across several domains (e.g., history taking, physical examination, clinical judgment). Trainees are observed undertaking a relevant task, with individual assessments being made about a specific domain.

Each Mini-CEX assessment is initiated by the trainee and can be conducted in any clinical setting, by any Fellow or Advanced trainee. Assessors use a standardised form with descriptors – marked at ‘below expectations’, ‘meets expectations’, ‘above expectations’ or ‘not observed’.

Starting from Semester 2, 2023, the College will require all trainees in Year 1 of their training program to complete three Mini-CEX assessments for that semester.

From 2024, this formative assessment will be mandatory for all trainees in Year 1 and Year 2 of their training program, when the following requirements will apply:

- Minimum of three assessments per six months (23 weeks) of training
- Minimum of four different assessors over 2 years (92 weeks) of training

Improved Use of Multi-Source Feedback

MSF is currently used for trainees identified as requiring additional support. However, the CASG is leading development of a refined, shorter MSF online tool that all FRANZCOG trainees will undertake in the second semester of Year 1 and in Year 3. Implementation is planned from the commencement of the 2024 training year.

MSF questionnaires comprise items aligned with communication, professionalism, teamwork and collaboration. The current versions of MSF being used for other purposes within the training program include too many questions. Being conscious of the administrative burden of processing all these data on two occasions for all trainees, a “Mini-MSF” is proposed with fewer questions and a smaller minimum number of raters required. A base list of questions has been created, which is being further refined using a Delphi process with various committees.

Colposcopy and Ultrasound assessments

In-hospital clinical assessments (IHCAs) for Colposcopy and Ultrasound were training requirements up until 2019. These assessments were an evaluation of competency to perform obstetric and gynaecological ultrasound imaging. In 2019, the Ultrasound IHCA was phased out and changed into two parts. Effective from 2020, the Colposcopy IHCA was phased out and changed to an APSS.

APSS Requirements

- Ultrasound A – [assessment form](#)
 - Part 1: First trimester transabdominal
 - Part 1: First trimester transvaginal
 - Part 2: Second/third trimester
- Ultrasound B – [assessment form](#)
 - Part 1: First trimester assessment of bleeding +/- pain
 - Part 2: Fetal growth and wellbeing assessment
 - Part 3: Acute third trimester presentation
 - Part 4: Third trimester twin pregnancy assessment
- Colposcopy – [assessment form](#)
 - Part 1: Colposcopy assessment
 - Part 2: Colposcopy treatment

Subspecialty Training Programs

Various assessment methods are used across the five Subspecialty Training Programs. They include examinations with external examiners as well as WBAs.

Examinations (involving external examiners)

- Written Examinations (all programs)
- Oral Examinations (CGO, CMFM, COGU and CREI)
- IHCE (CMFM) – an examination conducted in the workplace

Workplace Based Assessments (WBAs)

- FARs (self-appraisal)
- TARs (includes Six-monthly Consultant Assessment, Training Supervisor feedback and review of logbook and trainee progress in relation to additional requirements)
- IHCE (CMFM) – a formal examination conducted in the workplace
- IHCA (COGU)
- Assessment of Procedural Skills (APS) (CMFM and CREI)
- Directly Observed Procedural Skills (DOPS) (CU)
- Surgical Skills Assessments (CGO)
- Multi-source Feedback (MSF) (CGO, CREI and CU)
- Research-based Discussions (RbDs) (CU and COGU)

Other External Assessment

- Scholarly Elective (Research) – unpublished research projects are assessed by Research Assessors selected by the College.

5.2.2 The education provider has a blueprint to guide assessment through each stage of the specialist medical program.

Curriculum Blueprinting

RANZCOG conducts blueprinting maps for the teaching and assessment components of its Training Program against the required knowledge and skills specified by the program's curriculum. This ensures that the Training Program is covering all areas of the curriculum and that appropriate teaching and assessment methods are being used for the different sections of the curriculum.

The [FRANZCOG Curriculum](#) is structured into three broad Domains (Clinical Expertise, Academic Abilities and Professional Qualities). The Domains are broken down into Key Competencies, with each Key Competency mapped against one or more Learning Outcomes from one of three Knowledge Areas:

- Section A – Scientific and medical knowledge that forms the building blocks underpinning clinical practice and research.
- Section B – Clinical knowledge and management skills required in obstetric and gynaecological care.
- Section C – Contextual knowledge of ethics, cultural attitudes and the law that acknowledges the service obligations implicit in the practice of obstetrics and gynaecology.

The Curriculum document incorporates a program-level blueprint that maps the teaching methods (e.g. supervised training, workshops, eLearning modules) and assessment methods (e.g. examinations, APSSs, Training Supervisor reports) used in the FRANZCOG Training Program against the key competencies and knowledge areas.

FRANZCOG training and assessment blueprints are outlined in the [Curriculum \(refer to Standard 3\)](#), and further detail of requirements in each training year can be found in the handbook and in Figure 5.2_1. The College is transitioning to using the CanMEDS Physician Competency Framework as a basis for its curriculum, as detailed in Standards 2.3.1 and 3.1.

Examination blueprinting

An exam-level blueprint maps individual examination questions against the Key Curriculum Competencies and Knowledge Areas and builds a history of which questions have been used in which examinations (Appendix 5.2_3). Using an exam-level blueprint ensures that there is an even spread of competencies and areas within each individual exam, as well across exam series and years. An exam-level blueprint also identifies gaps where there is competency or area not assessed by any question.

Assessments for the five subspecialty programs are conducted against the [relevant curriculum for each](#).

Blueprinting of the FRANZCOG and subspecialty programs is conducted by the examination directors and examination development advisors during the examination writing and development phase. The examination team and examination directors can refer to records of exam content back to 2007.

Subspecialty Training Programs

The blueprint to guide assessments throughout the Subspecialty Training Programs includes:

- Year by Year Guide for Trainees and comprehensive curriculum, which is detailed in each subspecialty handbook:
 - [CGO Training Program Handbook](#)
 - [CMFM Training Program Handbook](#)
 - [COGU Training Program Handbook](#)
 - [CREI Training Program Handbook](#)
 - [CU Training Program Handbook](#)
- Mandatory APS, DOPs and Surgical Skills Assessments as well as procedural/logbook requirements are listed within the curriculum. The level of competency is specified for each procedure.

The curriculum review process for subspecialty programs also involves introducing the CanMEDS Framework, plus similar structures to those being used for the FRANZCOG curriculum – i.e., learning outcomes will be mapped to teaching and learning strategies and assessment methods.

5.2.3 The education provider uses valid methods of standard setting for determining passing scores.

Examinations

Standard Setting

RANZCOG uses a variety of standard setting methods tailored to the nature and stakes of each examination. The College has recently made significant changes to standard setting.

The MCQ component of the FRANZCOG Written Examination will move from Angoff to Cohen method from the second semester of 2023. Modified Angoff is currently used for the SAQ component but will be replaced by Borderline Regression Method (BRM) in 2024. This later change is due to the fact that the examination and marking platform does not currently support BRM for SAQ. RANZCOG is currently working with the software supplier to develop a suitable workflow prior to final transition to the BRM.

FRANZCOG Oral has moved from modified Angoff to BRM. In current medical education, examinee-centred methods such as BRM or Borderline Group Method are seen as preferable to test-centred methods such as Angoff as they are efficient and avoid the difficulty of *a priori* conceptualisation of a borderline or minimally competent performance. Recent literature has shown that BRM is valid with candidate cohorts as few as 16. The first examinations using BRM have resulted in similar passing scores to modified Angoff and have reduced the length of the pre-examination workshop by half a day.

FRANZCOG Oral Examination has also moved from a minimally competent concept to borderline concept. This was because a borderline performance is easier to consistently recognise than a minimally competent one. Concepts of minimal competence vary widely between assessors.

Candidate Standards

RANZCOG is currently in the process of completing a transition from standard setting against a MAPS (Minimum Acceptable Passing Standard) to standard setting against the borderline candidate standard. Instead of identifying the exact point where a candidate meets the minimum standard (which has proven difficult using an examiner-centric model), the borderline standard setting aims to identify a performance by a candidate who is at the point of equipoise or uncertainty between just barely competent and just barely incompetent – neither an acceptable nor an unacceptable performance.

The concept of the borderline candidate standard is currently used for standard setting both item-centric methods (Angoff) and candidate-centric methods (Borderline Regression).

A constant review of examination cut scores, pass rates and candidate performances has taken place during the transition back to the borderline standard. Review by the EAC, Dean of Education, Specialist Advisor: Assessment and in-house data analysis has shown no reduction in examination reliability. Ongoing examiner training in the concept is expected to increase examination reliability in 2023 and 2024.

FRANZCOG Written Examination

All components of the FRANZCOG Written Examination are currently standard set using the Modified Angoff technique against a borderline candidate standard. The individual components of the examination, comprising the Multiple-Choice Questions (MCQ) and Short Answer Questions (SAQ) portions of the examination are standard set separately prior to devising a combined cut score.

FRANZCOG Oral Examination

The FRANZCOG Oral Examination is standard set using the BRM by the examiner immediately following completion of the candidate performance. Each item in the 10-item examination is standard set separately against the individual performances. Linear regression against the performances is used to identify the intercept point of all 'borderline performances' to identify the borderline cut score. The final examination passing grade is set at the borderline intercept + 1 Standard Error of Measure (SEM) in line with accepted practice and in order to reduce the likelihood that a candidate who is, in truth, incompetent being judged as competent.

A proposal to allow further assessment of candidates whose performances were just below the passing score has been approved in principle and is undergoing refinement.

RANZCOG introduced the BRM of standard setting to the FRANZCOG Oral Examination in October 2022 following a review of the candidate-centric standard-setting technique. Investigation of the resulting passing grade generated using this technique was conducted by the EAC, Examination Directors and examinations team. The BRM method was found to result in a pass grade and pass rate in the expected range for that examination and against historical examination examples. Review of near-fail candidates by the examination director identified that the BRM had made appropriate decisions about the performance of each of those candidates.

The BRM method also reduced Examination Director, Examiner and examination team workload in the period immediately preceding the examination allowing more time for rehearsal, examiner education and intra-examiner reliability exercises to take place in future.

Subspecialty Examinations

The Subspecialty examinations are all standard set using the modified Angoff technique against the borderline candidate standard for both Written and Oral Examinations. In a prospective review of techniques, BRM was found to be unsuitable for Subspecialty Examinations due to the low candidate numbers impacting the reliability of a candidate centric method.

FRANZCOG Training Program Assessments

Assessments of Procedural and Surgical Skills (APSSs)

The FRANZCOG Training Program assesses trainees' surgical performance through the completion of APSSs. Trainees are encouraged to complete at least three formative assessments of each APSS before attempting a summative assessment. Refer to Appendix 5.2_1.

Each criterion within the assessment is marked against the amount of required input from an assessor: from "significant" to "minimal". The minimum score for APSSs varies:

- Vaginal surgery: intermediate (hysterectomy) – Basic Training
 - Requires minimum score of 4 out of 9 (some input from assessor)*
- Vaginal surgery: intermediate (hysterectomy) – Generalist Gynaecology ATM
 - Requires minimum score of 7 out of 9 (minimal input from assessor)
- All other APSSs:
 - Requires minimum score of 7 out of 9 (minimal input from assessor)

* The amendment to the criteria for satisfactory sign-off of the Vaginal Hysterectomy APSS during Basic Training was made in 2020, to address the fact that some trainees were having difficulty receiving the adequate exposure and experience to meet the existing minimum requirements for satisfactory sign-off by the end of Year 4.

Six-monthly Summative Assessments

Six-monthly Summative Assessments are used to assess whether a trainee is at the appropriate level for their training year. A range of consultants at the training site are required to complete a Consultant Survey to assess the trainee's performance during the semester. The domains assessed are as outlined in the curriculum: Clinical Expertise, Academic Abilities and Professional Qualities. If a trainee is rated as "below" for expected level of training by two or more consultants in two or more competencies, the assessment is referred for review to the State/Territory or New Zealand TAC (Appendix 5.2_4).

Subspecialty Training Programs

Standard setting for Written and Oral Examinations has moved from MAPS to a Borderline Standard Setting commencing in 2023. MAPS continues to be used for In-Hospital Clinical Examination (IHCE) assessments across all Subspecialty Training Programs.

For those trainees doing a scholarly elective (Research Project), assessors use the ANZJOG Guidelines for manuscript reviewers and a Research Project assessment form.

5.3 Performance feedback

The AMC accreditation standards are as follows:		
5.3.1	The education provider facilitates regular and timely feedback to trainees on performance to guide learning.	✓
5.3.2	The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.	✓
5.3.3	The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.	✓
5.3.4	The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.	✓

5.3.1 The education provider facilitates regular and timely feedback to trainees on performance to guide learning.

Written Examination Feedback

Written Feedback – All Candidates

All candidates receive a feedback letter on the day of the examination result release, which summarises their performance in the Written Examination. The Written Examination comprises SAQs and MCQs. The feedback letter provides the following information:

- Overall examination pass mark
- Individual component's pass mark
- Candidate's overall score and individual component scores (a range of how far above/below in terms of percentage points is given)
- List of MCQ topics along with cohort's score and candidate's score
- List of SAQs and candidate's performance provided in relation to passing score.

Candidates who are unsuccessful in their examination may request verbal feedback within three weeks of the result release. Additional information about support and guidance provided by the Training Support Unit is included in the letter.

Verbal Feedback – Unsuccessful Candidates

Candidates who are unsuccessful in their examination (regardless of the attempt number) may request verbal feedback in accordance with the [RANZCOG Examination Verbal Feedback Policy](#).

An experienced examiner who participated in the respective examination is requested to provide a verbal feedback session. The examiner delivering the verbal feedback session is provided with a copy of the candidate's examination script, question paper along with the model answer, and a performance summary report that includes the candidate's exact score for each component, individual SAQ score along with comments from the examiner who marked the respective questions.

A one-hour face-to-face or online meeting is arranged within 12 weeks of the result release where possible. Candidates may invite their mentor or Training Supervisor to participate in this session. During the session, the examiner provides an overview of the

candidate's performance, addresses the strengths and weaknesses of the candidate, and identifies and discusses strategies to implement in the next examination attempt (where applicable). Following the session, both examiner and trainee are required to complete a reflection survey.

In September 2020, the recommendation of the Written Examination Review Group was approved, that feedback to candidates for the FRANZCOG Written Examination be expanded to enable targeted feedback to candidates after their first attempt. Previously the Feedback Policy provisioned for feedback to candidates only after a second unsuccessful examination attempt.

Oral Examination Feedback

Written Feedback – All Candidates

All candidates are provided with a feedback letter after the Oral Examination. Feedback provided details the pass mark of the examination and the candidate's performance in each station. Feedback letters also provide further information on next steps should a candidate not be successful. Candidates receive their feedback letters approximately 16 days after the examination. Training Supervisors are provided with access to the feedback letters for their trainees.

From 2021 the College began recording the Oral Examinations through Zoom. Originally an opportunity afforded by the need to run examinations online during the COVID-19 pandemic, this allowed for exam performance to be reviewed to help provide feedback for unsuccessful candidates. As recordings had proven to be valuable, the College decided to continue to capture recordings of examinations as face-to-face examinations returned in 2022. The provision of feedback is one of the grounds for retaining video exam recordings under the [Recording of Assessments Policy](#).

Verbal Feedback

Should a candidate be unsuccessful, they are provided with a verbal feedback session. Once the examination results have been released, candidates are offered a verbal feedback session in the subsequent period. This is a one-hour session where they will meet with an examiner who has a report on the examination and access to the videos of the candidate's station. The examiner will then explain to the candidate where they can improve and answer questions the candidate may have. The candidate can also bring their Training Supervisor if they require. Should candidates not be successful after three examination attempts, they are referred to the relevant committee who may refer to the PRC.

Unsuccessful Candidates

Intensive feedback is provided to all candidates by the examination team, Examination Directors and nominated Examiners. In addition to this, referrals for further support are regularly made to the Training Support Unit for candidates who have failed their second of subsequent examinations, and any other candidates flagged as 'at risk' by the examinations team or training unit.

FRANZCOG Training Program

Each trainee, in consultation with their Training Supervisor, is required to complete two Three-monthly Formative Appraisals and two Six-monthly Summative Assessments for each training year to assess the level the trainee is at, identify areas of improvement and acknowledge the areas in which the trainee is doing well. The Three-monthly Formative Appraisal requires the trainee to provide a detailed self-reflection on their performance across all areas of competency that fall within each of the three domains: Clinical Expertise, Academic Abilities, and Professional Qualities. Appendix 5.2_4 is a sample of the list of competencies and

descriptions listed under each domain for both Three-monthly Formative Appraisals and two Six-monthly Summative Assessments.

The Training Supervisor then comments on how the trainee has performed over the period and identifies areas of improvement. This appraisal includes a Not Satisfactory rating or Refer to TAC rating as it is a monitoring assessment. If the trainee requires further development in specific areas, a Learning Development Plan (LDP) or Trainee Support Plan may be implemented.

Following feedback from the Trainees' Committee, the Three-monthly Formative Appraisal is under review to be a more beneficial and effective feedback tool. Questions in the assessment will be restructured to fit into the CanMEDS domains, plus cultural safety.

The following Six-monthly Summative Assessment will reassess the trainees' progress, where the Training Supervisor and trainee have the opportunity to comment on the trainee's progress. A Six-monthly Summative Assessment includes a Consultant Feedback Survey, which involves consultants at the training site to rate the trainees' performance over various criteria (Appendix 5.2_4) over the six-month period. The rating of expectation of year level is as follows:

- Below expectation of year level
- At expectation of year level
- Above expectation of year level
- Unable to assess expectation of year level.

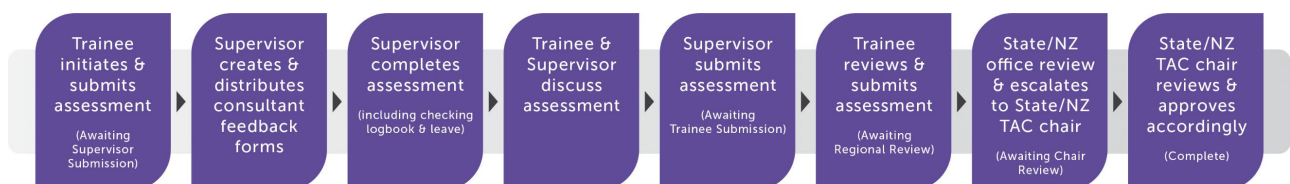
The consultants are also required to include comments on areas of strength and/or suggestions for development. The Training Supervisor is required to have a discussion with the trainee on their performance prior to submission to the College for review. If an LDP was implemented in the last assessment, it will be reviewed in future assessments until the Supervisor and State/Territory/Aotearoa New Zealand TAC determine the trainee is performing at the expected level.

Figure 5.3_1 shows the workflow of the Three-monthly Formative Appraisal between the trainee and Training Supervisor, and Figure 5.3_2 shows the workflow of the Six-monthly Summative Assessment between the trainee and Training Supervisor.

Figure 5.3_1 Three-monthly Formative Appraisal Workflow



Figure 5.3_2 Six-monthly Summative Assessment Workflow



APSS and Research Requirements

It is recommended that trainees complete at least three formative assessments of APSSs prior to attending a summative assessment of an APSS. This assessment cannot be signed and submitted to the College without feedback provided to the trainee.

Research projects are reviewed by the Research Assessment Subcommittee. Detailed written feedback, including suggestions for improvement/remediation, is provided to trainees whose submissions do not meet requirements.

Subspecialty Training Programs

Feedback is provided and/or facilitated through:

- Formative Appraisal Reports (FARs) (mid-Semester at the three-month mark) – trainees complete a self-appraisal and discuss this with their Training Supervisor, who must provide comment and sign the FAR before it can be submitted.
- Training Assessment Records (TARs) (six-monthly) – the Training Supervisor coordinates and collates the Consultant Assessment Reports and determines whether the trainee's progress is satisfactory. The Training Supervisors and trainees meet and discuss each six-monthly assessment as well as the trainee's overall training progress at the end of each six-month block.
- MSF (compulsory in Semester 2 of Year 1 for CGO, CREI and CU) – the MSF is conducted by College staff. A report is provided to the Training Supervisor, who discusses the collated, deidentified responses as part of the six-monthly assessment process at the end of Year 1. The Training Supervisor is provided with guidelines for facilitated discussions.

The Subspecialty Chairs and/or Deputy Chairs review and approve all Subspecialty Trainee Prospective Approvals, TARs (including logbooks), FARs and Post Year 3 Progress Reports. Research Advisors review Research Proposals and Research Progress Reports. These reviews provide further opportunity for trainees to receive feedback directly from the College. With regards to Assessments of Procedural Skills (APS, DOPS, Surgical Skills Assessments), trainees complete formative assessments prior to summative assessments. Feedback on skills in the analysis of research are discussed at the end of each training year as part of the Research-based Discussion (RbD) requirement in CU and COGU.

Formal verbal feedback is provided if requested following an unsuccessful attempt at either the Written or Oral Examination. The Training Supervisor (who acts as the invigilator) provides feedback to the trainee following an IHCE (CMFM). Written feedback is also part of the IHCA assessment process for COGU.

Learning Development Plans (LDP)

A Learning Development Plan aims to assist Training Supervisors and trainees across all training programs to effectively manage areas of performance that are causing concern. These are implemented when a trainee is rated 'below expectation of year level' in two or more competencies by two or more consultants in a Six-monthly Summative Assessment. The LDP is to be submitted with the assessment and is referred to the local TAC for review. Areas identified and actions planned are to be 'SMART' goals; specific, measurable, achievable, relevant and time based.

- [Guide for implementing Learning Development Plans](#)
- [Learning Development Plan for Basic Training](#)
- [Learning Development Plan for Advanced Training](#)

Training Support Plan

The [RANZCOG Training Support Plan](#) (TSP) focuses on supporting trainees, Training Supervisors and training sites in providing support for trainees returning from extended periods of leave and/or where development and learning opportunities have been identified that will benefit the trainee progressing in a Training Program.

A training support plan aims to:

- Assist trainees who are returning from an extended period of leave
- Address development and learning opportunities identified by a Three-monthly Formative Appraisal or Six-monthly Summative Assessment
- Support trainees with examination failure.

The plan requires the trainee to identify and complete SMART goals to address areas of improvement, method of support/learning, desired outcome and proposed timelines. Trainees are also encouraged to complete a communication plan to remain on track with meetings with their Training Supervisor and colleagues that will foster the support plan.

- [Training Support Plan](#)
- [Training Support Plan Guidelines](#)

Other feedback mechanisms include [multisource feedback](#) and [evidence-informed facilitated feedback](#).

5.3.2 The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.

FRANZCOG Training Program

Trainee assessments are organised by the trainee and their Training Supervisor through the online My.RANZCOG portal. The assessments must be reviewed and signed off by the Training Supervisor, and if a Six-monthly Summative Assessment has an outcome of 'Refer to TAC', the TAC Chair will review the assessment at the next TAC meeting for discussion with the committee. The Training Supervisor is notified via email that the assessment will be discussed at the relevant State/Territory/Aotearoa New Zealand TAC meeting. All formal letters of outcomes from TACs are sent to the trainee, Training Supervisor and Integrated Training Program (ITP) Coordinator responsible for that training site.

The trainees' online logbook is a record of training, procedures, clinics and scans. This must be reviewed and approved by the Training Supervisor throughout the trainee's term at the training site. When the trainee is allocated a new Training Supervisor at their training site, they must upon request, show this logbook to the new Training Supervisor as a record of their training history. This process is outlined in the [FRANZCOG Training and Assessment Documentation and Procedure Policy](#).

Subspecialty Training Programs

In Subspecialties, most assessments are conducted or coordinated by the Training Supervisor. If a trainee receives a "refer for review" as part of their Six-monthly Summative Assessment, the Training Supervisor is contacted by the Chair for discussion and feedback. Occasionally a Chair will contact a Training Supervisor directly if they have identified concerns or been made aware of issues surrounding a trainee's performance (usually with the permission of the trainee).

[Scholarly Elective](#) (Research Project) – currently feedback is only provided to the trainee who will then share it with their Research Mentor.

5.3.3 The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.

FRANZCOG Training Program

The process for early identification of trainees not meeting the outcomes begins with regular feedback from the Training Supervisor and consultants as outlined in Standard 5.3.1. This is done through regular Three-monthly Formative Appraisals and Six-monthly Summative Assessments assessing the trainee across the three domains of Clinical Expertise, Academic Abilities and Professional Qualities. Consultants at the training site who have had adequate exposure to the trainee's performance are to complete the Consultant Feedback survey, which informs the review of the assessment. If areas of improvement are identified, or the trainee is beginning to appear not at the expected level of training, these assessments will identify those areas early and a [Learning Development Plan](#) or [Training Support Plan](#) will be implemented.

Trainees in these scenarios will be discussed at the State/Territory/Aotearoa New Zealand TAC to monitor their progress and ensure the plan is sufficient and will meet the learning outcomes. The trainee, Training Supervisor and College staff follow the [Trainee in Difficulty policy](#) (currently under review) to support this process.

Subspecialty Training Programs

Trainees who are struggling can be identified as early as Year 1 through the Six-monthly Assessment process (conducted at 6 months and 12 months) as well as through the MSF, which is conducted in Year 1.

Six-monthly TARs are referred to the relevant subspecialty committee for consideration if the trainee is rated below expectation in two or more competencies regardless of the domain(s) by two or more consultants (CREI, CU, CMFM and COGU). A trainee is referred to the relevant Subspecialty Committee if the trainee is rated below expectation in two or more competencies regardless of the domain(s) by two or more consultants, or a trainee has been rated below expectation in one competency by all consultants, or they have been rated below expectation for surgical skills by any consultant (CGO).

Various surgical skills assessments/DOPS must be completed by the end of Year 1 or Year 2 to identify underperforming trainees early in their training. Both the Written and Oral Examinations can be attempted after 46 weeks of satisfactory training (CMFM, COGU, CREI) to identify struggling trainees at this time if they are unsuccessful. The Written Examination can be attempted after 46 weeks of satisfactory training (CGO and CU). The Oral Examination can be attempted after 92 weeks of satisfactory training (CGO).

A LDP must be prepared if a TAR is referred for review to the relevant subspecialty committee. If approved, the LDP is monitored by the Committee until they are satisfied the trainee has met the goals outlined in the LDP. The Trainee Support Plan is also available where a trainee has been identified as needing additional support, despite a Six-monthly Assessment rated as satisfactory.

Table 5.3_1 FRANZCOG Trainees provided additional support through Learning Development Plans

Year	Number	% Supported	Summary of outcomes
2020	6	100%	Not satisfactory assessment – LDP implemented, and areas of difficulty were improved.
	11	100%	Satisfactory assessment with areas of concern identified. LDP implemented with improvements made.
2021	4	100%	Not satisfactory assessment – LDP implemented, and areas of difficulty were improved.
	6	100%	Satisfactory assessment with areas of concern identified and monitoring required. LDP implemented with improvements made.
2022	1	100%	Not Satisfactory assessment, LDP implemented. Outcome not assessed at time of writing.
	3	100%	Not satisfactory assessment – LDP implemented, and areas of difficulty were improved.
	9	100%	Satisfactory assessment with areas of concern identified and monitoring required. LDP implemented with improvements made and monitored throughout the next semester.

Table 5.3_2 FRANZCOG Trainees Dismissed

Year	Number	% Dismissed	Summary of outcomes
2020	3	100%	Regulation B2.1.1 – Three Not Satisfactory Six-monthly Summative Assessments
2021	0	0	N/A
2022	1	100%	Regulation B2.1.1 and B5.2.1 – Failure to pass the FRANZCOG Written Examination within the maximum number of attempts.

5.3.4 The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

There are College-wide policies for members and the public to refer to with regards to patient safety.

These policies include:

- [Complaints policy](#)
- [Managing complaints against RANZCOG members guideline](#)
- [Trainee in Difficulty Policy \(Section 3. Roles and responsibilities\)](#) – this policy is under review.

Where patient safety concerns are identified during training and assessment, they are documented in the Three-monthly Formative Appraisals and Six-monthly Summative Assessments, and referred to the relevant State/Territory/Aotearoa New Zealand TAC Chair for review. A LDP may be implemented, which includes SMART goals that are to be reviewed regularly throughout the training semester or until the Training Supervisor is satisfied with the improvements made by the trainee. Activities may include additional supervision, support from other consultants and further education. The hospital will follow their

unit processes on patient safety. Each situation is reviewed on a case-by-case basis and the trainee may be required to take extended leave from the program and follow the Trainee in Difficulty Policy to re-enter the trainee back into the workforce. The Trainee in Difficulty Policy makes reference to the overarching need for mandatory notifications requirements to the Medical Board of Australia (MBA) or Medical Council of New Zealand (MCNZ).

RANZCOG training site accreditation standards are underpinned by the maintenance of patient and trainee safety. If the College accreditation team is alerted to any patient safety concerns by a variety of means (e.g., through feedback from Training Supervisors, informal site visits, trainees, and other consultants at the hospital, as well from the Trainee Support Liaison and the State/Territory/Aotearoa New Zealand teams), a training hospital may initially have accreditation suspended by RANZCOG. This may include direct consultation with the College CEO and President where applicable.

5.4 Assessment quality

The AMC accreditation standards are as follows:		
5.4.1	The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.	✓
5.4.2	The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.	✓

5.4.1 The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.

Significant effort is put into the review and response to findings of College assessments. During examination writing phases, previous examination outcomes, trainee feedback and examiner feedback are reviewed and necessary changes to assessment are enacted.

The Specialist Advisor: Assessment and the CASG have responsibility to recommend changes to assessment to the EAC and ESC in keeping with current international standards. Recent examples include the provision of online examinations when required and significant changes to standard setting such as the Cohen Method for FRANZCOG MCQ and BRM for FRANZCOG Oral.

The results of each examination are reviewed by EAC. Where possible, a range of quality and reliability analyses are performed, using standard statistical tests and Item Analysis, to assess the quality and reliability of the examination, and results are presented to EAC as part of Examination Ratification Reports. Refer to Appendices 5.4_1 to 5.4_3 for a copy of the most recent reports on Examination Ratification, Examiner Report and Provisional Examiner Report. Questions and stations are reviewed and revised before reuse.

EAC also monitors examination results for significant fluctuations in passing rates or sustained issues with passing rates. This review process has led to the recent adoption of borderline standard setting replacing minimally competent as research is suggesting that a borderline concept is more consistently conceptualised by standard setters than a minimally competent one.

A review of RANZCOG assessment methods supports an over-dependence on examinations to decide on progression. Consequently, the College is moving to expand and improve workplace-based assessments with improved Training Supervisors Reports, introduction of Mini-CEX (2023) and Mini-MSF (2024). Case-based discussion is planned for 2025.

Trainee feedback is sought after each examination and presented to EAC. The Trainees' Committee provides input for all new or revised assessments.

Table 5.4_1 Trainees withdrawing from FRANZCOG Training

Year	Number	%	Reason for withdrawal
2018	7	100%	Reasons for withdrawal were not disclosed.
2019	1	100%	Reason for withdrawal was not disclosed.
2020	2	100%	1. Elected to withdraw after failing oral exam four times. 2. Elected to withdraw after multiple unsuccessful attempts at written exam.
2021	6	100%	1. Personal reasons, did not enjoy the program or the hours etc, went into Advanced Diploma. 2. Referred to PRC more than once, decided to withdraw from program. 3. Referred to PRC, multiple exam failures, decided to withdraw from program 4. Never commenced training. Deferred training after selection for 1 year, then decided not to go ahead. 5. Accepted onto Public Health training program so withdrew from FRANZCOG. 6. Referred to TAC for failure to indicate training intentions, went 'missing' from program, ended up completing Advanced Diploma.
2022	2	100%	1. Pursue career as GP. 2. Training program didn't work with personal circumstances.

Table 5.4_2 FRANZCOG Written Examination Results January 2018 – December 2022

FRANZCOG Written	1:18	2:18	1:19	2:19	1:20	2:20	1:21	2:21	1:22	2:22	Total
Candidates Sitting	60	88	69	91	60	73	71	89	46	88	735
Candidates Passing	41	56	42	54	32	69	66	83	39	64	546
% Pass	68	64	61	59	53	95*	93	93	85	73	74

* Higher pass rate reflects the change in standard setting methodology from MAPS to Modified Angoff based on a borderline candidate

Table 5.4_3 FRANZCOG Oral Examination Results January 2018 – December 2022

FRANZCOG Oral	1:18	2:18	1:19	2:19	1:20	1:21	2:21	3:21	4:21	1:22	2:22	3:22	Total
Candidates Sitting	72	70	49	64	43	45	47	45	46	49	33	67	630
Candidates Passing	62	55	38	46	40	36	41	39	37	39	30	65	528
% Pass	86	79	78	42	93	80	87	87	80	80	91	97	84

Table 5.4_4 Subspecialty CGO Oral Examination Results January 2018 – December 2022

CGO Oral	2018	2019	2020	2021	2022	Total
Candidates Sitting	3	5	6	1	6	21
Candidates Passing	3	4	5	1	5	18
% Pass	100	80	83	100	83	86

Table 5.4_5 Subspecialty CGO Written Examination January 2018 – December 2022

CGO Written	2018	2019	2020	2021	2022	Total
Candidates Sitting	5	7	4	4	5	25
Candidates Passing	4	5	3	4	5	21
% Pass	80	71	75	100	100	84

Table 5.4_6 Subspecialty CMFM Oral Examination January 2018 – December 2022

CMFM Oral	2018	2019	2020	2021	2022	Total
Candidates Sitting	5	7	5	6	10	33
Candidates Passing	4	6	4	5	10	29
% Pass	80	86	80	83	100	88

Table 5.4_7 Subspecialty CMFM Written Examination January 2018 – December 2022

CMFM Written	2018	2019	2020	2021	2022	Total
Candidates Sitting	10	5	5	9	5	34
Candidates Passing	6	4	4	7	4	25
% Pass	60	80	80	78	80	74

Table 5.4_8 Subspecialty COGU Oral Examination Results January 2018 – December 2022

COGU Oral	2018	2019	2020	2021	2022	Total
Candidates Sitting	3	3	0	3	3	12
Candidates Passing	3	2	0	3	3	11
% Pass	100	67	0	100	100	92

Table 5.4_9 Subspecialty COGU Written Examination Results January 2018 – December 2022

COGU Written	2018	2019	2020	2021	2022	Total
Candidates Sitting	4	1	1	4	3	13
Candidates Passing	1	1	0	4	3	9
% Pass	25	100	0	100	100	69

Table 5.4_10 Subspecialty CREI Oral Examination Results January 2018 – December 2022

CREI Oral	2018	2019	2020	2021	2022	Total
Candidates Sitting	3	9	5	3	4	24
Candidates Passing	3	7	3	2	4	19
% Pass	100	78	60	67	100	79

Table 5.4_11 Subspecialty CREI Written Examination Results January 2018 – December 2022

CREI Written	2018	2019	2020	2021	2022	Total
Candidates Sitting	7	6	4	-	4	21
Candidates Passing	6	6	4	-	4	20
% Pass	86	100	100	-	100	95

Table 5.4_12 Subspecialty CU Written Examination Results January 2018 – December 2022*

CU Written	2018	2019	2020	2021	2022	Total
Candidates Sitting	5	4	11	7	5	32
Candidates Passing	2	1	4	6	3	16
% Pass	40	25	36	86	60	50

* Note: CU Subspecialty has no oral examination requirement.

Table 5.4_13 FRANZCOG Written Examination: Pass Attempt January 2018 – December 2022

FRANZCOG Written Attempts	2018	2019	2020	2021	2022	Total
1st attempt	115	110	95	117	122	559
2nd attempt	15	35	8	22	5	85
3rd attempt	10	6	11	6	5	38
4th Attempt	6	6	3	8	2	25
5th Attempt	2	3	0	3	0	8
Total	148	160	117	156	134	715

Table 5.4_14 FRANZCOG Oral Examination: Pass Attempt January 2018 – December 2022

FRANZCOG Oral Attempts	2018	2019	2020	2021	2022	Total
1st attempt	119	91	27	168	123	528
2nd attempt	15	14	13	12	20	74
3rd attempt	4	5	1	2	6	18
4th attempt	2	2	0	1	0	5
5th attempt	1	0	0	0	0	1
6th attempt	0	1	0	0	0	1
7th attempt	1	0	0	0	0	1
Total	142	113	41	183	149	628

Table 5.4_15 FRANZCOG Written Examination: States, Territories and Aotearoa New Zealand Summary January 2018 – December 2022

	2018-1		2018-2		2019-1		2019-2		2020-1		2020-2		2021-1		2021-2		2022-1		2022-2		Total	
	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Sat	Pass
NSW & ACT	21	14	26	16	20	17	23	12	21	11	19	17	24	20	22	20	12	10	30	21	218	158
NZ	8	3	15	10	9	3	13	12	8	5	14	12	10	9	11	11	9	6	16	12	113	83
QLD	9	6	15	5	18	9	21	10	7	4	15	15	7	7	21	18	10	10	10	10	133	94
SA & NT	2	2	2	2	2	2	4	4	0	0	1	1	3	3	6	5	2	1	6	5	28	25
VIC & TAS	15	11	23	17	14	6	30	16	19	9	25	25	18	18	26	26	9	8	24	16	203	152
WA	5	5	7	6	6	5	0	0	5	3	0	0	9	9	3	3	4	4	2	0	41	35
Total	60	41	88	56	69	42	91	54	60	32	74	70	71	66	89	83	46	39	88	64	736	547

Table 5.4_16 FRANZCOG Oral Examination: States, Territories and Aotearoa New Zealand Summary January 2018 – December 2022

	2018-1		2018-2		2019-1		2019-2		2021-1		2021-3		2021-4		2022-1		2022-2		2022-3		2020-1		2021-2		Total	
	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Total	Pass	Sat	Pass
NSW & ACT	25	23	19	15	16	13	19	12	14	12	12	11	8	5	12	11	11	11	22	22	15	15	8	7	181	157
NZ	12	7	8	5	10	9	9	6	3	2	5	5	16	14	6	5	3	3	8	8	7	5	10	10	97	79
QLD	16	14	9	6	6	3	12	7	8	6	7	5	8	6	12	9	8	6	7	6	6	6	10	10	109	84
SA & NT	0	0	6	6	2	2	3	2	4	3	N/A	N/A	3	3	3	2	N/A	N/A	7	7	1	1	1	1	30	27
VIC & TAS	17	16	22	18	11	9	12	11	13	10	18	16	8	6	12	9	11	10	18	18	11	10	18	13	171	146
WA	2	2	6	5	4	2	9	8	3	3	3	2	3	3	4	3	N/A	N/A	5	4	3	3	0	0	42	35
Total	72	62	70	55	49	38	64	46	45	36	45	39	46	37	49	39	33	30	67	65	43	40	44	41	630	528

5.4.2 The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

All RANZCOG assessment tasks are centrally managed and examined ensuring assessment is undertaken consistently irrespective of candidate training location.

Examinations

All examination candidate-identifying information is withheld from the examination marking and ratification teams.

During face-to-face examinations a conflict of interest process is undertaken to ensure that assessment is not completed by examiners with previous experience working with a particular trainee. During the examination ratification processes, all Board of Examiner members are blinded to the identity of examinees being discussed.

Examiners are drawn from Australia and Aotearoa New Zealand to ensure consistency in examination standards and content in relation to local practice.

Intra-examiner reliability

Prior to all examination marking exercises, the examiners undertake standard setting and rehearsals which include intra-examiner reliability exercises. These exercises involve intensive content and examination rehearsal, as well as standardised patient alignment where multiple stations will be used.

Workplace Based Assessment (WBAs)

Six-monthly Summative Assessments are completed by Training Supervisors who are required to attend Training Supervisor Workshops, which include training on assessment. In-course assessments are completed using a standardised template which is common to all training sites. Assessment of APSS and IHCE also follows a detailed checklist approach to minimise inter-observer and inter-centre variation. The new WBAs planned for 2023 and 2024 (Mini-CEX and MSF) will be formative in nature but structured using the same proformas for all training sites and supported by online training resources in the provision of feedback. As an additional measure to ensure consistency of assessment between sites, trainee progression, including the final decision on sign off on Six-monthly Summative Assessments, is determined by the relevant State/Territory/Aotearoa New Zealand TAC.

Research Project

All research project submissions are scored by the Research Assessment Committee, and no input from the State/Territory/Aotearoa New Zealand TACs is required to determine the outcome of research projects.

Documents provided check list - Standard 5

Document	
✓	Assessment map or blueprint (showing how formative and summative assessments relate to curriculum and progression point decisions/hurdles through the program) and outlining standard setting processes. Include how these assessments are mapped to program and graduate outcomes.
✓	The special consideration policy
✓	<p>The document(s) provided to trainees and the document provided to supervisors that explains the assessment policy, the nature of the assessments and the criteria used.</p> <ul style="list-style-type: none"> • FRANZCOG Training Handbook • Subspecialty Training Handbooks • Curriculum • Examinations Policy and Procedure • FRANZCOG Training and Assessment Documentation Policy and Procedure
✓	The assessment, grading and progression rules.
✓	The policy and procedures for remediation and reassessment of trainees, and for supplementary examinations.
✓	<p>If relevant, policy on dismissal from the specialist medical program</p> <ul style="list-style-type: none"> • Removal from Training Program Policy and Procedure
✓	Policy and procedures on informing employers and registration authorities of concerns about patient safety that arise from trainee assessment



Standard 6:

Monitoring and
evaluation

Standard 6: Monitoring and evaluation

6.1 Monitoring

The AMC accreditation standards are as follows:		
6.1.1	The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.	✓
6.1.2	Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.	✓
6.1.3	Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.	✓

6.1.1 The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.

FRANZCOG

Curriculum and Teaching and Learning

The [FRANZCOG Curriculum](#) is currently under review, with the overarching aims of:

- Introducing the CanMEDS Physician Competency Framework as an underpinning mechanism.
- Implementing a new structural design to provide clearer linkages between learning outcomes, teaching and learning strategies, assessment methods and CanMEDS roles.
- Identifying expected levels of supervision at different stages of training in relation to procedural skills.
- Introducing specific improvements/modifications to learning outcomes to ensure the curriculum and training program are contemporary and relevant.

Refer to Standard 3 for further information.

Teaching and learning is guided by the [Curriculum](#) and is regularly monitored and reviewed to maintain relevance and up-to-date content. This is done through evaluations and committee review. Refer to Standard 4 for further information.

Supervision

Training Supervisors apply to and are appointed by the relevant State/Territory/Aotearoa New Zealand Training Accreditation Committee (TAC). They are required to participate in Training Supervisor Workshops or equivalent activities each year as part of their continuing professional development.

Feedback on Training Supervisor performance is received through:

- FRANZCOG trainee six-monthly assessment surveys
- FRANZCOG hospital accreditation visits
- Surveys that are completed as part of accreditation processes and activities.

FRANZCOG six-monthly assessment survey

The six-monthly assessment survey includes a section on training supervision, where FRANZCOG trainees respond to the following statements against a five-point Likert scale (from “strongly disagree” to “strongly agree”):

- Discussed my training needs at the start of this period
- Encouraged me to actively participate in discussions
- Encouraged me to bring up problems or concerns
- Listened attentively to me
- Acted respectfully towards me
- Was easily approachable for consultation
- Helped me develop my learning goals
- Helped me prioritise my learning goals
- Kept to teaching goals
- Gave me useful constructive informal feedback.

Survey outcomes are aggregated and analysed annually and reported to the Trainees’ Committee, TAC and Education Standards Committee (ESC) to identify specific areas of concern and initiate improvements. In 2022, the College introduced State/Territory/Aotearoa New Zealand reporting breakdowns so that specific issues could be addressed at a local level.

It should be noted that subspecialty trainees also complete a section on training supervision as part of their six-monthly survey, with very similar statements used.

Accreditation Standards

The [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) includes a standard dedicated to training supervision, with criteria relating to:

- Appropriate numbers/ratio of Training Supervisors to trainees
- Hospital support for Training Supervisors in carrying out their role
- Training and professional development activities that Training Supervisors undertake
- Alignment of roles and responsibilities with the RANZCOG Training Supervisor Position Description
- Familiarity with the content and requirements of the FRANZCOG Training Program
- Responsibility for ensuring appropriate rostering arrangements for trainees.

It should be noted that similar criteria are applied in the recently approved subspecialty accreditation standards.

Pre-visit and progress report surveys sent to trainees include questions relating to these accreditation criteria.

Assessment

The Examination Assessment Committee (EAC) is responsible for ensuring that Written and Oral Examinations are aligned with the Curriculum through examination question workshops and blueprinting. Standard 5 provides detail on the review process for Examinations.

The Curriculum and Assessment Steering Group (CASG) is responsible for overseeing the development and review of other forms of assessment (i.e., Workplace Based Assessments (WBAs)).

Trainee Progress

RANZCOG monitors trainee progress using formal mechanisms. Trainees are required to complete a Three-monthly Formative Appraisal and a Six-monthly Summative Assessment each semester. If a trainee is highlighted to have issues of not performing at expected level or not completing assessments by the deadline, the assessment is noted through the State/Territory/Aotearoa New Zealand office and escalated to the local TAC. The [Trainee in Difficulty Policy](#) defines what is meant by a trainee in difficulty and how they are identified, discusses the principles for supporting trainees in difficulty and roles and responsibilities for trainees, Training Supervisors, Training Accreditation Committee Chairs and employers.

The Training Support Unit was established in 2018 to support trainees in need.

Subspecialty Training Programs

Individual subspecialty committees are responsible for reviewing training procedures, numbers and training status of trainees, and for monitoring concerns relating to trainee experience. Committees discuss and monitor trainee progress at every committee meeting and Chairs/Deputy Chairs review progress every three months through Formative Appraisal Reports (FARs) and Training Assessment Records (TARs). Trainees provide feedback through the six-monthly TAR surveys.

Subspecialty committee members provide feedback on specific matters/issues at committee meetings and through consultations out of session. Feedback is sought from Training Supervisors and wider subspecialty-specific communities at relevant subspecialty society meetings, colloquiums or equivalent.

Amendments to Assessments of Procedural Skills (APS) and Directly Observed Procedural Skills (DOPs) are proposed as needed and taken through committee approval processes.

Accreditation Standards and Criteria have been reviewed and updated, and now include criteria relating to supervision requirements; position descriptions for both Training Supervisors and Program Directors have also been introduced.

Based on feedback, the eligibility criteria for the Oral Examinations for Certification in Maternal Fetal Medicine (CMFM), Certification in Reproductive Endocrinology and Infertility (CREI) and Certification in Obstetrical and Gynaecological Ultrasound (COGU) have been changed to 46 weeks to give trainees greater flexibility. CREI, CMFM and COGU have introduced a non-research stream under the scholarly elective requirement, which provides trainees with greater flexibility in meeting training program requirements.

6.1.2 Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.

Training Supervisors regularly contribute to monitoring and constructive development for the College's training programs through a variety of methods. Membership of State/Territory/Aotearoa New Zealand TACs comprises local Training Supervisors, and the Chairs of those committees form the TAC. Supervisors are also represented on most College committees to provide input into program development and College activities. Supervisors also contribute to the monitoring process in the following ways:

- Consultation on pre-examination activities including presentations on topical areas and participating as a mock examiner
- Consultation on workshops and presenting content at workshops
- Feedback during hospital accreditation visits
- Involvement in Trainee Selection interviews
- Representation on College projects and events such as webinars, scientific meetings and advisory groups.

6.1.3 Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

FRANZCOG Training Program

Each Australian State and Territory has one or two trainee representatives, with two trainees representing Aotearoa New Zealand: these representatives form the Trainees' Committee. The Committee reports directly to the Board; it also reports its activities to the RANZCOG Council, TAC, EAC and ESC. The role of the Committee is to take trainee matters to the Board and to recommend areas of potential improvement in training. Trainee representatives sit on the State/Territory/Aotearoa New Zealand TACs and contribute to discussions in those meetings.

Trainees are provided with the opportunity to provide feedback at accreditation visits through a confidential feedback Trainee Survey, sent to trainees prior to the visit, and through verbal discussions with the accreditation team should they request.

All trainees are sent a compulsory confidential survey to complete at the end of each six-month training period. The aim of this survey is to obtain feedback on trainees' experience of their training, to identify areas for improvement, to inform the continuing review of the training program and to identify areas of development.

Trainees are also required to complete an Exit Survey when elevating to Fellowship of RANZCOG. The survey evaluates how the training program has prepared trainees for practice and informs the continuous quality improvement process.

Both Six-monthly Assessment Survey and Exit Survey data are collated and presented to the Trainees' Committee, TAC and the ESC for review.

Subspecialty Training Programs

The Board approved in October 2021 for subspecialty trainee representatives to be introduced on each individual subspecialty committee. Prior to that point, a trainee representative had only been included in the overarching Subspecialties Committee (this position remains in place). A trainee representative on each committee enables articulation of trainee concerns specific to a subspecialty, and ensures there is relevant interaction and communication between subspecialty trainees and committees.

Given the relatively small trainee cohorts for each subspecialty, each committee has considered the level of involvement expected from the trainee representative and when trainees should absent themselves from specific committee agenda items.

Trainee representatives are included in discussions regarding proposed changes and vote on changes within the relevant committee. Where a change may disadvantage existing trainees, it is only introduced for future trainees with a minimum of six-months' notice. Where a change is an advantage (e.g., provides greater flexibility) it is applied to existing trainees.

As referenced in Standard 6.1.1, trainees complete a survey every six months as part of their TAR.

Feedback is also obtained from trainees through accreditation visits. A confidential feedback trainee survey is sent to trainees prior to the visit to provide feedback on their training experience.

Trainee representation on College committees

Trainees are currently represented on 51 committees to ensure trainee input into training, education and other relevant College matters. Further representation may be included as committees may update their Terms of Reference to include a trainee representative. Refer to Standard 7.2.1 for a list of the committees, purpose of the committee and the number of trainees represented on each committee.

6.2 Evaluation

The AMC accreditation standards are as follows:		
6.2.1	The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.	✓
6.2.2	The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.	✓
6.2.3	Stakeholders contribute to evaluation of program and graduate outcomes.	✓

6.2.1 The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.

As described in Standard 2.2.1, College document *C-Gen 20: Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training* (Appendix 2.2_1) details these attributes in relation to the current domains of Clinical Skills, Academic Abilities and Professional Qualities and underpins the program and graduate outcomes for the FRANZCOG Training Program.

As part of the College's curriculum review, the CanMEDS Physician Competency Framework is being introduced as the structural mechanism for revised curricula. Graduate Outcomes Statements for Basic and Advanced Training in the FRANZCOG program, and for all subspecialty programs, are being developed to reflect the CanMEDS Framework (Standard 2.3).

Evaluation processes

The College has multiple mechanisms for evaluating its programs: these have recently been consolidated into RANZCOG's Evaluation Framework (Appendix 6.2_1), which was approved by the ESC and the Board in mid-2022. The framework includes:

An introductory section outlining:

- Principles of evaluation
- Evaluation model
- Stakeholder engagement
- Techniques/mechanisms used in evaluation
- Barriers to or challenges of evaluation

A tabular breakdown of evaluation data relating to RANZCOG's education and training programs, detailing for each activity:

- Its purpose
- Who provides input
- Frequency of activity
- Those responsible for delivery and analysis
- Committee/s that receive evaluation report/s

- How the activity feeds into continuous improvement and reporting back to evaluatees.

The College acknowledges there is an inherent challenge in how to evaluate whether what are regarded as improvements to the Training Program actually led to improved outcomes in the longer term. It can take up to 10 years to gather reasonable data to measure if changes made to the Training Program were effective. The introduction of a Hospital Stakeholder Survey, and longitudinal analysis of responses over a lengthy period may see improved 'satisfaction levels' (i.e., emerging Fellows are of better quality). The next step may be to obtain relevant and sufficient consumer data, that can be tracked over a period of time, to identify whether consumer satisfaction also improves as a result of the changes implemented.

The College created and filled a new Evaluation Researcher role in May 2022, to provide direct coordination of Evaluation Framework functions and survey response analysis, and to undertake continuous improvement and development activities. This role now sits within the Selection, Evaluation and Accreditation unit of the Education Directorate. The following improvements have been progressed since the introduction of the Evaluation Framework:

- Revised FRANZCOG six-monthly assessment survey to be introduced for the end of Semester 1 2023.
- Revised FRANZCOG exit survey implemented from 2023.
- Subspecialty six-monthly trainee survey transitioned to online with revised questions – to be implemented from 2023.
- Subspecialty exit survey in final development and approval stages.

As part of the development of the Evaluation Framework, the College identified a number of gaps in its evaluation activities. Work is in progress to develop mechanisms to address these gaps, including the following:

Development of a Hospital Stakeholder Survey

The hospital stakeholder survey is designed to obtain more structured feedback from hospital O&G departments, and private practices where necessary, about the efficacy of the FRANZCOG Training Program in relation to the competencies of recently qualified Fellows.

To avoid O&G department heads and other stakeholders needing to complete lengthy surveys, and to target this evaluation piece more effectively, a two-stage process following a participant-led model of evaluation is being implemented.

Stage one, which took place in February-March 2023, involved a priority-setting exercise with key stakeholders who are directly involved in the College (e.g., Education committee Chairs). This centred on one open-ended question being presented to these key stakeholders for detailed response:

- What should the top three training priorities be for O&G specialists in Australia and New Zealand over the next three years and why?

Stage two will involve gathering feedback from the broader stakeholder group (i.e., Heads of hospital O&G departments or similar) via a survey. A copy of the stage two survey (launched in late April 2023) is attached as Appendix 6.2_2. The survey design was informed by stage one findings.

Responses to the survey will help answer the following:

- What do FRANZCOG Training Program stakeholders think are the top training priorities over the next three years?
- What differences (if any) exist between the priorities identified by different types of stakeholders and in different regions/locations?

- Why do individual stakeholders feel that the identified training areas should be prioritised?
- How well does the current FRANZCOG Training Program address these priority areas?
- How well do new Fellows perform in these priority areas?
- How competent are new Fellows overall?

Consideration is also being given as to how consumer feedback can be incorporated into the evaluation of (in particular) new Fellows and the efficacy of the Training Program.

New Fellows Survey

The College has identified that there is currently no mechanism post-exit survey to gather data from new Fellows (five years or less from elevating to Fellowship) about the utility of the FRANZCOG Training Program in relation to how well it prepared them for their career and CPD needs. Development work to implement this survey will commence in 2023. Similar evaluation work will also be required in the subspecialty space.

FRANZCOG major gynaecological procedure numbers

As outlined in Standard 2.2.1, the provision of sufficient gynaecological surgical exposure within the FRANZCOG program remains a challenge for the College.

Trainees log all procedural training through their online logbook, and this data is currently used to evaluate average exposure to major procedures per Basic trainee per hospital training site. To inform onward review of this key area, further data analysis will need to be undertaken to:

- Identify the types of procedure being undertaken by Basic trainees – i.e., is training skewed towards a narrow range of specific procedures?
- Analyse each trainee's journey through Basic Training – i.e., do trainees obtain equitable and sufficient exposure overall from region to region?
- Analyse procedural exposure in Advanced Training to ensure that opportunities for trainees are not being compromised.

FRANZCOG Ultrasound

The FRANZCOG Training Program includes specific requirements for ultrasound training, backed up by the FRANZCOG accreditation standards and the [Guidelines for Hospitals in the FRANZCOG Training Program: Ultrasound Training](#).

The College has identified that it needs to introduce processes to evaluate trainee logged data in relation to ultrasound experiences. These would be similar to those in place (or being introduced) for gynaecological surgery, and would enable the College to more effectively target improvements in the uniform delivery of ultrasound training.

Subspecialty procedures

The College will be working on a program of activity to analyse subspecialty trainee logged procedural data to examine how effectively training is delivered to meet program requirements.

Work has commenced in this area for the Certification in Urogynaecology (CU) program. Trainee logbook data from Semester 2 2022 onwards will be used to categorise some CU training units as 'Vaginal/Laparoscopic' (VL units). VL units are the training units that provide a minimum recommended trainee exposure to laparoscopic procedures in addition to the traditional foundational procedures in urogynaecology (refer to Standard 2.2).

Accreditation mechanisms

The College recognises that accreditation of hospital training sites plays a central role in the evaluation of how each training program is being delivered. Consistent themes emerging through accreditation visits and other activities, particularly in relation to shortfalls in training delivery or trainees being unable to meet requirements, may be addressed through reviews of both the accreditation standards and the training program standardised requirements.

A prime example of this is in the research requirement for the FRANZCOG Training Program.

Information gained through accreditation activities complemented analysis of responses to the Six-monthly Summative Assessment survey, driving change to the training program requirements through 2021's Research Review Group (refer to Standard 3.2.8) and strengthening of the accreditation standards relating to research (refer to Standard 8.2.1).

Accreditation Interventions Framework

RANZCOG strives to support its 103 accredited training sites across Australia and Aotearoa New Zealand.

As noted in [RANZCOG's 2022 Monitoring Submission](#), the Accreditation Interventions Framework allows the College to address issues that arise outside the normal processes and mechanisms used for accreditation. There are unique qualities to each situation and issue(s) raised that may have a bearing on accreditation activities; each instance needs to be addressed considering its context.

The framework provides a hierarchy of responses as follows:

- Letter of acknowledgement to person raising issue, stating that the issue has been logged, the site will be monitored, and (if a trainee) recommending that they discuss the matter with their Training Supervisor, hospital HR department, or regional office. This response is always used.
- Letter to training site outlining the issue and asking for their response.
- Progress report brought forward to more directly address issues raised.
- Situational Analysis Report, comprising the preparatory processes for a visit – hospital questionnaire, trainee, Training Supervisor and consultant surveys.
- Full accreditation visit.
- On occasion there will be direct contact between the College President and CEO with hospital executives.

The RANZCOG Accreditation Team judges the appropriate grade of response in consultation with an appropriate approval group comprising:

- Chair of the RANZCOG TAC
- Specialist Advisor: Accreditation (Fellow)
- Executive Director, Education OR Dean of Education
- Head of Selection, Evaluation and Accreditation

As part of this consultation, the Accreditation Team gathers information and data on the site i.e. previous accreditation visit and progress reports, responses to relevant trainee Six-monthly Summative Assessment surveys, any previous issues raised, and information on where the site sits in its accreditation cycle (e.g. is a visit planned within the next few months?).

The approval group then determines the level of response taking into account the severity of the issue raised, whether there has been previous negative feedback or complaints, and previous performance of the site. The relevant State/Territory/Aotearoa New Zealand TAC Chair may also be engaged.

Additionally, it should be noted that for small FRANZCOG sites with only one or two trainees, any issue raised by a trainee that relates to a site's underperformance against accreditation standards may well result in a higher level of response, since the issue may be affecting 50%/100% of trainees.

Table 6.2_1 Evaluation activities and responses to issues

Evaluation activity	Issues arising	College response to issues
Analysis of Six-monthly Summative Assessment survey responses, 2019, 2020 and 2021 (NB reports are presented to ESC in July of following year i.e., 2021 responses were reported in July 2022)	<p>The following areas have consistently been identified as particular areas for further attention each year:</p> <ul style="list-style-type: none"> • Provision of and access to regular teaching sessions • Research opportunities, support and feedback • Consultant feedback in ward rounds • Consultant presence during gynaecology ward rounds <p>An additional area in the 2021 surveys related to:</p> <ul style="list-style-type: none"> • Return to work/training support. 	<p>All items are being addressed more closely during training site accreditation activities. Improvements have been made to accreditation standards in relation to protected non-clinical time for trainees, and to research support (Standard 8.2.1).</p> <p>Research training requirements have been streamlined following the work of the Research Curriculum Review Group (Standard 3.2.8).</p> <p>The College is currently reviewing return to work processes and support mechanisms, and is also looking at this area more closely during accreditation.</p>
Discrimination, Bullying, Sexual Harassment and Harassment Survey	<p>In 2021, an independent and confidential survey was undertaken by College members (32% response rate from the entire membership, with 45.3% responses from FRANZCOG trainees and Fellows).</p> <ul style="list-style-type: none"> • 62% have been subjective to DBSH in the workplace by a colleague • 71.5% of FRANZCOG trainees have been subject to DBSH • 73.5% of Fellows have been subjected to DSBH • Members are hesitant to report DBSH behaviours. <p>The survey report is available on the College website.</p>	<p>In 2021, the DBSH Working Group was created to exam the results of the D24 recommendations were made to the Board to improve workplace culture.</p> <p>Recommendations were made in the areas of:</p> <ul style="list-style-type: none"> • Culture, leadership, and governance • Training and education • Complaint handling • Monitoring and evaluation. <p>The Fostering Respect Action Plan details the recommendations, College's action to each recommendation and the timeframe to complete the action by.</p>

6.2.2 The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.

As outlined in 6.2.1, RANZCOG's Evaluation Framework summarises all the evaluation activities undertaken by the College in relation to its training programs. Oversight of the Evaluation Framework, analysis of qualitative and quantitative data, and improvements to evaluation mechanisms are provided by the College's Evaluation Researcher, who sits within the Selection, Evaluation and Accreditation unit in the Education Directorate. Specific functions that relate to the delivery of evaluation mechanisms outside of Education are managed by the relevant directorate (e.g., workshops and courses by the Learning and CPD unit in the Innovation, Learning and Quality Assurance Directorate).

FRANZCOG Trainee Six-monthly Survey

Trainees submit responses to a range of questions: two in relation to overall experience:

- Overall how satisfied have you been with your training in the past six months?
- Do you feel that your training over the last six months provided you with the depth and breadth of experience appropriate for your level of training?

And then across four domains:

- General support
- Training opportunities
- Training supervision
- Support from consultants

Responses are provided on a rating scale, but there are also multiple opportunities for free text responses to obtain qualitative data.

A project to review and improve the Six-monthly Summative Assessment was undertaken in Q4 2022 in consultation with members of the Trainees' Committee, TAC and the ESC, and a revised survey will be implemented from Semester 1 2023. This revised six-monthly survey is attached as Appendix 6.2_3.

Details of improvements to the Six-monthly Summative Assessment survey and the exit survey (see below) are provided as Appendix 6.2_4 – the approval paper that was put forward to the TAC in October 2022.

Uses for hospital training site accreditation

When preparing for a hospital accreditation visit, the Accreditation team reviews Six-monthly Summative Assessment responses for the training site in question and incorporates these into its pre-visit assessment. The responses over time provide an indication of trainee satisfaction levels and enable the accreditation panel to target any particular areas of underperformance.

In 2022, the College introduced a new process whereby the Accreditation team reviews responses and identifies both positive and negative outcomes, and sites where there is a significant level of dissatisfaction or critical issues raised in free text responses. Data is then taken forward to the Accreditation Steering Group for discussion as to whether accreditation interventions need to be triggered for those sites where issues have been identified.

FRANZCOG Exit Survey

The exit survey is completed by all trainees elevating to Fellowship (and completion is a pre-requisite for elevation). As with the Six-monthly Summative Assessment survey, the exit survey was reviewed in Q4 2022, and the revised survey will be implemented from the first round of elevations in 2023. This revised survey is attached as Appendix 6.2_5.

Annual evaluation report

A formal report of outcomes of the FRANZCOG Six-monthly Summative Assessment and exit surveys is provided to the Education Standards Committee (and to the Board) at their July meeting each year. This report also provides deidentified data in relation to special considerations, reconsiderations, reviews and appeals for the identification of systemic issues. A copy of the 2022 report is provided as Appendix 1.3_4.

FRANZCOG major gynaecological procedure numbers

Logbook data from FRANZCOG trainees is aggregated and analysed at the end of each semester to provide an evaluation of the delivery of major gynaecological surgical training to Basic trainees. The average number of major procedures undertaken as primary operator per trainee FTE is provided by the hospital, Integrated Training Program (ITP) and by region. The average is based on the best four from the previous six semesters – this method was initially introduced in 2020/2021 to allow for the impact of the COVID-19 pandemic: the methodology needs to be revisited to reflect current situations. The most recent data, which covers the period up to and including Semester 2 2022, is included as Appendices 6.2_6 to 6.2_8. Appendix 6.2_9 explains the Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training.

Subspecialty trainee six-monthly survey

As with the FRANZCOG program, subspecialty trainees are expected to complete a survey at the end of each semester of training. Until now, this survey has been delivered and completed manually, with responses being reviewed by the College's Subspecialty Team before being shared with the relevant subspecialty committee.

A review of the subspecialty trainee six-monthly survey was conducted in Q4 2022, with a new online version made ready for the start of 2023. This will enable responses to be aggregated and, over time, analysis of training sites' performance in delivery of each program can be undertaken, issues identified, and actions/interventions initiated, as happens for FRANZCOG.

Subspecialty exit survey

The College identified as part of the Evaluation Framework development that no exit survey was in place for subspecialty trainees (as there is for FRANZCOG trainees). This has now been rectified: a subspecialty exit survey was drafted and refined in consultation with each subspecialty committee and will be launched for trainees completing each subspecialty program in 2023.

6.2.3 Stakeholders contribute to evaluation of program and graduate outcomes.

The College's extensive curriculum review project, as described in Standard 3, encapsulates a comprehensive evaluation of program and graduate outcomes. A consumer representative was added to the CASG in 2022 to ensure that a consumer perspective is in place as part of curriculum development.

As detailed in the Evaluation Framework, multiple College committees review the outcomes of evaluation activities and enable onward review and improvement through existing channels and by the formation of specific review groups.

The development of a Hospital Stakeholder Survey (refer to Standard 6.2.1) will enable O&G units to comment on the quality of emerging Fellows and identify areas of the FRANZCOG Training Program that need strengthening. A future new Fellows survey will also contribute to a wider understanding of the outcomes of the training program.

With improved subspecialty surveys now in place, presented in an online format, it is envisaged that similar stakeholder surveys will be introduced to appraise newly certified subspecialists.

The College recognises that, at present, there is limited opportunity for consumers/patients and other stakeholders to contribute to the evaluation of training programs. The College will continue to work through its Consumer Network Working Group to establish relevant forums and other mechanisms through which relevant and timely feedback can be obtained. This may include involving consumer representatives in:

- curriculum delivery (e.g., cultural safety, health equity, other clinical areas based on lived experience)
- curriculum evaluation (e.g., identifying focus group opportunities with patients or the community)
- developing evaluation activities
- developing responses and improvements to address issues identified during evaluations.

6.3 Feedback, reporting and action

The AMC accreditation standards are as follows:		
6.3.1	The education provider reports the results of monitoring and evaluation through its governance and administrative structures.	✓
6.3.2	The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).	✓
6.3.3	The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.	✓

6.3.1 The education provider reports the results of monitoring and evaluation through its governance and administrative structures.

As detailed in the Evaluation Framework, the College reports outcomes of monitoring and evaluation activities to relevant committees on a regular basis. In general terms:

- Outcomes of surveys and other evaluations relating to FRANZCOG training are reported to ESC, TAC and the Trainees' Committee (and State/Territory/Aotearoa New Zealand TACs as appropriate).
- Outcomes of surveys and other evaluations relating to subspecialty training are reported to the relevant subspecialty committee and the Subspecialties Committee.
- Outcomes of surveys and other evaluations relating to accreditation are reported to individual accreditation panels and to the Accreditation Steering Group (and to central and local TACs as necessary).
- Outcomes of surveys and other evaluations relating to examinations are reported to EAC.

Monitoring of FRANZCOG Training Sites

In addition to analysis reports of the FRANZCOG trainee Six-monthly Summative Assessment survey, a new process was introduced in 2022 whereby survey responses are reviewed for each hospital training site, to identify any emerging or continuing issues. Where trainees have raised specific concerns, or there is a high level of dissatisfaction from trainees over time, this information is taken to the Accreditation Steering Group to determine whether an earlier accreditation intervention is necessary.

With subspecialty surveys currently being transitioned to an online platform, it is envisaged that similar processes will be put in place in the future for subspecialty training sites. It should be noted that this will have to be carefully considered given the much smaller cohorts in subspecialty training.

Gynaecological surgical training – procedure numbers

Mechanisms to review training exposure to major gynaecological surgical procedures across ITPs and individual hospitals are described in Standard 2.2.1. Until 2022, underperformance by an individual site was only addressed as part of an accreditation visit. The College has introduced a new process whereby hospital data is reviewed at each six-month point to identify underperforming hospitals that do not have recommendations or conditions already in place, and then address this in the form of a letter: “red”, where neither the ITP nor the individual site meets requirements; or “amber”, where the ITP meets number thresholds, but the individual site does not. The Accreditation Steering Group approves the letters to be sent in each case.

The templated letters are attached as Appendices 6.3_1 and 6.3_2.

6.3.2 The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).

A report on Six-monthly Trainee Survey responses is provided annually to the ESC, and socialised through the Trainees' Committee, central TAC, and State/Territory/ New Zealand TACs. Areas of underperformance (where ~>20% of trainees are dissatisfied with an aspect of the training program) are discussed as part of committee agendas, and also taken to the Accreditation Steering Group (to determine whether accreditation standards should be made more robust in relevant areas). Relevant aspects are considered by the Dean of Education and Executive Director, Education before being socialised with the CASG (to consider any relevant changes to the curriculum/training program requirements).

From 2022, all trainees receive a one-page highlights report on the Six-monthly Summative Assessment survey – an example is provided as Appendix 6.3_3.

Accreditation outcomes

In addition to the full accreditation visit report that is supplied to the hospital, a summary of the outcomes of FRANZCOG accreditation visits is provided to trainees at the site (and who were at the site when the visit took place, if they have moved on), and to Training Supervisors via the Head of Department and the local TAC.

Future work

Improvements in subspecialty surveys and other evaluations will enable wider circulation of results and engagement with relevant stakeholders in continuous improvement activities relevant to subspecialties.

Consumer representation on an increased range of committees, plus increased engagement with the Consumer Network Working Group, will enable discussion of how to disseminate information appropriately to a wider range of stakeholders and obtain their input in relation to continuous improvement of training programs.

6.3.3 The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

The College has multiple mechanisms to gather information about issues concerning the training programs and address risks in a timely and appropriate manner:

- State/Territory/Aotearoa New Zealand offices and TACs: local offices are a main point of contact through which trainees and Training Supervisors can raise any concerns. These issues can then be escalated to the local TAC Chair, College staff or through accreditation channels as appropriate to the situation.
- Training Support Unit (TSU): the TSU (detailed in Standard 7) provides a confidential forum for trainees and Training Supervisors to discuss issues. The TSU hands down deidentified reports through TAC and ESC, and provides information to the accreditation team in a regular fortnightly meeting (or immediately if issues raised warrant speedy attention).
- Governance processes: formal complaints to the CEO's office or other feedback from trainees or Training Supervisors, where matters touch on delivery of training, are shared with the College's accreditation team for assessment under the Accreditation Interventions Framework.

- Risk register: the College's risk register includes risks and ongoing treatments regarding training and education issues, which are reviewed on a monthly/quarterly basis by the relevant team, and reported through to the College's Governance Finance and Risk Management Committee (Appendix 6.3_4).

Table 6.3_1 RANZCOG's responses to Medical Training Surveys

Medical Training Survey	College response
Has the College explored results with internal and external stakeholders?	Results of the Medical Training Survey (MTS) are analysed each year and summaries of clear positive and negative outcomes are socialised with the Trainees' Committee, central TAC and ESC. As with its own surveys, the College will continue to explore wider stakeholder engagement to ensure that responses and improvements to address identified issues can be managed more effectively.
Investigated results, or is planning to investigate the MTS results, and is making changes based on these investigations?	<p>Trainees' Committee papers relating to MTS survey outcomes, submitted for the first meetings in 2021 and 2022 respectively, are attached as Appendices 6.3_5 and 6.3_6. The 2023 paper is attached as Appendix 6.3_7.</p> <p>2020 MTS outcomes – areas for improvement:</p> <ul style="list-style-type: none"> • Competing with others for access to opportunities • Improvements made to FRANZCOG accreditation standards – refer to Standard 8.2. • Exam feedback <p>The Examination Verbal Feedback Policy was reviewed and updated in 2021. Key features of the amended policy are as follows:</p> <ul style="list-style-type: none"> • From 2021, unsuccessful candidates are eligible for verbal feedback after any attempt of a written or oral examination. Unsuccessful candidates are advised that they are eligible for verbal feedback in their result outcome letter. Previously, candidates were not eligible until after their second unsuccessful attempt. • In response to concerns about delays in receiving feedback, the target from 2021 is to provide verbal feedback to those who seek it within 12 weeks of the candidate receiving their results. • Examiners who are providing verbal feedback to candidates unsuccessful in an oral examination, are able to view video recordings of the candidate's performance in several stations prior to delivering feedback to the candidate. <p>Work/life balance</p> <p>As noted in the 2022 Monitoring Submission, there is a general understanding that O&G trainees will accept necessarily longer hours than others, as long as the sufficient quality training experiences are provided. Improvements to delivery of training in hospitals is being undertaken through both the curriculum review project, and through continuous improvement of accreditation standards and processes.</p> <p>Bullying, harassment and discrimination</p> <p>Please refer to the College's own DBSH survey, outcomes and the Fostering Respect Action Plan.</p> <p>2021 MTS outcomes – areas for improvement:</p> <p>While three of the four areas above remained as areas requiring attention in the 2021 survey outcomes, responses in the area of examinations were much more positive, reflecting the efforts the College had made to address issues in the earlier part of 2021.</p> <p>2022 MTS outcomes – areas for improvement:</p> <p>The areas identified as areas of improvement remain similar to previous years and the College is actively addressing those issues.</p>

Documents provided check list - Standard 6

Document	
✓	The education provider's evaluation plan/strategy/framework.
✓	Reports of recent reviews of the curriculum and/or sections of the program.
✓	<p>Results of recent surveys of trainees and fellows. (last 3 years)</p> <ul style="list-style-type: none"> • Trainee six-monthly feedback survey report 2019 – Appendix 6.3_8 • Trainee six-monthly feedback survey report 2020 – Appendix 6.3_9 • Trainee six-monthly feedback survey report 2021 – Appendix 6.3_10 (<i>note 2022 data is not available at time of writing</i>) • Member satisfaction survey report 2021 - Appendix 6.3_11 • Member satisfaction survey report 2022 – Appendix 6.3_12
✓	<p>Examples of communications to stakeholders about recent plans for program changes.</p> <ul style="list-style-type: none"> • Appendix 6.3_13
✓	Risk management plan/matrix for training and education.



Standard 7:

Trainees

Standard 7: Trainees

7.1 Admission policy and selection

The AMC accreditation standards are as follows:		
7.1.1	The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.	✓
7.1.2	The processes for selection into the specialist medical program: <ul style="list-style-type: none">• use the published criteria and weightings (if relevant) based on the education provider's selection principles• are evaluated with respect to validity, reliability and feasibility• are transparent, rigorous and fair• are capable of standing up to external scrutiny• include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.	✓
7.1.3	The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.	✓
7.1.4	The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.	✓
7.1.5	The education provider monitors the consistent application of selection policies across training sites and/or regions.	✓

7.1.1 The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice.
The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.

FRANZCOG Training Program

Trainee Selection into the FRANZCOG program is documented in the [2023 FRANZCOG Trainee Selection Process Guidelines and Policy for Selection of FRANZCOG Trainees](#). This program supports merit-based selection, which as applied limits discrimination and bias.

The below guidelines are available on the RANZCOG website for prospective candidates to view:

- [Guidelines and Policy for Selection of FRANZCOG Trainees](#)
- [Statement of Principles – Eligibility and Selection Criteria](#)
- [CV/Application Scoring Guidelines – Australia](#)
- [CV/Application Scoring Guidelines – New Zealand](#)
- [Trainee Selection FAQs](#)
- [Institutional Rankings FAQs - Australia](#)

The guidelines and policy document details who can provide references for candidates and how Institutional Rankings are collected and applied to the candidates through the merit-based scoring process.

The averaged CV/Application, averaged referee, Institutional Ranking (Australia only), and standardised interview scores are weighted to produce the candidate overall score and rank. All unsuccessful applicants are kept on a merit list, in the event a training position becomes available prior to the start date of the second training semester in the year following application. Applicants who were offered a training position and could not secure employment will also be placed on the merit list. For those applicants in this latter circumstance, this will not count towards the capped number of applications. After the selection process has concluded, where a place becomes available because a position was rejected, applicant deferred or a new position created, that new place will be offered to the highest-ranked applicant who was not offered a position. Applicants who were offered a position and rejected it will not be offered this position.

Selection process between RANZCOG and Training Sites

The FRANZCOG Selection process has four stages that the RANZCOG Selection team coordinates and oversees:

- Applications
- Evaluation
- Interviews
- Offers

The process for each stage in the FRANZCOG Selection, including the role of the College and Training Sites (i.e., employer), is mapped out in Appendix 7.1_1 (Australia) and Appendix 7.1_2 (Aotearoa New Zealand).

Subspecialty Training Programs

The Subspecialty selection process is a transparent and documented process that is made up of the Subspecialty Selection Documentation (per Subspecialty) which includes:

- Information for Applicants
- Selection and Commencement of Training Guide
- Application form (available via website from 15 January – 15 February each year)

Selection Criteria for each subspecialty is available in detail in the Information for Candidates document and Selection and Commencement of Training Guides on the [website](#). The selection process is broken down into a Written Application (Shortlisting) and an interview online via video conferencing. There is a marking guide that is available to trainees for shortlisting, which can be found in the Information for Applicants. [RANZCOG Regulations C1.2](#) outlines the selection eligibility for Fellows, FRANZCOG trainees and Specialist International Medical Graduates (SIMGs).

7.1.2 The processes for selection into the specialist medical program:

- use the published criteria and weightings (if relevant) based on the education provider's selection principles
- are evaluated with respect to validity, reliability and feasibility
- are transparent, rigorous and fair
- are capable of standing up to external scrutiny
- include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.

FRANZCOG Training Program

To apply for the FRANZCOG Training Program, the applicant must be qualified in Medicine and Surgery, with a primary degree issued in Australia or Aotearoa New Zealand, or an approved international institution. Applicants are to apply through the online platform. A sample application form can be viewed in Appendix 7.1_3.

As of 2023, the College has moved from the TRMS/Genix online application system to Cognito forms/WorkFlows/PowerPlatform to provide a better user experience and improve College processes.

Online Application

The applicant is required to complete an online application to describe their postgraduate training details, clinical experience in O&G and other disciplines within Australia or Aotearoa New Zealand, academic excellence, higher qualifications, research publications as a first author, presentation at an Annual Scientific Meeting as a first author, professional development, rurality experience and leadership and altruism (Appendix 7.1_3).

Four referees are to be listed in the application meeting the following criteria:

- Two must be Fellows of RANZCOG or holders of the Aotearoa New Zealand Postgraduate Diploma in O&G.
- Should an applicant be unable to cite such practitioners as their referees, it is acceptable to list other consultants who are fellows of Australian or Aotearoa New Zealand medical colleges with whom they have worked closely.
- RANZCOG Trainees who have completed Basic Training and are undertaking Advanced Training level or above are eligible to be referees.

Preferencing: Australia

Applicants indicate via their online application form their preferences for both Phase 1 and Phase 2.

- Phase 1 – Applicants may preference two of the available posts: Regional Integrated Training Program (RITP) Dubbo or Orange and/or Bendigo; Integrated Training Program (ITP) Newcastle; ACT and TAS.
- Phase 2 – Applicant's preference their top three remaining Australian states/territories – i.e., NSW, QLD, SA/NT, VIC and WA.

Applicants are not required to preference both Phase 1 and Phase 2. However, it is mandatory to preference a minimum of one state in Phase 2. Applicants will only be considered for training posts in the location(s) for which they have indicated a preference. Applicants should only apply to locations that they will accept. Table 7.1_10 shows the number of positions filled in Phase 1 and Phase 2 between 2020–2022.

Preferencing: Aotearoa New Zealand

Applicants indicate via the online application form their preference for the NZ Integrated Training Programs (ITPs): Northern, Central and Southern.

Applicants may preference all or some ITPs. It is mandatory to preference a minimum of one ITP. Applicants will only be considered for training posts in ITPs they have ranked by a preference.

Applications are reviewed and scored by College Fellows and staff against the CV/Application Scoring Guidelines. Points are allocated and have different weighting in the six sections, which differ between Australia and Aotearoa New Zealand.

The Australian CV/Application Scoring Guidelines detail the breakdown of how points are allocated per standard and the evidence required (Appendix 7.1_4). The Aotearoa New Zealand CV/Application Scoring Guidelines is available in Appendix 7.1_5.

Table 7.1_ 1 Points Allocation for FRANZCOG Selection CV Scoring

Points allocation per section	Aotearoa New Zealand	Australia
1. Clinical Experience (O&G and outside of O&G)	15	18
2. Academic (Excellence and Awards)	8	8
3. Research (PhD, publications, presentations)	3	3
4. Professional (related qualifications, PVP and PD courses)	6	5
5. Rurality and Indigenous identity*	15	15
6. Outstanding Leadership and Altruism	11	11
TOTAL	58	60

* to align with RANZCOG's commitment to maintaining regional, rural and remote workforce and equity of First Nations People (refer to Standard 7.1_3).

Referees are then contacted via email and asked to complete a report form via the College's Selection platform.

Applicants are selected for interview with the following considerations:

- The averaged CV/Application form score, averaged Referee Report score and Institutional Ranking (IR) score (for Australia) will be combined to give an overall 'shortlisting' score. More information on the Referee Report score and IR score is outlined below.
- The CV/Application, referee report and IR scores will be scaled to ensure weightings.
- The combined 'shortlisting' score will be used to create a ranked list.
- In Australia, shortlisted applicants will be offered an interview in the state of their first preference as nominated on their application form.
- If the applicant is offered an interview onto the training program, they have 48 hours to accept the offer.

Institutional Ranking – Australia

Institutional Ranking contributes to identifying applicants suitable for interview and selection into the FRANZCOG Training Program. Where applicants have been employed for a minimum of six months in a pre-vocational O&G position between February of the year before application and August in the year of application, the College will seek input from Heads of Units, ITP Coordinators, and senior staff. Refer to [page 9 of the FRANZCOG Trainee Selection Process Guidelines](#).

Referee Reports

All applicants are asked to nominate no more than four referees, which are to include Fellows of RANZCOG, Advanced FRANZCOG Trainees or consultants who are Fellows of Australian or Aotearoa New Zealand medical colleges. The referees are to submit a report to the College, which describes the applicant's skills as shown in Table 7.1_2.

Table 7.1_2 Referee Reports Describing Applicant's Skills

Clinical Expertise and Technical Skills	Communication and Interactional Skills	Scholar and Teacher
Clinical expertise	Communication with patients	Experiential learning
Technical ability	Communication with colleagues and team members	Teaching
Emergency Management Skills	Written communication	Suitability for training
Problem solving	Leadership	Suitability for future employment
Prioritisation	Professional integrity	
	Responsibility and initiative	
	Response to constructive criticism	
	Insight and limitations	

Selection Interview

After moving to this approach during the early days of the COVID-19 pandemic, all selection interviews are now held via Zoom. Interviews in Australia are held concurrently across all States and Territories on the same day. Interviews in Aotearoa New Zealand are held on a separate day, and take place over two days with a single panel. The Aotearoa New Zealand panel uses questions designed for the Aotearoa New Zealand context. All Australian interview panels use the same questions and an additional question is asked for Phase 1 Regional ITP applicants.

Interview Panels are to have a minimum five members and may include:

- Fellows of the College
- A trainee representative
- A hospital or consumer representative (where applicable).

During the interview, the Chair and other panel members will ask the interview questions displayed on screen during the 15-minute interview period. Panel members score the applicant via an online platform and scores are combined and averaged by the number of panel members for each applicant.

Table 7.1_3 and Table 7.1_4 shows the number of FRANZCOG Training Program application attempts for Australian and New Zealand candidates between 2020 – 2022.

Table 7.1_3 Australian FRANZCOG Selection Application Attempts 2020-2022

Selection Cycle	2022			2021			2020		
Application Attempt	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Applicants	97	62	17	118	67	12	126	55	13
Interviewed	97	62	16	118	67	12	126	55	13
Selected	40	40	8	48	35	7	48	28	9
Not Selected	57	21	8	70	32	5	78	27	4
Selected %	42.10	65.57	50.00	40.68	52.24	58.33	38.1	50.91	69.23

Table 7.1_ 4 New Zealand FRANZCOG Selection Application Attempts 2020-2022

Selection Cycle	2022			2021			2020		
Application Attempt	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd
Applicants	21	7	2	37	6	0	24	4	0
Interviewed	17	7	2	23	6	0	24	4	0
Selected	16	6	2	19	3	0	18	4	0
Not Selected	1	1	0	4	3	0	6	0	0
Selected %	92.12	85.71	100	51.35	50	0	75	100	0

Subspecialty Training Programs

Fellows, SIMGs and Advanced FRANZCOG trainees are eligible to apply for the Subspecialty Training Programs, pending the criteria outlined in [Regulation C1.2](#) is met (Appendix 7.1_6).

Subspecialty training program processes:

Applicants must address the Selection Criteria in their Written Application, which covers six areas:

- Education history (excluding CGO)
- Employment history
- Professional development and commitment to the subspecialty
- Teaching and leadership experience
- Research, publications and presentations
- References.

If the applicant is successful in progressing to interview, the Selection Panel uses the Selection Criteria for the relevant subspecialty-specific elements to develop their questions. Refer to Table 7.1_3 below for the specific elements for each subspecialty.

Shortlisting for Subspecialty Selection is conducted by the relevant Subspecialty Selection Panel comprising the Chair/Deputy Chair of the relevant subspecialty committee, plus a minimum of two subspecialists.

The scoring system is between 0 (criteria not met) to 3 (exceeds criteria) and is used by the Subspecialty Selection Panel to shortlist applicants for interview. To be deemed eligible for interview, applicants are expected to achieve a score of 2 or more in all five domains in the Selection Criteria Written Application. Applicants will be contacted via email with an outcome letter soon after shortlisting has been completed.

Interview Process and Scoring

The interview process is conducted by the relevant Subspecialty Selection Panel. All applicants eligible for interview, will attend their interview using Zoom video conferencing. At interview, applicants will be assessed and scored on their answers to questions based on both the Written Application Selection Criteria detailed above, and the relevant Subspecialty – Specific Elements Selection Criteria (refer to Table 7.1_5). Applicants will be contacted via email within two weeks of their interview with their outcome letter.

If an applicant is unsuccessful in the selection process, they will be advised of the [reconsideration/review and appeal process](#) in their outcome letter. Selection criteria and descriptors are [published on the website](#) for each of the five subspecialties.

Table 7.1_ 5 Subspecialties Interview Selection Criteria

CU	CGO
<ul style="list-style-type: none"> • Surgical skills • Drive and initiative • Resilience • Ethics • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Self-awareness • Psychosocial medical experience • Academic performance/aptitude to training • Current issues/challenges facing the CU Subspecialty 	<ul style="list-style-type: none"> • Surgical skills • Drive and Initiative • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Grief and counselling • Self-awareness Dealing with appraisal • Academic performance/aptitude to training • Current issues/challenges facing the CGO subspecialty
CMFM	COGU
<ul style="list-style-type: none"> • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Grief and counselling • Self-awareness • Dealing with appraisal • Psychosocial medical experience • Academic performance/aptitude to training • Current issues/challenges facing the CMFM Subspecialty 	<ul style="list-style-type: none"> • Drive and Initiative • Resilience • Ethics • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Grief and counselling • Self-awareness • Dealing with appraisal • Academic performance/aptitude to training • Current issues/challenges facing the COGU Subspecialty
CREI	
<ul style="list-style-type: none"> • Drive and Initiative • Resilience • Ethics • Teamwork/working in a multidisciplinary team • Academic performance/aptitude to training • Personal insight and understanding into the issues involved in current practice • Current issues/challenges facing the CREI Subspecialty 	

7.1.3 The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.

Increased recruitment and selection of Indigenous trainees is supported by awarding points through the CV Scoring process for Indigenous status. This covers applicants of Australian Aboriginal, Torres Strait Islander, Māori or Pacific descent. Details are provided in the CV/Application Scoring Guidelines for [Australia](#) and [Aotearoa New Zealand](#). In Aotearoa New Zealand, the selection panel includes a He Hone Wāhine representative, and they advise on cultural contribution applications if required. Also see below new selection criteria relating to leadership and altruism.

While no extra points are provided in the subspecialty selection process for rurality or Indigenous status, for applicants who score below the required level in one criteria, Subspecialty Selection Panels may consider the benefit to the community.

Table 7.1_6 Number of Aboriginal and Torres Strait Islander and Māori applicants in 2020 - 2022

Number of Aboriginal and Torres Strait Islander and Māori applicants						
FRANZCOG Training Program	Applied		Interviewed		Entered	
	AUS	NZ	AUS	NZ	AUS	NZ
2022	6	3	6	3	5	3
2021	8	4	7*	4	4	4
2020	6	2	5^	1	2	1

* One applicant declined interview

^ One applicant was ineligible to be interviewed

New selection criteria

RANZCOG's Te Rautaki Māori me Te Ara Whakamua – RANZCOG's Māori strategy and action plan includes goals focusing on increasing the cultural safety of the workforce and organisation and increasing the Māori O&G workforce.

As an initial step, He Hono Wāhine recommended revised criteria for scoring CVs for FRANZCOG applicants in the areas of leadership and altruism to include recognising contributions to Māori health or local marae, hapū, iwi, or wananga. This was approved by the New Zealand Training and Accreditation Committee, the Selection Committee and the Education Standards Committee (ESC) and was implemented for the 2022 FRANZCOG selection process. He Hono Wāhine's representative on the Aotearoa New Zealand selection panel advised on scoring for contribution under this criteria. The College is in the process of developing similar scoring criteria for Aboriginal and Torres Strait Islander applicants.

Work is underway to research the barriers to recruitment of Māori into the FRANZCOG Training Program and factors that impact retention in the program, and to make recommendations for further changes to foster the growth of the Māori O&G workforce. A request for proposals for a kaupapa Māori researcher to undertake this will be sent out in early 2023 with the research conducted in 2023. This will in turn inform similar research to be undertaken in Australia on barriers for Aboriginal and Torres Strait Islander people. Refer to Standard 1.6.1 for more information.

7.1.4 The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.

All requirements of the [FRANZCOG Training Program](#) are published on the website, to ensure that trainees are aware of these requirements prior to selection/entry into the program.

Details of mandatory rotations are available in the [Handbooks](#) which are published on the website, and are also included in the Selection and Commencement of Training Guide available as part of Selection information on the [website](#). Exemption is via [special consideration application](#), located on the [website](#).

As part of the subspecialty selection process applicants are asked to indicate whether there are any barriers to training which may require them to move overseas or interstate.

7.1.5 The education provider monitors the consistent application of selection policies across training sites and/or regions.

The Selection Committee has oversight of selection processes across both Australia and Aotearoa New Zealand and selection processes are managed by the selection team in the Education Directorate to maintain a consistent approach. The Selection Committee also oversees the operation of selection processes in Australia to ensure consistency. In Aotearoa New Zealand, the New Zealand Training Accreditation Committee oversees the operation of selection.

After the selection process has concluded, a detailed report is produced showing the breakdown of results for the application questions and comparisons of applications from the past several years to show trends: this may result in changes to application questions and identify areas that need to be addressed. The annual FRANZCOG Selection report for 2022 can be found in Appendix 7.1_7.

In addition, selection processes in place for 2023 are being carefully monitored to identify areas for improvement based on feedback and other evaluation mechanisms.

Table 7.1_ 7 Number of trainees entering the FRANZCOG Training Program

FRANZCOG Training Program	ACT	QLD	NSW	SA/NT	TAS	VIC	WA	NZ	Total
2022 Total	3	16	30	4	3	27	8	23	114
Aboriginal and Torres Strait Islander	0	1	4	0	0	0	0	0	5
Māori trainees	0	0	0	0	0	0	0	3	3
2021 Total	3	15	31	5	2	27	7	28	118
Aboriginal and Torres Strait Islander	0	1	1	0	0	0	0	0	2
Identify as person of such heritage	0	0	1	0	0	0	0	0	1
Māori trainees	0	0	0	0	0	0	0	3	3
Pacific descent trainees	0	1	0	0	0	0	0	1	2
2020 Total	2	16	30	4	1	25	6	22	106
Aboriginal and Torres Strait Islander	0	0	1	0	0	1	0	0	2
Māori/Pacific trainees	0	0	0	0	0	0	0	1	1

Table 7.1_ 8 Number and gender of trainees undertaking each training program in 2022

Training program	Male	Female	Unspecified	Total
FRANZCOG	140	679	0	841
CGO	4	10	0	14
CMFM	4	29	0	33
COGU	2	6	0	8
CREI	6	18	0	24
CU	1	8	0	9

Table 7.1_ 9 Trainees Elevating to Fellowship of RANZCOG

FRANZCOG	2022	2021	2020
Total	76	85	54

Table 7.1_ 10 Final Positions Filled in Phase 1 and 2 between 2020 - 2022

State/Region	2022	2021	2020
Phase 1			
ACT	3	3	2
ITP – Newcastle	3	4	4
RITP – Bendigo	N/A	1	1
RITP – Dubbo	1	N/A	1
RITP – Orange	N/A	1	N/A
RITP – Mackay	N/A	N/A	1
TAS	3	2	1
Phase 2			
NSW	26	25	25
QLD	16	15	15
SA/NT	4	5*	4
VIC	27	26	24
WA	8	7	6
Total	91	89	84

7.2 Trainee participation in education provider governance

The AMC accreditation standards are as follows:

7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.



7.2.1 The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

Trainee representation on RANZCOG Committees

RANZCOG acknowledges the value of involving trainees in the governance of their training programs. Accordingly, RANZCOG has trainee representation on all training- and education-related committees, and trainee representatives are members of 51 RANZCOG committees. Like all committee members, trainee representatives are able to raise items on the agenda for discussion. Trainees represented on College committees, including the Trainees' Committee, are supported by College staff who provide assistance in raising issues to other committees and College Directors and Heads of Department.

Trainees' Committee

The Trainees' Committee represents the interests and concerns of RANZCOG trainees and SIMGs (who are participating in the training program) in discussion and decision-making relating to training and assessment, as well as broader issues relating to the discipline of obstetrics and gynaecology.

The Trainees' Committee reports to the RANZCOG Board. In addition, it also reports on its activities to the RANZCOG Council, TAC, EAC and ESC.

The Committee is supported by the Training Programs team to facilitate meetings and provide assistance in escalating issues and finding resolutions to issues that the Committee raises.

The Committee consists of 10 RANZCOG trainees across all Australian States and Territories and Aotearoa New Zealand, one subspecialties trainee representative, one Certificate of Women's Health/DRANZCOG/DRANZCOG Advanced representative and one SIMG. Additionally, the membership consists of nominees from TAC, ESC and a Fellow with less than five years' standing.

The Committee can also co-opt individuals with specific expertise, knowledge or background as considered necessary.

The Chair of the Trainees' Committee becomes a voting member of Council for its two-year term. Deputy Chairs (Australia and Aotearoa New Zealand) also attend Council meetings in a non-voting capacity. The Chair and Deputy Chairs receive an allowance for travel and accommodation when traveling on College business while representing College Council in accordance with the Allowances Payable for Board members, Councillors and Committee Chairs Policy and Procedure.

The following RANZCOG Committees have a Trainees' Committee representative:

- Continuing Professional Development (CPD) Committee: One representative

- Diplomates Committee: One representative (registered in the Certificate of Women's Health, DRANZCOG or DRANZCOG Advanced Training Program)
- EAC: Two representatives
- ESC: Chair of the Trainees' Committee
- Curriculum and Assessment Steering Groups (CASG): Two representatives
- O&G Magazine Advisory Group: One representative
- Progression Review Committee (PRC): Chair of the Trainees' Committee
- RANZCOG Women's Health Foundation: One representative
- Research Assessment Subcommittee (RAS): Two representatives
- Selection Committee: Chair of the Trainees' Committee or nominee
- Simulation Training Advisory Group: One representative
- State/Territory/Aotearoa New Zealand Training Accreditation Committees: One to two representatives
- Training Accreditation Committee (TAC) Two Trainee representatives (1 x Australia and 1 x Aotearoa New Zealand)
- Women's Health Committee (WHC): One representative
- Te Kāhui Oranga o Nuku

Other Trainees' Committee representatives who are appointed to a Council Committee representation will have voting rights on the following Council Committees:

- Jean Murray Jones Committee: One representative
- Subspecialties Committee: Subspecialty Trainee representative

Elections

The core membership of the Trainees' Committee is elected by an independent election process. The College Company Secretary being the Returning Officer has the authority to appoint College staff (Election Office) to conduct the elections. These elections are conducted independently using external online election software. FRANZCOG trainees across all Australian States and Territories and Aotearoa New Zealand, subspecialties trainee representatives, Certificate of Women's Health/DRANZCOG/DRANZCOG Advanced representatives and SIMG representatives are elected by trainees registered in the same training program in the relevant region.

Representation on other committees, subcommittees and working groups are shown in Table 7.2_1. Trainees are also represented on Selection Interview Panels and at all training site accreditation visits.

Table 7.2_1 Trainee Representation on College Committees

Name of Committee, Subcommittee or working groups	Functions of the Committees, Subcommittee or working groups	Number of trainees	Meeting frequency
Accreditation Steering Group (ASG)	<ul style="list-style-type: none"> To approve FRANZCOG training site reaccreditation Visit Reports. To provide guidance regarding FRANZCOG training site Progress Reports where conditions remain. To provide advice relating to RANZCOG Accreditor recruitment, oversight, training and support. 	2 – Trainees' Committee Representative (Australia) Trainees' Committee Representative (Aotearoa New Zealand)	6-8 weeks
Annual Scientific Meeting (ASM) Organising Committee	<ul style="list-style-type: none"> To assist with the planning and coordination of the ASM. 	1 – Trainee Representative	3-monthly - 1-3 years prior to ASM Monthly - 6-12 months prior to ASM Fortnightly - 2-6 months prior to ASM Weekly - 1 month prior to ASM
Australian O&G Workforce Working Group	<ul style="list-style-type: none"> To support future workforce planning initiatives by the College. 	1 – FRANZCOG Trainee Representative	4 times/year
Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG)	<ul style="list-style-type: none"> To define and oversee all aspects of education, training and recertification in relation to qualifications awarded jointly by RANZCOG, ACRRM and RACGP, including, but not limited to the Diplomas known as the DRANZCOG and DRANZCOG Advanced, and the Certificate of Women's Health. The development, implementation and ongoing review of the curricula for qualifications offered by RANZCOG, in conjunction with the RACGP and ACRRM, through the CCDOG. To formulate and review the processes for accreditation and re-accreditation of the CWH, DRANZCOG and DRANZCOG Advanced Training Programs leading to those qualifications, as well as any other relevant courses that may be the responsibility of the CCDOG. 	1 – DRANZCOG Trainee Representative	3 times/year
Consumer Network Working Group	<ul style="list-style-type: none"> To act as a source of information for the College, providing an independent patient and public perspective from a diverse range of women's health consumers in Australia and Aotearoa New Zealand. 	1 – Trainee Representative	4 times/year
Continuing Professional Development (CPD) Committee	<ul style="list-style-type: none"> To advise the RANZCOG Board on matters concerning the CPD programs for Fellows, Diplomates, Associate Members, Australia and Aotearoa New Zealand and Educational Affiliates (Non-SIMG). Development, maintenance and ongoing evaluation of the College's CPD Program. 	1 – Trainee Representative	3 times/year
Cultural Safety Steering Group (CSSG)	<ul style="list-style-type: none"> To embed cultural safety in RANZCOG training programs, codes of conduct and professional standards and suggest ways in which culturally safe practice can be best included in RANZCOG activities such as through the development of revisions of existing RANZCOG statements, guidelines and other documents. 	1 – Trainee Representative	As required (to achieve outcomes within two (2) years)

Curriculum and Assessment Steering Group (CASG)	<p>To provide advice to the ESC and RANZCOG Board on the following:</p> <ul style="list-style-type: none"> • Developments to RANZCOG's curricula and assessment practices that are necessary to meet AMC/MCNZ requirements. • Review, development and alignment of all curricula. • Progression frameworks across and between all RANZCOG training programs. • Contemporary best practice assessment methods across all RANZCOG training programs. 	2 – Chair of the Trainees' Committee (or nominee) Diploma Trainee Representative (CCDOG Trainee Representative or other nominated Trainee/recent graduate)	5 times/year
C-QulP Working Party	<ul style="list-style-type: none"> • To provide a supportive process to enable to colposcopist to practice at the highest standards. • To address the gap in the Quality Assurance pathway by bringing together key stakeholders to formulate and recommend a robust process to close the gap. 	1 – RANZCOG Trainee Representative	2 times/year
Education Standards Committee (ESC)	<ul style="list-style-type: none"> • To oversee the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. 	1 – Chair of the Trainees' Committee or their nominee	3 times/year
Event Strategy Working Group	<ul style="list-style-type: none"> • To develop a College wide strategy that serves RANZCOG's strategic, educational and financial goals. 	1 – Trainees' Committee Representative	4 times/year
Gender Equity and Diversity Working Group	<ul style="list-style-type: none"> • Tasked with the broad goal of achieving appropriate representation of gender equity, diversity and leadership engagement across the College. 	1 – Trainee Representative	3 times/year
Gynaecology Oncology Subspecialty Committee (CGO)	<ul style="list-style-type: none"> • Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Gynaecological Oncology subspecialty certification of the College. 	1 – CGO Trainee Representative, elected by CGO Trainees	3 times/year
He Hono Wāhine	<ul style="list-style-type: none"> • To provide a Māori voice to advise Te Kāhui Oranga ō Nuku, the Aotearoa New Zealand Training and Accreditation Committee, the Women's Health Committee, and the Board and Council on matters relating to the health and welfare of wāhine Māori. 	2 – Māori Trainees	4 times/year
Informed Birth Working Group	<ul style="list-style-type: none"> • To oversee the development of a guidance document for clinicians on informed birth for planned vaginal and caesarean deliveries across Australia. 	1 – RANZCOG Trainee Representative	3 times/year
Jean Murray Jones Bequest Oversight Committee	<ul style="list-style-type: none"> • The oversight and framing of recommendations in regard to the use of funds generated through activities associated with assets bequeathed to the College through the Estate of the late Dr Jean Murray Jones. 	1 – A RANZCOG Trainee who is a registered Trainee undertaking training in Western Australia	As required
Maternal Fetal Medicine Subspecialty Committee (CMFM)	<ul style="list-style-type: none"> • Overseeing the formulation and review of the training and accreditation policies leading towards the attainment of Maternal Fetal Medicine subspecialty certification of the College. 	1 – CMFM Trainee Representative, elected by CMFM Trainees	3 times/year
New Zealand OG Workforce Working Group	<ul style="list-style-type: none"> • To support future workforce planning initiatives by the College. 	1 – FRANZCOG Trainee Representative	4 times/year

New Zealand Training Accreditation Committee (NZTAC)	<ul style="list-style-type: none"> To oversee and coordinate FRANZCOG trainees and Basic and Advanced Training posts within and across Integrated Training Programs (ITPs) in Aotearoa New Zealand. 	3 – Trainee Representative/s on the Trainees’ Committee (1 from North Island and 1 from South Island) Trainee to represent the North Island ITP which is not represented by the North Island Trainee Representative elected to the Trainees’ Committee	4 times/year
O&G Magazine Advisory Committee	<ul style="list-style-type: none"> To guide the direction of O&G Magazine within overall College policy relating to publications and plan the content of every issue, including the selection of themes, topics and authors for commissioned articles. 	1 – Trainee Representative	3 times/year
Obstetrics and Gynaecology Education and Training (OGET) Resource Development Working Group	<ul style="list-style-type: none"> To develop and deliver a set of resources to be used as part of the OGET pilot, with a focus on developing scalable resources that can be customised and replicated across a diverse range of health settings. 	1 – Senior Trainee	1 time/month for duration of pilot
Obstetric & Gynaecological Ultrasound Subspecialty Subcommittee (COGU)	<ul style="list-style-type: none"> Overseeing the formulation and review of training and accreditation policies leading towards the attainment of Obstetrical and Gynaecological Ultrasound subspecialty certification of the College. 	1 – COGU Trainee Representative, elected by COGU Trainees	3 times/year
Professional Standards Committee	<ul style="list-style-type: none"> Lead and champion the work and implementation of the College’s Organisational Values that will have a lasting positive impact on the College. Develop a list of key themes to form the basis of a proposed set of organisation values. 	1 – Trainee Representative	As required
Progression Review Committee	<ul style="list-style-type: none"> The consideration of trainees and other individuals who have been referred by the appropriate responsible body for possible removal from their pathway to Fellowship or subspecialty certification subject to relevant RANZCOG regulations. 	1 – Trainee Representative appointed to Council (Chair of the Trainees’ Committee)	As required
RANZCOG Indigenous Network Group (RING)	<ul style="list-style-type: none"> The objective of the RANZCOG Indigenous Network Group is to facilitate a safe and informal space for all Indigenous Fellows, trainees and Diplomates to discuss issues they face as First Nations people, both related to their chosen field of medicine, and more widely. The group will provide support and knowledge to one another available through their shared experience and culture. 	Not limited – All Aboriginal and Torres Strait Islander Trainees within RANZCOG	3 times/year
RANZCOG Mentoring Working Group	<ul style="list-style-type: none"> To develop a RANZCOG mentoring framework To identify existing learning resources and develop new learning resources for mentorship, for mentors, mentees and mentoring providers 	Up to 4 – 2 Trainee Representatives (Australia and Aotearoa New Zealand) Subspecialist trainee or Fellow Representative Indigenous trainee or Fellow Representative	Regularly until project deliverables are complete
RANZCOG Women’s Health Foundation	<ul style="list-style-type: none"> Oversee philanthropic activities on behalf of RANZCOG. 	1 – FRANZCOG trainee	4 times/year

Recognition of Prior Learning (RPL) Panel	<ul style="list-style-type: none"> The PRL Panel is charged with responsibility of assessing applicants who are prospectively approved to commence the FRANZCOG Training Program and seek to obtain recognition for significant training, which predates the commencement of their FRANZCOG training. 	1 – Chair of the Trainees' Committee or their nominee	As required
Reproductive Endocrinology and Infertility Subspecialty Committee (CREI)	<ul style="list-style-type: none"> Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Reproductive Endocrinology and Infertility subspecialty certification of the College. 	1 – CREI trainee Representative, elected by CREI Trainees	3 times/year
Research Assessment Subcommittee	<ul style="list-style-type: none"> Oversee the conduct of the research component of the FRANZCOG Training Program. 	2 – Trainee Representatives	2 times/year
Selection Committee	<ul style="list-style-type: none"> Approve the formation of Selection Assessment Scoring Panels. 	1 – Trainees' Committee Chair or nominee	3 times/year
Simulation Training Advisory Group (STAG)	<ul style="list-style-type: none"> Provide advice on the direction for simulated training within the RANZCOG Training Programs. 	1 – FRANZCOG trainee	5 times/year
Specialist IMG (SIMG) Committee	<ul style="list-style-type: none"> Development and implementation of regulations and policy regarding assessment mechanisms and processes as they pertain to SIMG and AoN applicants. Oversee the work of the assessment panels in Australia and New Zealand that assess the qualifications, training and experience of SIMG and AoN applicants. The appointment of members of the panel of assessors shall be recommended by the SIMG Assessment Committee to the RANZCOG Board. Oversee the application and assessment of Short-Term Training (STT) pathway in Australia including applications for extension. 	1 – One member who has completed the SIMG pathway to Fellowship of RANZCOG	3 times/year
State and Territory Committees x 7	<ul style="list-style-type: none"> To discuss and act upon any matter of local interest to obstetricians and gynaecologists practising in each State and Territory (S&T) and, provided it does not conflict with existing College policies, to act upon determinations arising from the discussions. To discuss any matters referred to the S&T Committee by the RANZCOG Board and/or Council. In line with the RANZCOG ASM Guidelines and other relevant College policies and procedures, assist with the organisation of College Annual Scientific Meetings (ASMs) being held in a particular State or Territory. 	<p>1 – Trainee Representative(s) elected onto the Trainees' Committee from the applicable State or Territory*</p> <p>*NB: For each State and Territory Committee, therefore up to 7 Trainee Representative(s)</p>	3 times/year
Australian State and Territory TAC Committee x 7	<ul style="list-style-type: none"> Oversee and coordinate FRANZCOG Trainees AND Core and Advanced Training posts within and across Integrated Training Programs (ITPs) in the relevant State or Territory. 	<p>1 – Trainee Representative(s) elected onto the RANZCOG Trainees' Committee from the applicable State or Territory*</p> <p>*NB: For each State and Territory Committee, therefore up to 7 Trainee Representative(s)</p>	4 times/year
Subspecialties Committee	<ul style="list-style-type: none"> Oversee the formulation and review of the training, assessment and accreditation policies leading towards the attainment of subspecialty certification of the College. 	1 – Subspecialties Trainee Representative, who is a registered Trainee in one of the five subspecialty training programs	3 times/year

Te Kāhui Oranga ō Nuku	<ul style="list-style-type: none"> To implement the strategic direction of RANZCOG in Aotearoa New Zealand while taking into account the differences between the contexts in Aotearoa New Zealand and Australia, as well as ensuring policies give consideration to Māori as tangata whenua and foster relationships with Government departments. 	1 the elected NZ Trainee Representative/s on the RANZCOG Trainees' Committee who is the Deputy Chair of the Trainees Committee	4 times/year
Trainees' Committee	<ul style="list-style-type: none"> Represent interests and concerns of RANZCOG Trainees and SIMGs in discussion and decision-making relating to training and assessment, as well as broader issues relating to the discipline of obstetrics and gynaecology. 	12	3 times/year
Training Accreditation Committee (TAC)	<ul style="list-style-type: none"> Responsible for the ongoing development, coordination and administration of the RANZCOG Training Program in cooperation with the State/Territory/Aotearoa New Zealand Training Accreditation Committees (TACs), and for reviewing the processes for accreditation and reaccreditation of training sites leading towards the attainment of Fellowship of the College. 	2 – Trainees' Committee Representatives, 1 from Australia and 1 from Aotearoa New Zealand	3 times/year
Urogynaecology Subspecialty Subcommittee (CU)	<ul style="list-style-type: none"> Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Urogynaecology subspecialty certification of the College. 	1 - CU Trainee Representatives, elected by CU Trainees	3 times/year
Wellbeing Working Group	<ul style="list-style-type: none"> To consult on, determine and establish a range of appropriate wellbeing initiatives and functions that provide ongoing support and assistance for trainees and members throughout their training lifecycle and working life. 	Up to 4 – 2 Trainee Representatives (1 from Australia and 1 from Aotearoa New Zealand) A member <i>or</i> trainee who shall be Deputy Chair 1 member <i>or</i> trainee with recent experience of return to work after extended leave	4 times/year
Women's Health Committee	<ul style="list-style-type: none"> Advise the Board and Council on all matters concerning the provision of women's health services, with particular reference to obstetrical and gynaecological patient care. Respond on behalf of the College to enquiries regarding women's health issues, the reproductive health of the Australian and New Zealand community and the provision of services in obstetrics and gynaecology. Review existing and develop new statements, guidelines and other types of advice (e.g. College Communiqués) on the provision of obstetrical and gynaecological patient care. 	1 – Trainee Representative	3 times/year

Improvements

RANZCOG is in the process of setting up a new system to allow trainee representatives to be able to email all trainees in their cohorts. For example, Victorian trainee representatives will be able to send an email to all Victorian trainees through the Integrate program. Communications from trainee representatives to trainees in their local area are currently facilitated by College staff in the relevant local office.

7.3 Communication with trainees

The AMC accreditation standards are as follows:		
7.3.1	The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.	✓
7.3.2	The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.	✓
7.3.3	The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.	✓

7.3.1 The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.

Trainees are informed in multiple ways regarding College decisions, with significant efforts made to ensure trainees receive information in a timely manner. This is done firstly through the weekly newsletter *Connect*, which is sent out to all Fellows, trainees, Diplomates, Certificants, consumer representatives, and staff. It provides information on important topics, including news, events, workshops, people, support and wellbeing, mentoring, selection and job vacancies.

Significant changes to training requirements are communicated to trainees in a detailed email delineating the changes, why the changes have been made, when they come into effect and supportive mechanisms during the transition period (which may include that a previous requirement will be accepted until a specific date).

The President and CEO also directly communicate significant changes that impact the membership and inform the membership of the rationale behind the decision-making and how it aligns with the College's Strategic Plan and vision. Social media platforms are also used to informally update members on high-level RANZCOG engagement as outlined in 7.3.2. In 2022 (and shortly for 2023), the College has sent an EDM to trainees regarding training fee increases including analysis of education and training costs. In 2022 this was further supported by a recorded Q&A webinar available to all trainees. Direct communications to trainees are also used for significant impacts on training – for example [view communication to trainees regarding progressing to Advanced Training before completing some Basic Training requirements](#).

The State and Territory offices send out quarterly newsletters and emails to keep trainees informed of any changes and to remind them of upcoming important dates. The Aotearoa New Zealand office has Pānui, a member and trainee newsletter which goes out approximately monthly, with information on Aotearoa New Zealand issues and events. Recent newsletters are available in Appendix 7.3_1.

The College has also launched (April 2023) a [Trainee Updates website page](#) as a single point of reference for trainees to access information about changes to requirements, training deadlines and other important information.

For subspecialty trainees, a range of communication methods is employed, including targeted emails to specific cohorts, EDMs, individual communications and information on the [website](#).

7.3.2 The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.

All information regarding the specialist and subspecialist training programs, including the selection process, how to apply, fees associated with applying and training, training handbooks, curriculum and assessment requirements, are available on the [FRANZCOG Training Program page](#) and [subspecialty training program page](#) on the website. Mandatory workshops and courses are published on the College website with fees outlined and updated regularly.

The College is active on social media platforms – Facebook, Twitter, LinkedIn, Vimeo and Instagram – using them to communicate various College activities and updates relevant for current members, as well as non-members.

Costs and requirements for examinations, education, IT and support are published in the [Annual Report](#). When membership and training fees are increased, the College ensures transparency by providing a breakdown of costs associated with:

- Training support
- IT support and administration
- Training and educational events
- Legal, Progression Review and Appeals
- Education Medical Equipment
- Educational Resource Development
- Research.

Appendix 7.3_2 provides an example of the range of communications to trainees to provide an understanding of how their fees are invested and support future education and College development.

7.3.3 The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

All FRANZCOG trainees have access to My.RANZCOG, which includes information about an individual's training status, what has been completed and what is outstanding. State and Territory and Aotearoa New Zealand offices keep in close contact with trainees and inform them of outstanding requirements and impending deadlines.

For Subspecialties, the subspecialty coordinator maintains records for each trainee and provides updates to the trainees of required Prospective Approvals for training, training and assessment requirements, signed documents and returns copies of documentation to the trainee for their records.

7.4 Trainee wellbeing

The AMC accreditation standards are as follows:		
7.4.1	The education provider promotes strategies to enable a supportive learning environment.	✓
7.4.2	The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.	✓

7.4.1 The education provider promotes strategies to enable a supportive learning environment.

The AMA's 2021 *Specialist Trainee Experience Health Check* further analysed Medical Training Survey data and gave RANZCOG a 'B' grade for communication and engagement, the highest of any college.

RANZCOG supports the cultivation of respectful O&G workplaces, where trainees can enjoy good mental health, maintain positive relationships, and feel a sense of meaning and purpose.

Trainees deserve to be able to learn effectively in environments free from bullying, harassment and discrimination. This stance aligns with the College values of kindness, integrity and respect.

Bullying, Harassment and Discrimination Advisory Working Group

In 2021, RANZCOG convened an independent Bullying, Harassment and Discrimination (BHD) Advisory Working Group to inform the College's work in preventing mistreatment in O&G.

RANZCOG asked the BHD Advisory Working Group to deliver recommendations on how the College could help prevent bullying, harassment and discrimination in O&G.

The group examined several aspects of the College's work, including training, CPD, governance, advocacy, and support mechanisms. It also drew on the following research and consultation:

- 2021 RANZCOG Bullying, Harassment and Discrimination survey
- Submissions from RANZCOG members and trainees
- Consultation with College committees.

The BHD Advisory Working Group submitted its [Final Report](#) to the RANZCOG Board in February 2022, making 24 recommendations. The Board accepted the recommendations in full.

Fostering Respect Action Plan

In response to the BHD Advisory Working Group's report, RANZCOG launched its [Fostering Respect Action Plan](#) in August 2022. The plan outlines how the College will implement the 24 recommendations of the BHD Advisory Working Group. An update on this report is available in Appendix 7.4_1.

In line with the BHD Advisory Working Group's recommendations, actions are grouped into four areas:

- Culture, leadership and governance
- Training and education
- Complaint handling
- Monitoring and evaluation.

The College communicated the working group report and action plan widely, including at:

- The RANZCOG Symposium, February 2022
- The New Zealand Annual Scientific Meeting, August 2022
- Board and Council meetings
- Committee meetings, including the Trainees' Committee, Training Accreditation Committee and He Hono Wāhine
- Several stakeholder meetings, including with hospital CEOs.

RANZCOG has also featured these topics in its O&G Magazine, media releases, direct emails to members, weekly member newsletter and social media posts.

RANZCOG will report annually on its progress on the College website. Refer to the 'Plans for Change' section below for key actions over the next three years.

Wellbeing Working Group

Established in 2020, the [RANZCOG Wellbeing Working Group](#) coordinates initiatives that support trainees and members throughout their careers. Comprising a diverse cross-section of members and trainees, the group has delivered webinars, panel discussions, promoted wellbeing on social media, and coordinates the Wellbeing Awards.

Wellbeing Awards

RANZCOG's Wellbeing Awards recognise individuals and groups who proactively foster wellbeing in their workplaces. Launched in 2020, the annual awards promote members' and trainees' contribution towards positive work environments. [View the 2022 award recipients and nominees here.](#)

Wellbeing webinars

For RANZCOG's second annual Wellbeing Week in 2022, the College hosted [three webinars on wellbeing topics](#):

- 'How to embed a wellbeing program in your workplace'
- 'Mater Mothers' hot debrief after a critical event'
- 'Facing adversity, finding connection'.

Every Doctor, Every Setting Framework

In 2021, RANZCOG signed up to the [Every Doctor, Every Setting Framework](#), which sets out sector-wide actions to improve doctor health and wellbeing. The College mapped its current work against the actions assigned to medical colleges, incorporating several actions into its *Fostering Respect Action Plan*.

Emotional Intelligence and Compassion Workshop

In 2021, RANZCOG piloted an Emotional Intelligence and Compassion Workshop for trainees and Fellows, which explored the stress response, self-care and strategies for sustained wellbeing. Following positive feedback from the pilot, RANZCOG now offers this course regularly online, charging fees to cover costs. The workshop is approved for CPD hours.

All RANZCOG Annual Scientific Meetings and Symposiums include wellbeing topics in the program.

Ensuring availability of confidential support and complaint services

RANZCOG helps to foster safe and respectful learning environments by giving all trainees access to support services and recourse to a complaints process.

Member Support Program (Converge)

Trainees in all College programs can access free, confidential support through Converge International. RANZCOG pays for up to four Converge counselling or psychology sessions per trainee in any 12-month period. In 2020, RANZCOG increased the 12-month limit from three sessions to four.

On request, RANZCOG can increase the annual limit from four to eight sessions. Converge facilitates these requests to preserve the anonymity of the trainee.

Appendix 7.4_2 includes the numbers of trainees who accessed Converge from 2020 to 2022.

Training Support Unit

The Training Support Unit was established in 2018 to be a point of contact for trainees in difficulty and for Training Supervisors from all training programs. The unit offers tailored support, combining knowledge of College training and policies with pastoral care.

The Training Support Unit sits within the People, Wellbeing and Facilities directorate, having moved from the Membership directorate in 2019. Its services are confidential; the Training Support Unit will only share information with other areas of the College with the trainee's consent, unless there is an imminent risk to their health and safety.

Staffing

The Training Supervisor Educator role was abolished in 2019 after the resignation of that staff member. RANZCOG created a 1.0 FTE role of Wellbeing Coordinator in 2020, which was re-titled in 2022 as the Wellbeing and Diversity Lead. This role supports the wellbeing of a broader cohort, including College staff, Fellows and Diplomates.

The Training Support Unit comprises one 0.7 FTE staff member. The Wellbeing and Diversity Lead monitors the Training Support Unit inbox and voicemail for the 0.3 FTE when the unit is not staffed.

In 2020, workshop coordination moved from the Training Support Unit to the Learning and Continuing Professional Development team. Given that the Training Support Unit staff member is based in Perth and Oral Examinations take place in Melbourne and Adelaide, the Training Support Unit support on Oral Examination days is now provided via email and phone.

Complaints process

RANZCOG published version 3 of its [Complaints Policy](#) in 2020. This version expanded the types of complaints that RANZCOG could take to include allegations of members or trainees bullying, harassing or discriminating against a person in their workplace.

When action in the workplace is not appropriate (for various reasons) or when the employer has failed to act, the College can attempt to resolve the complaint formally or informally. When serious complaints are substantiated, RANZCOG can apply sanctions in line with its [Managing Complaints Against RANZCOG Members Guideline](#) (2022). This guideline replaced the Sanctions Policy, which RANZCOG retired in 2022. Sanctions include a reprimand, censure with loss of privileges or termination of Fellowship.

RANZCOG released version 4 of its Complaints Policy in 2022. The updates in this version responded to the BHD Advisory Working Group's recommendations that the complaints policy:

- Strongly reject BHD
- Link standards of behaviour to the College's Code of Conduct and values
- Review and update informal and formal complaint-handling processes to align with a victim-centred approach.

For more information on RANZCOG's complaint framework, refer to Standard 1.3, Complaint Management Framework.

Independent complaints reviewer

An action from [RANZCOG's Fostering Respect Action Plan](#) is to appoint an independent reviewer for RANZCOG complaints. The College is on track to appoint an independent reviewer in 2023. This person will not be employed by the College and will be engaged as a consultant on an as-needs basis. For more information, refer to Standard 1.3.

Facilitating education about identifying discrimination, bullying and sexual harassment

The College actively raises awareness of expected standards of behaviour as an important way to foster respectful learning environments.

Respectful Workplaces Workshop

RANZCOG's Respectful Workplaces Workshop provides participants with information and strategies to foster supportive workplaces. It describes acceptable standards of professional behaviour in a healthcare setting and ways to intervene and respond to unacceptable behaviour.

The College has piloted a variety of delivery models, including:

- online
- in-person
- hospital-specific (including nurses and midwives)
- consultants only
- trainees only.

The workshop includes a section introducing the Training Support Unit and Wellbeing staff. For more information on this workshop, refer to Standard 4.2, 4.2.2: Teaching and learning methods.

Training Supervisor Workshop

The [Training Supervisor Workshop](#) explores the issues encountered by Training Supervisors as they balance workplace demands, College requirements and trainee learning needs. Training Supervisors must complete this workshop within one year of appointment by the relevant State/Territory/Aotearoa New Zealand TAC, and undertake upskilling activities annually as part of their CPD requirements.

The workshop covers how to give and receive feedback using Pendleton's model of feedback. This is a key component of Training Supervisor education, especially since the 2021 RANZCOG BHD survey showed that some trainees perceive receiving feedback as bullying.

The 'Feedback for Trainees' eLearning module is being updated and will become compulsory for trainees and new Supervisors.

RACS Operating with Respect Module

The Royal Australasian College of Surgeons (RACS) created the Operating with Respect eLearning module, extending free access to RANZCOG members and trainees in 2019. The module helps participants identify unacceptable behaviour in surgical settings and how to respond.

For more information on this workshop, refer to Standard 4.2.2.

Continuing Professional Development

In 2022, RANZCOG added 'Bullying, discrimination and sexual harassment training programs' to the eligible educational activities of its [CPD Framework](#), including:

- RACS Operate with Respect eLearning module
- RANZCOG Respectful Workplaces training program
- Employer training, such as Speaking up for Safety and Respect at Work programs.

In 2020, RANZCOG added a wellbeing section to its [CPD Guide](#), setting out wellbeing activities that qualify for CPD hours. These additions promote and incentivise Fellows to complete education that contributes to healthy and safe workplaces.

For more information on CPD, view the [RANZCOG Accreditation of CPD Homes](#), Criterion 3.1: Support and Guidance.

Scientific meetings and symposiums

RANZCOG routinely offers the Respectful Workplaces Workshop as a pre-scientific-meeting workshop.

At the 2022 Annual Scientific Meeting, Dr Rhea Liang FRACS presented on 'Operating with Respect: Lessons from the RACS experience'. The meeting also included a 'Wellbeing and Workforce' section, featuring presentations on critical incident debriefing and 'How purpose can feed resilience'.

The College CEO and President presented at the 2022 Symposium and the Aotearoa New Zealand Annual Scientific Meeting respectively on:

- recommendations of the BHD Advisory Working Group
- RANZCOG 2021 BHD survey results.

Trainee Orientation

Training Support Unit staff present to new FRANZCOG trainees at each region's hybrid orientation session. Since 2020, the Training Support Unit has shared data on the prevalence of bullying, discrimination and sexual harassment of trainees, drawing on the Australian Health Practitioner Regulation Agency's (Ahpra) Medical Training Surveys and RANZCOG's own surveys.

Accreditation standards

The [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) include criteria under Standard 6 which directly relate to workplace culture and zero tolerance for BHD behaviours. In 2021, the Accreditation Steering Group proposed changes to the standards, approved by the ESC and the Board, which included separation and strengthening of criteria for Organisational Culture, BHD and Support for Trainees in Difficulty to ensure these could be addressed in accreditation activities with increased rigour.

Managing and supporting trainees who have experienced discrimination, bullying and sexual harassment

Converge

As part of Converge's services (refer to the above section, Member Support Program (Converge)), trainees can access Conflict Assist sessions, which provide strategies, tools and coaching to deal with difficult workplace situations.

Training Support Unit

The Training Support Unit assists trainees who have experienced discrimination, bullying or sexual harassment. Unit staff provide emotional support and set out complaint pathways and possible next steps, recognising that each trainee's needs are different.

RANZCOG has dedicated [Frequently Asked Questions on trainee mistreatment on its website](#).

As part of its Fostering Respect Action Plan, the College will create a dedicated role in 2023 to advise members and trainees on complaint pathways and options.

Collaboration between RANZCOG staff

With the trainee's permission, Training Support Unit staff will collaborate with staff from other teams – particularly Accreditation, Training Services and State/Territory/Aotearoa New Zealand offices – to offer solutions for the affected trainee.

7.4.2 The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

Employers

RANZCOG interacts with employers in different ways to identify problems at the department, hospital unit and individual trainee level.

Training site accreditation

RANZCOG's accreditation process aims to foster safe and supportive learning environments for trainees.

The College works closely with hospital departments and administration who are responsible for workplace matters, to support trainees and maintain ongoing accreditation. In February 2022, RANZCOG released revised accreditation standards for FRANZCOG training sites. The revised standards include a standalone criterion on BHD, including that a site has 'zero tolerance for workplace bullying, harassment and discrimination' (page. 31 [FRANZCOG Accreditation Standards and Guidelines for Hospitals](#)).

RANZCOG added an accreditation intervention framework to the standards in 2020 to enable more flexible responses to training issues, including BHD ([page. 16 of the standards](#)).

With a trainee's permission, College staff will pass on information to the Accreditation team to inform its activities. Staff can de-identify comments to preserve a trainee's identity.

Accreditation interventions can support systemic improvements in culture and practice at a training site, benefitting all trainees who work there.

For more information on the College's accreditation processes, refer to Standard 8.

Meetings with hospital executives

In Australia – As part of a schedule of hospital visits, the College CEO and President or other Board members and senior staff meet with hospital executives and also separately with trainees when possible. Many trainees have raised issues or difficulties at these meetings, which the College has then acted on. A summary of health services and training sites RANZCOG met with in 2022 to discuss the College's Discrimination, Bullying, Sexual Harassment and Harassment Survey report and Action Plan is in Appendix 7.4_3.

In Aotearoa New Zealand – In 2023, RANZCOG is also introducing a schedule of hospital visits in Aotearoa New Zealand, similar to that in Australia. Five hospital visits are planned for 2023, with some of the New Zealand Vice President, Te Kāhui Oranga ō Nuku Chair, NZ Training and Accreditation Committee Chair, and Executive Director Aotearoa New Zealand and Global Health involved in meetings.

Advocacy with Health Ministers

The College advocated to State and Territory Health Ministers regarding specialist medical college trainee leave entitlements. The President sought support in making trainee leave entitlements transferable between all hospitals and other training sites (public and private). RANZCOG urged that allowing trainees to transfer their leave between public hospital sites, and removing qualifying periods for parental leave, will contribute to a safer working environment, gender equity, improve patient safety, and assist in alleviating workforce burnout. The College also encouraged governments to consider allowing for continuity of parental leave between training sites (Appendix 7.4_4).

Sharing data

In 2022, the Board wrote to CEOs and O&G directors of accredited training hospitals to share the results of the College's 2021 BHD survey. The intention of sharing this data was to:

- Raise awareness of the prevalence of these behaviours
- Highlight recommendations to improve workplace culture
- Invite collaboration between hospitals and the College.

Wellbeing Advocates

In 2021, RANZCOG appointed 36 Wellbeing Advocates across Australia and Aotearoa New Zealand via expression of interest. Advocates coordinate and support wellbeing initiatives in their workplaces. They also act as a conduit for trainees in difficulty, connecting them to College staff and services.

Members and trainees in College roles

Fellows and trainees serve on various committees and in roles that help create and maintain supportive training environments.

Training Accreditation Committees

The RANZCOG Training Accreditation Committee (TAC) monitors training hospitals to ensure that they are safe and respectful workplaces for trainees, overseeing the FRANZCOG accreditation process. The committee meets three times per year; at each meeting, Training Support Unit staff present aggregated data on the number of trainee contacts, themes and suggestions for improvement. The TAC is supported by the State/Territory/Aotearoa New Zealand TACs.

In 2022, Training Support Unit staff presented the RANZCOG 2021 BHD survey results and the draft Fostering Respect Action Plan to these committees, to get local feedback on trainee wellbeing and interventions that could best support it.

Local Trainee Representatives

Each jurisdiction has its own Trainee Representative/s, who provide peer support to and advocate for local trainees. Trainee Representatives link trainees in difficulty with the Training Support Unit (with their consent).

Training Supervisors and Integrated Training Program Coordinators

Supervisors and coordinators are actively involved in training trainees. With a trainee's consent, Fellows in these roles can pass on information to the Training Support Unit, Training Services, Accreditation and/or the local College offices. Fellows and College staff then work collaboratively to support trainees and broker local solutions.

Proactive contact to trainees

Since 2019, the Training Support Unit has proactively contacted trainees in the following situations, recognising that they may need extra support at these times:

- Examination failure: second or higher attempt
- Six-monthly assessment: 'not satisfactory' outcome
- Progression Review Committee referral
- Where RANZCOG has identified a workplace with issues that may affect the wellbeing of trainees at that site.

Unit staff first email the trainee to ask if they would welcome contact from them. If the trainee agrees, unit staff schedule an initial phone conversation and offer ongoing support as needed.

Promoting support services

It is important that trainees know what support services are available; trainees cannot use services if they are not aware of them. The College promotes support services in several ways to reach as many trainees as possible.

Member wellbeing webpage

The [Member wellbeing webpage](#) is a one-stop shop for trainees and members to access services and resources to support their wellbeing. The webpage provides links to College and external services, as well as information on relevant topics, such as managing fatigue or experiencing an adverse outcome.

In 2021, RANZCOG added a section on 'having your own GP', which includes links to doctors in all states and territories who see doctors as patients.

Training Support Unit Frequently Asked Questions

In 2021, RANZCOG uploaded a set of [Training Support Unit Frequently Asked Questions](#) to its website to:

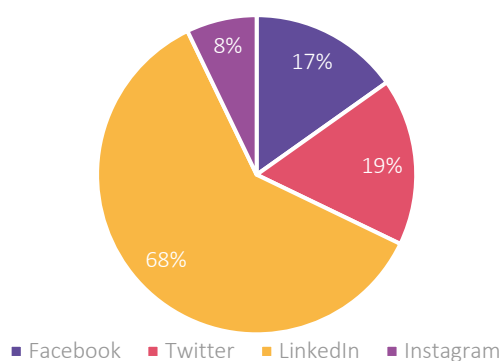
- Inform trainees of how the Training Support Unit can support them.
- Combat the sense of isolation trainees can feel as being the 'only one' who is struggling.
- The FAQs address common scenarios when a trainee may require support, such as receiving unexpected negative feedback; experiencing BHD; or failing an assessment.

RANZCOG Social Media Accounts

In addition to its main @RANZCOG accounts, in 2020 RANZCOG created dedicated wellbeing social media accounts on [Twitter](#) (198 followers at time of writing) and [Instagram](#) (1,175 followers). In the 2020-2021 financial year, the College's social media channels grew by 3800 followers, improving online presence and voice. RANZCOG also regularly posts about wellbeing on the main RANZCOG accounts.

The College is developing a Podcast for Members to provide education, advice and mentoring, to be launched mid-2023.

Figure 7.4_1 RANZCOG's Social Media Growth 2020-2021



Trainee Facebook page

The Trainee Facebook page is a private and informal page where trainees can ask questions, network and receive support from their peers.

Connect Member Newsletter

RANZCOG promotes wellbeing services and resources in its weekly member and trainee newsletter, *Connect*. College staff include a wellbeing item in each issue and monitor click rates to see which items attract the most interest.

Trainee use of support services

Training Support Unit

Training Support Unit staff record their contacts with trainees. They present deidentified data on the number of contacts and themes at College TAC and Trainees' Committee meetings.

To give a sample of trainee use data, in 2021, they received contact from 42 trainees and initiated contact with 10 trainees.

Converge

Twenty-four trainees used Converge between 1 January 2020 and 31 December 2022 (Appendix 7.4_2).

The RANZCOG 2021 BHD survey provided further insight into trainee use of support services.

For trainees who had experienced BHD, the survey asked what action they took to address the behaviour. The most common actions were:

- 'I did not seek to address the behaviour (I didn't want to, I wasn't able to or didn't feel I needed to)'
- 'I discussed it with family, friends or personal network'
- 'I discussed it with a peer'.
- Another option was, 'I spoke to RANZCOG's counselling service', which could be interpreted as Converge or the Training Support Unit. Of trainees who had experienced:
 - discrimination – 8% selected this option
 - bullying – 8%
 - harassment – 4%

- o sexual harassment – no-one selected this option.

Trainee feedback on the range and quality of the services available

The AMA's analysis of the 2021 Medical Training Survey results showed that:

- 78% of RANZCOG trainee respondents agreed that 'The College provides me with access to psychological and/or mental health support services. This was 28 percentage points above the sample average of 50%.
- 69% of RANZCOG trainee respondents agreed that 'There are safe mechanisms for raising training/wellbeing concerns within the College'. This was 17 percentage points above the sample average of 52%.

Training Support Unit

RANZCOG's 2021 survey showed that:



95% of FRANZCOG trainee respondents were aware of the Training Support Unit



52% of FRANZCOG trainee respondents agreed that the unit 'was making good progress'

There was no free-text option for trainees to provide more information on their progress ratings.

Converge

RANZCOG's 2021 survey showed that:



81% of FRANZCOG trainee respondents were aware of Converge



49% of FRANZCOG trainee respondents agreed that RANZCOG 'was making good progress' with this service

Plans for change

The College's [Fostering Respect Action Plan](#) sets out several actions to further support positive training environments. These actions are due for completion between 2023 and 2025.

Diversity and inclusion

To support a diverse and inclusive workforce, RANZCOG:

- has developed a Diversity and Inclusion Policy (Appendix 7.4_5) (action 1.8.i)
- is developing tailored cultural safety training. The College will ensure that Board, Council, committee members and Training Supervisors are trained in cultural safety (action 1.7).
- Discrimination, Bullying and Sexual Harassment training is now compulsory for Board and Council members and included in their charter (refer to Standard 1.1.3).

Promoting positive workplace cultures

To strengthen its governance framework, RANZCOG will amend its Code of Conduct to state the positive obligation of health professionals to prevent and address bullying, harassment and discrimination, including when they are in College roles (action 1.10).

Given that the 2021 RANZCOG survey showed different levels of education and confidence in dealing with BHD:

- The College will require that heads of department, clinical directors and Training Supervisors be trained in recognising and addressing BHD.
- All Fellows will be required to complete the RACS Operating with Respect online module as part of their Continuing Professional Development (action 2.4).
- The College will provide optional leadership training to Fellows in workplace leadership roles on managing teams, having difficult conversations, dealing with poor behaviour, coaching skills and upholding College values (action 2.5).

Complaint management

To model and promote transparency, RANZCOG will publish complaint statistics in annual progress updates (action 4.1).

An interim report was provided to the Bullying, Harassment and Discrimination (BHD) Advisory Working Group in 2021 for internal discussion. Regular annual reporting will commence after the appointment of the Independent External Reviewer.

Mentoring

The College is prioritising Advanced trainees for its 2023 pilot mentoring program (action 3.3.a). An evaluation of the success of the program will be conducted at the conclusion of the pilot.

The mentor induction program will include dealing with BHD (action 3.3.b).

Monitoring prevalence of bullying, harassment and discrimination

RANZCOG will survey members and trainees in 2023 and 2025 to obtain up-to-date data on the prevalence of BHD in O&G (action 4.2).

Changes to fees in the last three years

The changes to the FRANZCOG Annual Training Fee in the last three years were as follows:

- 2020: no increase
- 2021: fee increase higher than CPI. RANZCOG conducted a full cost analysis and submitted a report to the TAC and the Board.
All FRANZCOG trainees were invited to an online Q&A session to discuss the fee increase.
- 2022: fee increase at or lower than CPI. RANZCOG communicated the increase in a letter from the President to trainees, which was included with the fee invoices.

Rationale

The fee increases were in line with the costs incurred to support trainees. Even with the increases, membership fees still subsidise a significant proportion of training fees.

During the COVID-19 pandemic, RANZCOG ensured that trainees could progress through their training and sit examinations. The College incurred extra costs for online examinations and venues in each state and territory, so that trainees could sit their examination even if their jurisdiction was locked down and they were unable to travel to another state.

Additionally, RANZCOG has invested in process and system improvements for examinations and training, including improving training regulations and policies.

There is significant cost in redeveloping the curriculum and Advanced Training Modules, which both contribute to better training. The RANZCOG Fellowship subsidises the trainees by meeting the shortfall between the training fees charged and actual training costs to the College. In financial year 2021-2022, this subsidy amounted to \$1,785 per FRANZCOG trainee and \$17,979 per subspecialty trainee.

Supporting trainees in fee distress

The *Trainee Financial Hardship Policy and Guidelines* (Appendix 7.4_6) has been in place since 2021 to support all FRANZCOG trainees.

From 2023, RANZCOG offers all trainees an Annual Training Fee Payment Plan, where they can pay their fee in four instalments over 12 months. Refer to section 2 of the [Training and Associated Fees Policy](#).

Financial support for Aboriginal and Torres Strait Islander trainees

In 2022, RANZCOG managed the Aboriginal and Torres Strait Islander Health Project, funded by the Commonwealth Specialist Training Program. The aim of the project was to enhance Aboriginal and Torres Strait Islander health outcomes through increasing opportunities and training experiences for Aboriginal and Torres Strait Islander people seeking to become medical specialists or on the specialist training pathway. The total funding was \$410,000.

The project included providing financial support for:

- Membership fees
- Examination fees
- Annual Training Fees
- Selection fees
- Travel and attendance at Australian Indigenous Doctors' Association events
- Cultural competency workshops delivered by the Australian Indigenous Doctors' Association.

Note that in New Zealand trainee fees and attendance at workshops/events is covered by Te Whatu Ora as the employer.

7.4.3 NZ additional: The training provider ensures a culturally-safe environment for all trainees, including those who identify as Māori.

Providing a culturally safe and supportive environment for all trainees is a priority and RANZCOG's work on addressing BHD, diversity and inclusion, complaint management and promoting a positive workplace culture is outlined above. In addition, He Hono Wāhine and the Hauora Wāhine Māori Advisor work to provide particular support to Māori trainees. Fellows on He Hono Wāhine provide tuakana-teina support for Māori trainees, providing a way to identify, support and escalate any concerns that

arise especially in connection to cultural safety. This is becoming more formalised in 2023 with all Māori trainees having an identified Māori Fellow as a contact point and a standing item on He Hono Wāhine's agenda about Māori trainee wellbeing. This is facilitated by the Hauora Wāhine Māori Advisor, who also liaises with Māori trainees.

A hui-a-tau and ASM hui based on a local marae provide opportunities each year for networking and support in a Māori environment.

RANZCOG has been encouraging all Fellows, but particularly Training Supervisors, to complete the MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice, so that Training Supervisors understand the learning that is mandatory for trainees. The Aotearoa New Zealand TAC has agreed in principle that the workshop should also be mandatory for Training Supervisors and a process for implementation is being planned.

7.4.4 NZ additional: The training provider recognises that trainees who identify as Māori may have additional cultural obligations, and has flexible processes to enable those obligations to be met.

RANZCOG recognises the importance of taking part in iwi and hapū based activities and recognises these in CV points when trainees are applying for the RANZCOG Training Program.

RANZCOG provides flexibility in training to all trainees in terms of part-time training and extended leave. The Aotearoa New Zealand TAC can consider cultural obligations Māori trainees may have and includes a He Hono Wāhine representative who can provide guidance and support. Trainees can request exemptions or extensions to training requirements in exceptional circumstances through the Special Consideration application process.

Proximity to whānau and iwi support is considered when allocating Māori trainees to their training rotations.

7.5 Resolution of training problems and disputes

The AMC accreditation standards are as follows:		
7.5.1	The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.	✓
7.5.2	The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.	✓

7.5.1 The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.

Trainees are supported in various informal and formal ways during training, with safe and confidential processes in place to report issues. The State/Territory/Aotearoa New Zealand offices are the first point of contact for trainees to raise issues and concerns they have, whether in regard to training supervision, ability to complete training requirements by the deadline, or personal and professional issues that impact their training. College staff will follow the appropriate process to support the trainee, which can include providing information on special consideration, raising issues with the local TAC Chair, referring to the Training Support Unit, and talking to the trainee representative. All matters are actioned promptly with the staff, Chair or trainee representative following up with the trainee regularly. As stakeholders have a duty of care to the trainee, the matter may be escalated to other departments such as the Training Programs team and matters are handled confidentiality.

The Training Support Unit provides an opportunity for the trainees to discuss issues and be given guidance on how to deal with issues and where they can progress any issues that they may have. Details for Converge, the College's counselling service, are provided on the website, in handbooks and through the Training Support Unit.

Trainees can also raise issues through the Six-monthly Assessment survey. Trainees provide responses relating to their level of satisfaction against the following domains:

- General support
- Training opportunities
- Training supervision
- Support from consultants

Trainees can also approach staff in the State/Territory/Aotearoa New Zealand offices to discuss any issues they may be having. If they wish to take a more formal approach, trainees can raise concerns with the relevant State/Territory/Aotearoa New Zealand TAC Chair for discussion at the local TAC. Trainees can also raise concerns in a confidential manner through College accreditation visits, and are encouraged to do so through the confidential surveys and discussions with College staff and the accreditation panel.

7.5.2 The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

The College has multiple mechanisms that trainees and/or Training Supervisors can access that assist in the resolution of disputes. These include:

- Raising a formal complaint (refer to [Complaints Policy](#) and [Complaints Guideline](#))
- [Reconsideration, Review and Appeal of Decisions Policy](#)
- Accreditation Interventions Framework (refer to Standard 6.2.1)
 - Where a trainee or Training Supervisor raises concerns about an accredited site (e.g., via the Training Support Unit), the Accreditation Interventions Framework is employed where possible as a mechanism to address these concerns in an appropriate way. However, the College recognises that trainees may feel uncomfortable about raising issues or may wish to remain anonymous when they do so in order that their onward training journey remains unaffected. When dealing with issues of concern, the Accreditation Team liaises closely with the Trainee Support Liaison and/or local office staff to ensure the trainee remains protected as issues are investigated.
 - The College continues to work on procedures to deal with trainee matters relating to BHD, noting that these are employer as well as College training concerns. Nevertheless, the College will tend to protect and preserve the trainee in situations where it is felt the training experience is at risk due to unprofessional behaviours present in the training environment.

Documents provided check list - Standard 7

Document	
✓	Policy and criteria on selection into training.
✓	<p>The policy and strategies relating to the recruitment of Aboriginal and Torres Strait Islander trainees of Australia and/or Māori trainees of Aotearoa New Zealand, including numbers of such trainees recruited.</p> <p>Information available to prospective trainees on:</p> <ul style="list-style-type: none"> - The training places available. - Any quotas and other limits, such as the number of training positions. - Location of training, including periods of mandatory experience.
✓	The policy or statement of principles concerning engagement with trainees and/or statement of rights and responsibilities of trainees.
✓	Policies relating to a supportive learning environment such as policies addressing bullying, discrimination and sexual harassment and poor supervision.
✓	The policy relating to formal dispute resolution in the event complaints are not satisfactorily resolved.



Standard 8:

Implementing the
program – delivery of
education and
accreditation of
training sites

Standard 8: Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and education roles

The AMC accreditation standards are as follows:		
8.1.1	The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.	✓
8.1.2	The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.	✓
8.1.3	The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.	✓
8.1.4	The education provider routinely evaluates supervisor effectiveness including feedback from trainees.	✓
8.1.5	The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.	✓
8.1.6	The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.	✓

8.1.1 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.

FRANZCOG Training Program

Trainees are employed at RANZCOG-accredited hospitals. Each semester, they submit a Prospective Approval of Training form, which notes the FRANZCOG Training Supervisor that has been assigned to the trainee by their training site.

Training Supervisors apply to the relevant State/Territory/Aotearoa New Zealand Training Accreditation Committee (TAC), with the process detailed in Standard 8.1.3. The relevant TAC reviews the application and appoints the Training Supervisor. There is a [FRANZCOG Training Supervisor position description](#), and new Training Supervisors must complete a Training Supervisor Workshop within the first 12 months of appointment: the workshop educates Training Supervisors about how to support and educate trainees. Supervision is monitored through the completion of Three-monthly Formative Appraisals and Six-monthly Summative Assessments between the trainee and Training Supervisor.

To ensure trainees have appropriate clinical supervision, the College enforces that there is at least one Training Supervisor per four trainees. The Training Supervisor is required to work a minimum 0.2 FTE at the training site. It is the expectation that Training Supervisors have paid, and protected time calculated on the basis of at least 10 hours annually per trainee supervised.

Consultants are Fellows of RANZCOG, and sites are required to have a minimum two Fellows as senior staff specialists to provide additional supervision and support to trainees. The position description of the consultant must stipulate the requirement to teach and supervise FRANZCOG trainees and a sample of the position description from the employer (i.e., training site) is to be reviewed during accreditation visits. These systems are outlined in the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) and are routinely checked at accreditation visits. Accredited sites must adhere to specific criteria in six standards (Table 8.1_1), which ensure trainees have clinical supervision and support throughout their training time.

Table 8.1_1 FRANZCOG Accreditation Standards

FRANZCOG Accreditation Standards	
1	Support for RANZCOG officers and engagement with hospital accreditation process
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

Subspecialty Training Programs

Subspecialty trainees across the five programs are supported by approved Training Supervisors and the Program Director of their training unit. Trainees are required to submit a Prospective Approval of Training form each semester with a Training Supervisor allocated to oversee their training at that site. The Prospective Approval requires a clinical timetable to be submitted and approved by the Training Supervisor to guarantee adequate supervision. Supervision is monitored through the completion of Three-monthly Formative Appraisals and Six-monthly Summative Assessments between the trainee and Training Supervisor. The role of the Subspecialty Training Supervisor is detailed in the [position description](#).

It is the role of the Subspecialty Program Director, as outlined in the [position description](#), to be involved in the training process, monitor assessment of trainee performance and learning outcomes, and promote clinical, educational and development of trainees.

The updated [Subspecialty Accreditation Standards Guide](#) describes that Training Supervisors report to the Program Director and are responsible for direct supervision of trainees, as well as other health professionals. The Accreditation team reviews the supervision in a clinical setting as part of Standard 2 in the [Subspecialty Standards and Criteria](#) assessed at accreditation visits. The Standards are outlined in Table 8.1_2.

Table 8.1_2 Subspecialty Accreditation Standards

Subspecialty Accreditation Standards	
1	Support for RANZCOG officers and engagement with unit accreditation process
2	Supervision
3	Clinical experience
4	Education programs and activities
5	Facilities

6	Research, publications and presentations
7	Quality assurance
8	Workplace culture, safe working hours and leave arrangements

8.1.2 The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.

FRANZCOG Training Program

Training Supervisors

The Training Supervisor position description outlines the roles and responsibilities that Training Supervisors must adhere to in the following areas:

Workplace culture/safe workplace

- Contribute to a positive workplace culture sensitive to the values of the community, workplace, College and the specific needs of trainees.
- Ensure trainees are orientated to the workplace including key personnel and clinical areas as well as the expectations of the training program.
- Liaise with Head of Department/Director of O&G to ensure rosters are made to maximise access to protected teaching time, registrar meetings, perinatal and gynaecology mortality/morbidity sessions, ultrasound experience and specialty clinics.
- Monitor completion of organisational credentialing and/or competencies as required by trainees.
- Monitor trainee well-being and refer to confidential support networks as provided by the College, for example the Training Support Unit, the organisation, and/or external if indicated.
- Ensure support from on-call consultants is available after hours.

Teaching and learning/Supervising trainees

- Meet with trainees initially to discuss expectations, learning needs and goals. Regular meetings thereafter are required to discuss and give feedback on issues arising, performance and progress.
- Optimise learning opportunities such as ward rounds, outpatient clinics (including specialist clinics such as fertility, menopause, colposcopy etc), mortality/morbidity meetings, as well as in traditional 'bedside' and surgical areas.
- Endeavour to provide direct supervision to trainees (by the Supervisor directly or by another consultant) during their performance of new procedures (or procedures in a new setting), and those assessed as requiring additional support e.g., complicated procedures, those assessed as requiring significant input during the Assessment of Procedural and Surgical Skills (APSS).
- Contribute to the hospital O&G education program.

Teaching and learning/FRANZCOG-specific

- Familiarise self with the following FRANZCOG documents: Handbooks, Curriculum and Regulations, and Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program
- Complete Three-monthly Formative Appraisals and meet with trainee to provide feedback.
- Initiate 'Consultant Assessment of Trainee' for Six-monthly Summative Assessments and finalise the assessment by reviewing the logbook, APSS and other activities, and complete the declaration.
- Meet with the trainee to provide feedback on assessments.
- Recommend additional training and/or assessments for trainees with particular training needs (e.g., communication skills, Multi-Source Feedback) and assist them with same.
- Develop learning development plans (LDPs) in consultation with trainees for whom a six-monthly assessment was assessed as 'Referred for review to a State/Territory/Aotearoa New Zealand Training Accreditation Committee'.

The Training Supervisor position description is under review to align with the updated Accreditation standards.

Consultants

Standard 3.2.6 of the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) outlines the role of the consultant in training:

Designated Consultants have day-to-day responsibility for effective supervision and training, including:

- Treating FRANZCOG trainees with respect and courtesy.
- Advocating for trainee wellbeing.
- 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 work-based assessments (WBA) forms.
- Close observation of each FRANZCOG trainee's practice and training, including their preoperative 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 and providing the Training Supervisor with an objective and fair assessment of a FRANZCOG trainee's performance and progress.

In addition, trainees are encouraged to meet minimum surgical and procedure numbers and these requirements are met through the support of senior staff specialists who sign off on procedures.

Multidisciplinary teams

Table 8.1_3 describes the various health practitioners that contribute to the supervision and assessment of trainees. The Supervision of O&G Trainees in Birthing Unit: Guidelines (Appendix 8.1_1) outlines the College's recommendation to hospital O&G units to have formal arrangements for trainee supervision in birthing units.

Table 8.1_3 Types of Workplace Assessors in FRANZCOG Training

Workplace Assessor	Role
Medical practitioner	Supervision Roles and responsibilities
FRANZCOG Advanced Trainee	Supervise and assess APSSs up to 104 weeks Basic Training time.
Senior Midwife	Supervise and assess APSSs
Consultant/Senior Staff Specialist (Fellow of RANZCOG)	Can supervise and assess all APSSs, including ultrasound and colposcopy APSSs. Contributes to the Consultant Survey for Trainee for Six-monthly Summative Assessments
Senior Radiologist	Supervise and assess Ultrasound A and B
Senior Sonographer	Supervise and assess Ultrasound A and B
ASCCP or C-Quip certified	Supervise and assess Colposcopy APSS

Supervisors, assessors and other health practitioners are informed of the program and graduate outcomes through the College website, weekly College newsletter, and soon the new noticeboard on the members' College account. The [Trainee Handbook and Curriculum](#) is available on the website with the most up-to-date information on the graduate outcomes.

Integrated Training Program Coordinators

Integrated Training Program (ITP) Coordinators are Fellows of RANZCOG, employed at one of the ITP sites (usually the base hospital) as a full-time or part-time staff specialist. The ITP Coordinator is responsible for the coordination of the training program across participating hospitals within that ITP for the duration of Basic Training. The [ITP Coordinator position description](#) includes the responsibilities of the role:

- Contributes to the planning of rotations within the ITP.
- Planned program of teaching across the ITP.
- Workplace culture.
- Support of Training Supervisors.
- Facilitates communication across the ITP.
- Knowledge of the FRANZCOG Curriculum, Hospital Accreditation Standards and Guidelines, and regulations.
- Support for new Training Supervisors.

Subspecialty Training Programs

Supervisors for the Subspecialty Training programs have their roles and responsibilities outlined in their position descriptions. The [Training Supervisor position description](#) outlines the roles and responsibilities that Supervisors must adhere to in the following areas:

Supervising trainees

- Ensure trainee(s) are orientated to the workplace including key personnel, clinical areas and the expectations of the training program.
- Meet with trainee(s) regularly to discuss expectations, learning needs and goals.
- Discuss and give feedback on performance, progress, and any concerns.
- Optimise learning opportunities in all settings.
- Facilitate direct supervision of trainee(s) during the performance of new procedures or those requiring additional support.
- Allow opportunities for independent decision making, relevant to level of training.
- Ensure the trainee is rostered appropriately in order to meet training requirements.
- Contribute to the unit subspecialty education program.

Workplace culture/safe workplace

- Contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up-to-date, evidence-based care.
- Conduct themselves in a professional manner.
- Zero tolerance for workplace bullying, harassment and discrimination (BHD).
- Monitor trainee wellbeing and refer to confidential support networks as provided by the College (Member Support Program and/or Training Support Unit).
- Ensure support from on-call consultants is available after hours.

Teaching and learning/Subspecialty specific

- Completion of credentialing and/or competencies as required by trainee(s).
- Familiarise self with the relevant subspecialty documents:
 - Handbooks
 - Curriculum
 - Regulations
- Standards for Assessment and Accreditation of Subspecialty Training Units and relevant subspecialty program appendix.
- Complete Three-monthly Formative Appraisals Reports (FAR) with the trainee and provide feedback.
- Training Assessment Record (TAR) including the six-monthly clinical training summary (CTS)
 - Initiate 'Consultant Assessment of Trainee' document via email.
 - Summarise Consultant assessments and forward to the College.
 - Finalise the assessment by reviewing the logbook, work-based assessments (WBAs) and other activities and complete the declaration.
 - Meet with the trainee to provide feedback.
- Identify additional training and/or assessments for trainees with specific training needs (e.g., communication skills, multi-source feedback).
- Develop LDPs in consultation with trainee(s) for whom a TAR was assessed as 'Referred for review to a subspecialty committee'.

Communication

- Communicate proactively with the relevant Program Director.

- Communicate proactively with the College via the subspecialty accreditation and training programs teams.
- Coordinate Consultant feedback (formal and informal).

Supervisors, assessors and other health practitioners are informed of the program and graduate outcomes through the College website and weekly College newsletter. The Subspecialty Trainee Handbook and Curricula relevant to each subspecialty are available on the website with the most up to date information on the graduate outcomes.

8.1.3 The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.

FRANZCOG Training Program

To be qualified and capable to undertake the Training Supervisor position, the College reviews the following pre-requisites:

- Fellowship of RANZCOG.
- Post-Fellowship experience in a teaching O&G department is desirable.
- Hold a minimum 0.2 FTE contract at the hospital where their allocated trainee(s) are employed.
- Have capacity to supervise and support trainees at a maximum ratio of 1 Supervisor: 4 trainees.
- Provision for paid and protected time calculated on the basis of at least 10 hours annually per trainee supervised.
- Completion of the Clinical Educator Training (CET) Modules located on the RANZCOG eLearning platform.

The applicant must complete and submit the below documentation to their local State/Territory/Aotearoa New Zealand TACs for consideration:

- [FRANZCOG Training Supervisor Application Form](#)
- Current curriculum vitae (CV)
- Certificates of completion for the Clinical Education Training Program (CET Part 1 and CET Part 2)

Once the documentation has been reviewed at the next State/Territory/Aotearoa New Zealand TAC meeting, the application will be approved or denied based on the above information and endorsement from a Fellow at the hospital, which is usually the hospital representative on the TAC.

Training Supervisors can claim CPD points for each trainee for whom they are responsible. Supervisors can also claim CPD for completing the CET modules and Training Supervisor workshop, which must be completed within one year of becoming a Training Supervisor. Supervisors are expected to undertake professional development activities relating to training supervision annually as part of their CPD requirements and are supported through College-based webinars and workshops to do so (refer to Standard 4).

Subspecialty Training Programs

To be qualified and capable to undertake the Subspecialty Training Supervisor position, the College reviews the following pre-requisites:

- Subspecialist Certification.
- Post-Fellowship experience in a teaching O&G department (desirable).
- Holds a minimum 0.2 FTE at the training site.

- Are given protected supervision/teaching time by the hospital unit.
- Maintain currency with Subspecialty Training Program requirements.
- Completion of the Clinical Educator Training (CET) Modules (Part 1 and Part 2).

Training Supervisors are approved by the relevant Subspecialty Committee as part of the accreditation process. Supervisors are supported through Training Supervisor Workshops and College-based webinars and workshops to upskill (refer to Standard 4).

Table 8.1_4 Number of FRANZCOG Training Supervisors 2020 - 2022

FRANZCOG	ACT	NSW	NT	QLD	SA	TAS	WA	VIC	NZ	Total
2022	12	104	9	66	28	20	44	228	79	590
2021	12	99	6	62	23	20	41	212	78	553
2020	10	147	6	50	22	21	39	187	70	552

Table 8.1_5 Number of Subspecialty Training Supervisors 2020 – 2022

Subspecialties	ACT	NSW	NT	QLD	SA	TAS	WA	VIC	NZ	Total
CGO 2022	N/A	9	N/A	3	2	N/A	2	5	2	23
CGO 2021	N/A	7	N/A	3	2	N/A	1	6	2	21
CGO 2020	N/A	7	N/A	3	2	N/A	1	6	2	21
CMFM 2022	1	22	N/A	10	1	N/A	1	6	5	46
CMFM 2021	1	7	N/A	2	1	N/A	1	4	4	20
CMFM 2020	1	8	N/A	2	1	N/A	1	4	4	21
COGU 2022	N/A	10	N/A	N/A	N/A	N/A	N/A	9	N/A	19
COGU 2021	N/A	7	N/A	N/A	N/A	N/A	N/A	7	N/A	14
COGU 2020	N/A	7	N/A	N/A	N/A	N/A	N/A	7	N/A	14
CREI 2022	N/A	14	N/A	2	7	N/A	1	6	9	39
CREI 2021	N/A	7	N/A	2	N/A	N/A	2	3	5	19
CREI 2020	N/A	7	N/A	2	N/A	N/A	2	3	5	19
CU 2022	N/A	4	N/A	5	N/A	N/A	4	7	2	22
CU 2021	N/A	4	N/A	6	N/A	N/A	4	11	1	26
CU 2020	N/A	4	N/A	6	N/A	N/A	4	11	1	26

Table 8.1_6 Number of SIMG Training Supervisors 2020 - 2022

SIMG	ACT	NSW	NT	QLD	SA	TAS	WA	VIC	NZ	Total
2022	0	8	0	2	N/A	0	6	9	N/A	25
2021	0	8	0	3	N/A	0	6	9	N/A	26
2020	1	16	2	9	N/A	2	13	18	N/A	61

8.1.4 The education provider routinely evaluates supervisor effectiveness including feedback from trainees.

FRANZCOG Training Program

Trainees can provide feedback on Training Supervisor performance through a variety of methods:

- To the State/Territory/Aotearoa New Zealand or Training Programs teams after a Three-monthly Formative Appraisal or Six-monthly Summative Assessment is submitted to the College.
- Anonymously through the six-monthly assessment trainee survey.
- By direct contact to their local office, ITP Coordinator or TAC Chair.
- Confidentially by contacting the Training Support Unit
- [Complaints Policy and Guideline](#).

In preparation for hospital accreditation visits, and when compiling progress reports, trainees, staff specialists and other practitioners within the unit are surveyed to seek feedback on Training Supervisor effectiveness and performance. Trainees are also provided the opportunity to discuss any concerns regarding training supervision as part of an accreditation visit. Accreditation panels set conditions and recommendations if Training Supervisor performance is deemed to be below the required standard.

The Training Supervisor Workshop provides another opportunity for the College to review Training Supervisors' performance and supervision skills.

Subspecialty Training Programs

Subspecialty trainees are invited to provide feedback on their Training Supervisor through mandatory trainee surveys every six months. Feedback is also sought during accreditation visits from trainees and other health practitioners within the unit to provide comment on their training experience against the accreditation standards, which include criteria relating to supervision. Where concerns are raised, the accreditation team will follow the documented process in the [Subspecialty Standards for Assessment and Accreditation Guidelines](#).

Improvements

The College is aware of the gap in regular monitoring and feedback on Training Supervisor performance. To address this, the College will be investigating the effectiveness of 360-degree reviews of Training Supervisors to identify areas of improvement early and create goals and suggested professional development.

The [Bullying, Harassment and Discrimination policy](#) supports Training Supervisors if they are accused of BHD in the workplace. [The Resource Guide](#) provides examples of reasonable management action within the workplace.

8.1.5 The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

Written and oral examiners are appointed via the [Board of Examiners policy](#). Applications are submitted to the EAC for consideration, with the application forms available on the [website](#). Subspecialty examiners are approved by the subspecialty committees and are first appointed as provisional, and then elevated to full examiners for the Written or Oral Examinations. Table 8.1_7 explains the process, governance requirement, practice requirement, qualification and experience required to be an examiner at Fellowship level, Subspecialty and Examination Director. Early-career Fellows are encouraged to apply for examiner positions, to provide recency of experience of training/as an examination candidate.

Table 8.1_7 Examiner appointment process

	Appointment to Fellowship Examiner from Diploma	Fellowship Examiner – Training	Fellowship Examiner	Subspecialty Examiner	Exam Director
Process	Completed application form. <i>Alteration of appointment on the RANZCOG Board of Examiners.</i>	Completed application form. <i>Appointment to the RANZCOG Board of Examiners Form + CV.</i>	Completed application form. <i>Appointment to the RANZCOG Board of Examiners Form + CV.</i>	Completed application form. <i>Appointment to the RANZCOG Board of Examiners Form + CV.</i>	Recommendation from the EAC Chair <i>Appointment by Education Assessment Committee</i>
Governance Requirement	Required to hold medical registration with Ahpra/Medical Council of New Zealand without condition.	Required to hold medical registration with Ahpra/Medical Council of New Zealand without condition	Required to hold medical registration with Ahpra/Medical Council of New Zealand without condition.	Required to hold medical registration with Ahpra/Medical Council of New Zealand without condition.	Required to hold medical registration with Ahpra/Medical Council of New Zealand without condition
Current Practise	Must be involved in relevant ongoing contemporary clinical practice in Australia and/or New Zealand. Examiners can seek reappointment for up to 3 years following Retirement.	Must be involved in relevant ongoing contemporary clinical practice in Australia and/or New Zealand. Examiners can seek reappointment for up to 3 years following Retirement.	Must be involved in relevant ongoing contemporary clinical practice in Australia and/or New Zealand. Examiners can seek reappointment for up to 3 years following Retirement.	Must be involved in relevant ongoing contemporary clinical practice in Australia and/or Aotearoa New Zealand. Examiners can seek reappointment for up to 3 years following Retirement.	Must be involved in relevant ongoing contemporary clinical practice in Australia and/or New Zealand and a regular participant in examiner activity.
Qualification	Must be a current Fellow of the College.	Must be a current Fellow of the College.	Must be a current Fellow of the College.	Must be a current Fellow of the College in the relevant subspecialty	Must be a current Fellow of the relevant training program with a minimum of eight years of experience.
Experience	Required to have professional involvement with FRANZCOG trainees within the preceding five-year period.	Required to have currency as a RANZCOG ITP Coordinator, Program Director or Training Supervisor for the FRANZCOG Training Program.	Required to have professional involvement with FRANZCOG trainees within the preceding five year period.	Required to have professional involvement with trainees of the relevant subspecialty within the preceding five year period.	Required to be a senior examiner with at least six years of examiner experience for the relevant training program.
Appointments TO OTHER AREAS	Required to have currency as a Diploma Advanced Examiner.				

Examiners are required to attend a new examiner workshop once appointed, and during their term they are required to participate in regular examiner workshops and education/information sessions.

Performance-based assessors for FRANZCOG training assessments are noted in Standard 8.1.2. RANZCOG Fellows can assess a trainee's clinical performance on APSSs. Subspecialist Fellows are the WBA assessors for subspecialty performance-based assessment.

8.1.6 The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

The accreditation unit evaluates the effectiveness of FRANZCOG assessors of WBAs through accreditation visits (pre-visit surveys and interviews during the visit) and other accreditation activities. In particular, [Standard 4A.1.2 in the Accreditation Guidelines](#) to the Assessment of Procedural and Surgical Skills (APSS):

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 FRANZCOG Curriculum, and relevant to a FRANZCOG trainee's year level in the FRANZCOG Training Program.

Assessment of examiners is done via observation, collection of qualitative and quantitative data from each examination, and comparative data as related to other examiner performance. Reports are prepared for review by Examination Directors. Feedback is provided to examiners following each examination.

All Oral Examination candidates are given the opportunity to provide feedback on the examination at the end of the session. This includes feedback on assessors.

The visual and audio recording of the Oral Examination also allows individual evaluation feedback to assessors, as well as candidates.

The Subspecialty TAR questionnaire provides direct feedback on assessors and is reviewed by the Subspecialties team and Chair/Deputy Chair.

The Trainees' Committee also provides feedback to the Board and relevant committees where issues are raised regarding assessors.

8.2 Training sites and posts

The AMC accreditation standards are as follows:		
8.2.1	The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider: <ul style="list-style-type: none">• applies its published accreditation criteria when assessing, accrediting and monitoring training sites• makes publicly available the accreditation criteria and the accreditation procedures• is transparent and consistent in applying the accreditation process.	✓
8.2.2	The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and: <ul style="list-style-type: none">• promote the health, welfare and interests of trainees• ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner• support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand• ensure trainees have access to educational resources, including the information communication technology applications required to facilitate their learning in the clinical environment.	✓
8.2.3	The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.	✓
8.2.4	The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.	✓

8.2.1 The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:

- applies its published accreditation criteria when assessing, accrediting and monitoring training sites
- makes publicly available the accreditation criteria and the accreditation procedures
- is transparent and consistent in applying the accreditation process.

Accreditation standards and criteria for FRANZCOG training sites, and the processes by which they are applied, are detailed in the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#). These are supported by:

- [Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training](#)
- [Guidelines for Hospitals in the FRANZCOG Training Program: Ultrasound Training](#)

Accreditation standards and criteria for subspecialty training units, and the processes by which they are applied, are detailed in the [Standards for Assessment and Accreditation of Subspecialty Training Units](#), and the associated subspecialty-specific Accreditation Standards and Criteria that apply to training units in each of the five subspecialty training programs.

All accreditation standards, together with information on accredited sites/units, can be found on the [RANZCOG website](#). Institutions seeking accreditation by RANZCOG can review the standards and the application processes available on the [website](#).

Aims and key components of the accreditation process

FRANZCOG Training Program

Objectives of the FRANZCOG Training Site Accreditation Process

- 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/Aotearoa New Zealand TAC to formulate strategies that will maximise training opportunities, while ensuring efficient and safe service delivery provision by FRANZCOG trainees.

Principles of the FRANZCOG 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.
- Provide the site with the opportunity to review and respond to the draft Accreditation report to assist in identifying any factual errors.
- 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.

Key components of the FRANZCOG Training Site Accreditation Process

- Initial accreditation visits
- Reaccreditation visits
- Accreditation Review Visits (in response to significant issues arising)
- Progress Reports
- Comprehensive Reports (refer to section on changes to accreditation standards and processes below)
- Other monitoring processes which inform accreditation activities:
 - Six-monthly assessment surveys completed by FRANZCOG trainees
 - Compulsory exit survey for FRANZCOG trainees completing the FRANZCOG Training Program
 - Annual survey of FRANZCOG ITP Coordinators and Training Supervisors.
 - Hospital reports delivered by State/Territory/Aotearoa New Zealand TAC Chairs at RANZCOG TAC meetings.
 - Monitoring of procedural numbers through the FRANZCOG Trainee Online Portfolio System.

Subspecialty Training Programs

Objectives of the Subspecialty Training Units Accreditation Process

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

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

Principles of accreditation are the same as for FRANZCOG.

Key components of the Subspecialty Training Unit Accreditation Process

- Initial accreditation application
- Reaccreditation application
- Application assessment by an assessment panel (desktop)
- Site visits (following initial accreditation)
- Accreditation Review Visits (in response to significant issues arising)
- Other monitoring processes which inform accreditation activities:
 - Compulsory six-monthly surveys for all trainees
 - Annual training unit update from program directors
 - Reports delivered by accreditation advisor/committee members at subspecialty committee meetings
 - Monitoring of procedural numbers through the trainee training assessment records.

Process for making accreditation decisions

FRANZCOG Training Program

RANZCOG's Accreditation Team within the Education Directorate monitors the accreditation status of FRANZCOG training sites and determines:

- Proposed onward scheduling of accreditation visits
- Required timelines for site Progress Reports
- Other interactions required based on information received.

Visit schedules are approved by the Accreditation Steering Group (ASG), whose membership comprises:

- Executive Director, Education
- Dean of Education
- Chair, TAC
- Chair, Aotearoa New Zealand TAC
- Specialist Advisor: Accreditation
- Subspecialty representative
- Trainees' Committee representative (Australia)
- Trainees' Committee representative (Aotearoa New Zealand)
- Other staff members:

- Head of Selection, Evaluation and Accreditation
- Training Accreditation Lead
- Training Accreditation Advisors (2)
- Subspecialties Accreditation Advisor

Site visits

Training site visits are conducted by a RANZCOG Accreditation Panel, which generally comprises:

- A RANZCOG Fellow 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.
- Other Fellows may attend as probationary panel members/observers.

Visit reports are developed by the staff member attending and circulated for review and amendment to:

- Accreditation Panel members (including Probationary Panel members) that attended the training site visit on the day
- Head of Selection, Evaluation and Accreditation (or the Executive Director, Education in their absence)
- Specialist Advisor: Accreditation
- Chair of the RANZCOG TAC.

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

The finalised Accreditation Report is put forward for approval by the ASG (excluding “other staff members”). It should be noted that approval of visit reports was changed from Board to the ASG in August 2021 (with approval by the Board). The rationale for the change was that the ASG had more direct oversight and knowledge of accreditation matters and could more reliably ensure consistency of approach, also noting the composition of the ASG includes chairs of high-level Education committees. The Board are notified of the outcomes of accreditation visits and reports, and of any specific high-risk issues arising. The Board also retains decision-making responsibility regarding withdrawal of accreditation.

Once approved by ASG, the Final Report 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/Aotearoa New Zealand TAC

A summarised version of the hospital Final Report, including the accreditation rating, is sent to the relevant State/Territory/Aotearoa 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. Approved reports (or summaries) are sent for noting to the central TAC, and thus to ESC and the Board.

Progress Reports

Progress Reports are reviewed by the original visit panel wherever possible. Feedback is consolidated and final outcomes prepared by the Accreditation Team with oversight by the Head of Selection, Evaluation and Accreditation.

In its August 2021 meeting, the ASG agreed that:

If all conditions are met and an upgrade to full accreditation is the clear outcome, Progress Reports can be handled by the Accreditation Panel and Accreditation staff member(s) as per current process. Any site with outstanding conditions or a failure to meet recommendations (at the discretion of the Accreditation Panel and Accreditation staff member(s) and as appropriate) be brought to the ASG for consideration.

Other accreditation matters

General oversight and decision-making on accreditation matters arising is provided by a targeted group comprising the Head of Selection, Evaluation and Accreditation (SEA), the Chair of the RANZCOG TAC and the Specialist Advisor: Accreditation (and where necessary the Executive Director, Education). This group will make decisions or provide advice on matters such as:

- Accreditation extensions (where operational capacity prevents a visit taking place within the current accreditation period)
- Differences of opinion in relation to panel feedback on Progress Reports
- Proposed steps to deal with specific issues arising at training sites that relate to accreditation
- Application of the Accreditation Interventions Framework.

Subspecialty Training Programs

Accreditation assessments

To assess an accreditation application, the relevant subspecialty committee convenes a panel. The accreditation panel comprises: two Subspecialist Fellows and one College staff member from the Accreditation Team. Additional subspecialists and College staff may be included in the accreditation process as required.

The accreditation panel assesses the following:

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

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

Site visits

Site visits are undertaken as part of the initial accreditation process (and for reaccreditation of Certification in Reproductive Endocrinology and Infertility (CREI) units. Accreditation visit panels comprise two Subspecialist Fellows and one College staff member (as above).

The College staff member prepares the draft Report and sends it for review to the accreditation panel members and the Head of SEA (or the Executive Director, Education). A recommendation from the accreditation panel on the unit's accreditation or otherwise is then considered at the next meeting of the relevant subspecialty committee, who then forward the recommendation to the RANZCOG Subspecialties Committee.

Progress Reports

Where the accreditation rating is provisional or conditional, units must provide evidence of addressing or implementing the recommendations within the stipulated timeframe in a Progress Report. On submission the progress report is forwarded to the original accreditation panel for review and comment and if all standards are met, a recommendation of continued accreditation is submitted to the relevant subspecialty committee and noted at the Subspecialties Committee. A letter with a copy of the progress report is then forwarded to the relevant training unit confirming continued accreditation. If some recommendations continue as partially met, further recommendations are forwarded to the unit stipulating a timeframe for a response.

Other accreditation matters

Any accreditation matters arising for subspecialty training units are dealt with by the Subspecialties Accreditation Advisor in the Accreditation Team in consultation with the relevant subspecialty committee Chair and the committee member/s allocated to the Accreditation portfolio.

Review and appeal of 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 can be accessed via the [College website](#).

Accreditation Standards

FRANZCOG Training Program

FRANZCOG accreditation processes address the accreditation of individual hospital training sites (i.e., not training positions). Sites are assessed against six accreditation standards as shown above in Table 8.1_1.

Subspecialty Training Programs

Subspecialty Training Programs are conducted within public hospital units, private organisations or other expanded settings (known as sites). Expanded settings suitable as training sites may include:

- Private hospitals, including co-located consulting rooms and day surgery facilities
- Private consulting rooms
- Surgical skills laboratories and simulated training centres
- Publicly funded community health care facilities such as Aboriginal, Māori and/or Community Health Services

Subspecialty accreditation processes address the accreditation of training units, which may comprise multiple sites. Accreditation also covers the number of training positions a unit can support, and in some cases the year level of the trainee/s. Close attention is paid to the proposed trainee roster as part of the accreditation assessment. Units are assessed against eight accreditation standards shown above in Table 8.1_2.

Accreditation cycle and periods of accreditation

FRANZCOG Training Program

Hospital training sites are now reaccredited within a five-yearly cycle, for periods of six months to three years with provisional accreditation, or five years with full accreditation. Sites undergoing initial accreditation have a return accreditation visit 12-24 months after the commencement of the first trainee at that site.

In their June 2022 meeting, TAC approved the recommendation of the ASG to extend the maximum accreditation period from four to five years. The paper outlining the rationale for this change and the additional monitoring mechanisms to be introduced is attached as Appendix 8.2_1.

Subspecialty Training Programs

Subspecialty training units are reaccredited within a five-yearly cycle, for periods of 12-24 months with provisional accreditation, or five years with full accreditation. Provisional accreditation for a period of no more than two years is given to those newly accredited units that meet all [RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units](#). An initial site visit is conducted 6-12 months after the first subspecialty trainee commences prospectively approved training at the newly accredited training unit.

It should be noted that while both operate on a five-year cycle, there are two major differences in approach between FRANZCOG and subspecialty accreditation processes:

- Subspecialty accreditation is based upon an application process, and units must reapply every five years; FRANZCOG training sites have rolling accreditation with an accreditation visit forming a standard point in time for reaccreditation.
- FRANZCOG accreditation is visit-based, with onward monitoring and progress reports; subspecialty accreditation is based on desktop assessment of applications, backed up by site visits (initial accreditation visits – all subspecialties; reaccreditation visits – CREI only).

Outcomes of the Accreditation Process

FRANZCOG Training Program

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) 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 suspension or loss of accreditation.

Suspension of Accreditation

Suspension of Accreditation may occur in the following circumstances:

- Where a training site has been identified as having critical issues that restrict its ability to offer training; AND
- No trainees remain in place (or provision is being made by the relevant State/Territory/Aotearoa New Zealand TAC to reallocate trainees to a different site because of issues).

A training site will only have their accreditation suspended as the result of an accreditation visit, with notification of suspension following standard visit report processes (though sites are encouraged to commence planning remediation strategies as part of the report review process). The training site will need to demonstrate, via Progress Reports and other interactions, their remediation strategies to address recommendations and conditions imposed. A subsequent visit will need to be undertaken and at least Provisional Accreditation awarded before trainees can be placed at the site once more.

Loss of Accreditation

Loss of Accreditation is infrequent but 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 ASG, 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. A list of RANZCOG site accreditation activities, including the suspension or loss of accreditation, is outlined in Table 8.2_4.

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

The training site and relevant State/Territory/Aotearoa 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.

Subspecialty Training Programs

Full Accreditation

Full accreditation for a period of five years is given to those units that meet all the RANZCOG Standards for Assessment and Accreditation of Subspecialty Training Units. Even though full accreditation is granted, the unit report may contain some recommendations for further improvement. During the accreditation period, the unit may be required to provide a progress report that addresses progress on accreditation recommendations and any other significant developments. A template document is provided by the accreditation team for this purpose prior to the deadline date. If the progress report indicates that the unit is continuing to progress satisfactorily, the unit retains full accreditation for the remainder of the accreditation period.

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

Provisional Accreditation

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

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

The provisional accreditation pathways are:

- If a progress report (and site visit, where this was deemed necessary), demonstrates that the standards for accreditation are now met, accreditation is upgraded to full accreditation for the remainder of the five-year accreditation period.

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

Once approved by the Subspecialties Committee, the final outcome is then forwarded to the Unit Program Director.

The role of site visits and inspections and the responsibility for undertaking them

Site visit processes for FRANZCOG and Subspecialty training are described in the above section “Process for making accreditation decisions”.

All site visits prior to 2020 were conducted face-to-face. As a result of COVID-19 pandemic restrictions, virtual visit processes were introduced using Zoom or other video conferencing technology. Face-to-face visits have been reintroduced in 2023: decisions as to whether a visit should be face-to-face or virtual are determined by the Accreditation Team in consultation with the TAC Chair and Specialist Advisor: Accreditation or the relevant subspecialty committee Chair.

Site visits are conducted as part of monitoring processes to ensure that trainees at each accredited training site/unit are provided with suitable and sufficient opportunities to develop the knowledge, skills and attitudes necessary to function safely, proficiently and independently, and as part of a Multidisciplinary Team, across the O&G scope of practice. Visits are coordinated by the accreditation team within RANZCOG and led by Fellows / Subspecialists.

In the FRANZCOG program, all training sites are included in the visit schedule for reaccreditation with visits generally conducted at the end of their accreditation period.

In the subspecialty programs, only the CREI program requires that physical or virtual reaccreditation visits be conducted at each unit.

Accreditation Review Visits may be undertaken for sites in all programs where significant issues are brought to the attention of the accreditation team (view Accreditation Interventions Framework below).

The contribution of trainees and supervisors to review of the suitability of training sites

Feedback is requested from trainees through Six-monthly Summative Assessment surveys conducted at the end of each semester for both FRANZCOG and Subspecialty programs.

In 2022, processes for ongoing monitoring were introduced for FRANZCOG training sites whereby the Accreditation Team reviews the Six-monthly Summative Assessment survey responses to:

- Consider the positive responses relating to individual sites, and how this information together with positive visit reports could be used to profile good hospital training sites, and model or promote best practice across all sites.
- Identify sites where trainees have raised new or ongoing concerns and propose through the ASG actions to address these (which may range from onward monitoring to establish if there is a pattern of underperformance, to an Accreditation Review Visit if concerns are significant and from multiple trainees across a period of time).

Six-monthly Summative Assessment survey responses for individual sites are also provided to accreditation panels ahead of an accreditation visit.

For FRANZCOG, pre-visit surveys are sent one to two months prior to a visit to:

- Current trainees and those who have trained at the site in the previous year
- Training Supervisors
- Other O&G Consultants at the site.

Feedback is also obtained from the relevant ITP Coordinator ahead of a visit.

FRANZCOG accreditation panels always include a trainee representative.

Six-monthly Training Assessment Record (TAR) surveys for subspecialty trainees are reviewed by the Subspecialty team and by the relevant subspecialty committee Chair to identify any site-specific issues. These surveys moved online in 2023, which will assist analysis of training site performance over time – an important consideration for deidentification of trainees given the small training numbers at each site, and thus the need to aggregate feedback.

Changes that would cause the accreditation status to be reviewed

- Ongoing patient or trainee safety concerns.
- Significant departmental staff changes or departures resulting in reduced trainee supervision, e.g., Training Supervisor or Consultants, or Program Director in the case of the subspecialty programs.
- Trainee feedback relating to poor workplace/organisational culture, particularly in regard to bullying, discrimination and sexual harassment.
- Not meeting training needs such as gynaecological surgery/primary operator opportunities.
- Reports of overemphasis on service provision to the detriment of training.
- Lack of progress against outstanding recommendations or conditions.

Accreditation monitoring activities

FRANZCOG Training Program

The accreditation team monitors training sites through a variety of mechanisms outside of site visits:

- Sites are expected to complete regular Progress Reports to update on progress against recommendations and conditions.
- With the introduction of a five-year accreditation cycle, a new comprehensive report process will be introduced from mid-2023 for hospital training sites to provide more detailed information about how they continue to meet the accreditation standards.

Indirect monitoring mechanisms include:

- Six-monthly assessment surveys completed by FRANZCOG trainees – these are now reviewed to identify any significant or repeating issues
- Compulsory exit survey for FRANZCOG trainees completing the FRANZCOG Training Program
- Annual survey of FRANZCOG ITP Coordinators and Training Supervisors
- Hospital reports delivered by State/Territory/Aotearoa New Zealand TAC Chairs at RANZCOG TAC meetings
- Monitoring of procedural numbers through the FRANZCOG Trainee Online Portfolio System
- Regular meetings with the Trainee Support Liaison to discuss specific trainee matters arising that may relate to training site accreditation (includes subspecialty trainees)
- Ad hoc membership engagement site visits by College Executive Leadership and/or CEO, President or Board members.

Subspecialty Training Programs

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

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

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

Institutions seeking accreditation by RANZCOG can review the Accreditation Standards and Guidelines and the application process available on the [website](#).

Further detail on accreditation can be found in the [FRANZCOG Accreditation Standards and Guidelines for Hospitals](#) and in the [Standards for Assessment and Accreditation of Subspecialty Training Units](#). The website directs potential sites/units to the appropriate documentation. They may also contact the accreditation team at RANZCOG.

Changes to accreditation standards

FRANZCOG Training Program

The [FRANZCOG Accreditation Standards and Guidelines for Hospitals](#) have been revised annually 2020-2022, with new versions coming into effect from the commencement of the next hospital training year (i.e. February 2021, 2022 and 2023).

Changes are recommended by the ASG (formerly the Quality Assurance, Monitoring and Evaluation Project Group) to the TAC, ESC and then to the Board for final approval.

Approved changes introduced in 2021

Changes introduced in 2021 mostly related to accreditation processes and are summarised as follows:

Table 8.2_1 Approved changes to the accreditation process in 2021

Item	Addition/ Amendment	Rationale
Code of Conduct	ADDITION	Multiple references added in relevant sections – emphasises the need for all RANZCOG members to adhere to the Code of Conduct.
Advanced Training – approval of sites	AMENDMENT	Removal of content plus some rewording to clarify that Advanced Training is prospectively approved, rather than Advanced Training sites.
Objectives and Principles	AMENDMENT	Moved from “Process” section to “Introduction” for clarity.
Administration of the Training Site Accreditation Process	AMENDMENT	Identifies roles in current Education Directorate structure.
Training Site Accreditation Visit	AMENDMENT	Moved to top of this section in order to combine repetitive sections on initial and reaccreditation visits, and to incorporate content on virtual visits as an alternative to physical visits.
Visit terminology	AMENDMENT	Visiting “Accreditation Team” now “Accreditation Panel” (to avoid confusion with staff who are referred to as the Accreditation Team internally). “Observers” now “Probationary Panel members” to acknowledge the fact that they do not just observe but can participate.
Panel members from same region	ADDITION	Makes provision for Fellow or trainee Panel members to be from the same region, as a contingency.
Information gathered before a visit – ITP Coordinator and Consultant surveys	ADDITION	Incorporating newly-introduced processes.
Information gathered before a visit – responses to six-monthly assessment surveys	ADDITION	Provides a more rounded trainee perspective on the site, utilises existing data, and preserves trainee anonymity due to range of responses used.
Information gathered before a visit – S/T/NZ TAC and STP Program Manager input	ADDITION	Ensures relevant input from a wider range of sources.
Conditions/ recommendations	AMENDMENT	Further clarification of Conditions (which must be addressed to comply with the Standards, and lead to a Standard being NOT MET) versus Recommendations (suggestions for further improvement).
Extensions to accreditation	ADDITION	Incorporates extensions process, approved in principle in July 2020 TAC/ESC, which allows for extensions due priority scheduling and operational capacity to undertake visits.

Ongoing monitoring of training sites – interventions	ADDITION	Incorporates relevant information from the Accreditation Interventions Framework, approved by TAC/ESC in July 2020.
Standard 1.1.3 - Ultrasound	AMENDMENT	Incorporates Ultrasound changes approved by TAC/ESC in July 2020.
Standard 4.1.4 Roster requirements	AMENDMENT	Clarifies need for ITP rotations to cover all requirements, rather than individual (notably smaller) sites.
Standard 4.1.4 Roster requirements	ADDITION	Adds relevant information regarding notice of rosters (has been raised as an issue at multiple sites).
Standard 4.1.13 Birthing suite handover	ADDITION	Clarifies nature of educational opportunity and need for respectful discourse.
Standard 5.4.1 Ultrasound	AMENDMENT	Incorporates Ultrasound changes approved by TAC/ESC in July 2020.
Standard 5.5.1 Simulation training	AMENDMENT	Incorporates changes approved by TAC and the Board in November 2018 but never implemented.
Standard 5.9.1 Examiners	AMENDMENT	Clarifies Examiner requirements are not applicable for smaller sites.

Approved changes introduced in 2022

The ASG undertook a major review of accreditation standards and criteria in 2021. The aims of the review process were to:

- Remove unnecessary duplication/overlap
- Remove existing Standard 1 relating to ITP Coordinators (not a hospital responsibility)
- Where possible, relate standards and criteria to all trainees, not just Basic
- Enhance standards and criteria relating to clinical experience
- Bolster standards and criteria relating to workplace culture, in particular BHD
- Undertake any other improvements arising.

The following summary provides the most significant changes made:

Table 8.2_2 Approved changes to the accreditation process in 2022

Area of change made	Summary
Standard 1	Removal of existing Standard 1 relating to ITP Coordinators, and replacing with a new Standard 1 “Support for RANZCOG officers and engagement with hospital accreditation processes”.
Training Supervisor Workshops	Amendment to requirement for attendance at workshops.
3.2.3 Appropriate After-Hours Supervision and Teaching	Amendment to criterion regarding supervision for Year 1 trainees on night duty.
3.2.7 Consultant Support in Clinics	Continuous presence in clinics to support trainees.
Standard 4 Provision of clinical supervision and experience	Now split into five sections: General, Gynaecological, Ultrasound, Colposcopy, Family Planning.
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.

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.
5.5.1 Simulation training	Simplification of requirements for different types of sites.
6.1 A supportive, harmonious workforce culture and team environment is evident.	Created separate criteria for culture; bullying, harassment and discrimination; and trainees in difficulty.

Approved changes introduced in 2023

Through visits conducted in 2022, in writing the associated reports, and through more general accreditation activities, the RANZCOG Accreditation Team identified specific items in the FRANZCOG Standards that require clarification, amendment or strengthening. Major changes are summarised below:

Table 8.2_3 Approved changes to the accreditation process in 2023

Standard	Page	Summary/rationale
Introduction – FRANZCOG Training Program	7	Change of wording to avoid repetition, provide more clarity, and align with standard 4A1.3.
Introduction – The Training Site Accreditation Visit	10	Added reference to site photos being requested for virtual visit (instead of physical tour).
Introduction – The Training Site Accreditation Visit	11	Addition of “trainees from previous rotation(s) and/or trainees who have left due to issues at the site” to potential interviewee list. Necessary when looking at critical sites.
Before a Training Site Visit – Preparation	12	8. Trainee Surveys – current practice is to send to trainees from previous two semesters as well as current trainees – reflected here.
Before a Training Site Visit – Preparation	12	9. ITPC questionnaire no longer used – they are asked for feedback.
Before a Training Site Visit – Preparation	12	11. Removed specific number of 6MA surveys and now have a process for reviewing these every six months.
Before a Training Site Visit – Preparation	12	14. Changed “ <u>all</u> previous hospital reaccreditation Reports and Progress Reports” to “ <u>most recent</u> ” and removed subsidiary information.
After a Training Site Visit – Reports	13	17. Addition to those who receive summary report – other trainees who may have been interviewed (allows for those interviewed who were not current trainees at the time of the visit to see outcomes).
Suspension of Accreditation	15	NEW SECTION to address suspension.
Loss of Accreditation	15	Clarifying that sites who have lost accreditation have to go through Initial Accreditation process.
Merge Criteria 1.1.2 and 1.1.3	19	Criteria are closely aligned, and there have been difficulties in correctly assessing against criteria as currently worded. Suggest combine as shown.
Criteria 2.3.1	21	Change wording to reflect changed requirements and new annual CPD cycle. Move phrase relating to keeping up to date with curriculum and assessment changes to 2.4.2.
Criteria 4A.1.5	26	Paragraph moved from end for clarity.
Criteria 4A.1.6	26	Restructured for clarity.
Criteria 4A.1.10	27	FRANZCOG Trainee In-Hospital Credentialing: Changes to wording as shown.
Standard 4A.3	29	Patient consent standard and criteria simplified.

Standard 4E.1	30	Addition of reference to Catholic ethics guidelines.
Criteria 5.4.1	32	Simulation Training: Proposed rewording from Simulation Training Advisory Group.
Criteria 5.9.1	33	Addition of “Appropriate space for the purpose of breastfeeding/expressing” under Facilities.

The Accreditation Interventions Framework

The Accreditation Interventions Framework was introduced in 2020 following TAC, ESC and Board approval, to identify the different approaches that could be used to address issues of concern raised outside of normal accreditation procedures and timeframes. The original paper to the TAC outlining the rationale and internal processes used is attached as Appendix 8.2_2.

The types of interventions used are detailed in the introduction to the Standards as follows:

- 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/Aotearoa New Zealand TAC
 - Relevant information from the STP team
- 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, occasionally including processes leading to suspension, or at last resort, loss of accreditation. Refer to Standard 6.2.1.

Addressing issues in gynaecological surgical training

Surgical procedural data was initially collected in 2016 to provide objective, comparative assessment of training sites and ITPs. Work was carried out by the ASG and TAC throughout 2021 to set and refine performance thresholds for Integrated Training Program (ITPs) and hospitals in relation to major gynaecological surgical procedure numbers for trainees, and associated recommendations and conditions. These are outlined in the [Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training](#). RANZCOG’s Accreditation Team monitors procedural data on a six-monthly basis, by region, ITP and individual hospital.

In April 2022, as an improvement to existing processes (where underperformance was only addressed at the time of an accreditation visit), and to further encourage all hospitals to improve gynaecological surgical offerings, the ASG approved that a

standard letter would be sent out to all underperforming hospitals once six-monthly data has been consolidated at the end of each semester.

Different letters would be sent to “red” sites, where both the ITP and individual hospital are underperforming (and which thus carries a condition”), and “amber” sites, where the ITP is above threshold, but individual hospital is below (and which thus carries a recommendation only).

Letters are copied to the relevant State/Territory/Aotearoa New Zealand TAC Chair and ITP Coordinator for information.

Subspecialty Training Programs

A major project commenced in 2021 and continued throughout 2022 to develop comprehensive accreditation standards and criteria for subspecialty training units. Hitherto, accreditation assessments had been undertaken against a simpler listing of criteria, which also did not include criteria relating to workplace culture. The new standards have been closely modelled on those used for FRANZCOG, with additional criteria and modifications made specific to each subspecialty.

Development of the new standards and criteria was undertaken by the Accreditation Team in consultation with subspecialty committee accreditation advisors. Drafts were taken through iterative review processes with each subspecialty committee, before final approval processes through each individual committee, Subspecialties Committee and the Board.

General standards and criteria, plus specific standards for Certification in Maternal Fetal Medicine (CMFM), Certification in Reproductive Endocrinology and Infertility (CREI) and Certificate of Urogynaecology (CU) subspecialties were approved in November 2022. Specific standards for Certificate of Gynaecological Oncology (CGO) and Certificate of Obstetrical and Gynaecological Ultrasound (COGU) were approved in March 2023.

The [Standards for Assessment and Accreditation of Subspecialty Training Units](#), and the associated subspecialty-specific Accreditation Standards and Criteria that apply to training units in each of the five subspecialty training programs can be found on the College [website](#).

Ensuring consistency in approaches to accreditation

The following steps are taken to ensure accreditation standards, criteria and processes are applied in a consistent manner to ensure an equitable approach across all training sites/units:

- The Accreditation Team within the accreditation unit oversees all operations. A staff member is involved in all accreditation visits and can advise panels of ratings/outcomes provided to other similar sites. Progress Reports are moderated by the team in a similar way to ensure consistency of outcomes.
- Accreditation panels have same composition of member types for each interaction. Panel leads (Fellows) must have been a probationary panel member/observer on a previous visit.
- Pre-visit questionnaires and documentation are consistently used.
- Site visits whether virtual or in person are structured in a consistent manner.
- All FRANZCOG accreditation visit reports are reviewed by the Head of Selection, Evaluation and Accreditation, the Chair TAC and the Specialist Advisor: Accreditation to ensure ratings/outcomes fall within consistent parameters.
- FRANZCOG accreditation visit reports are approved by the same body i.e., the ASG.

- Subspecialty accreditation assessments are undertaken by a specific pool of accreditation advisors, supported by the Accreditation Team who ensure consistent approaches are used.
- Subspecialty accreditation reports (including visit reports) are approved by the individual subspecialty committee and the Subspecialties Committee.
- Any issues raised by a training site are reviewed by: (for FRANZCOG) the Head of Selection, Evaluation and Accreditation, the Chair TAC and the Specialist Advisor: Accreditation; (for subspecialties) the Head of Selection, Evaluation and Accreditation, subspecialty committee Chair, committee accreditation advisor and other Accreditation Team members; to ensure fair and consistent responses.

Table 8.2_4 FRANZCOG Site Accreditation Activities

FRANZCOG	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of sites/posts 2022	2	17	29	2	6	3	20	9	15	103
Number of sites/posts visited 2018-2022	2	21	27	1	5	3	17	6	14	96
New training sites in 2022										
Number accredited	0	0	0	1	0	0	1	0	0	2
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training sites in 2022										
Number accredited	2	16	23	1	5	3	16	5	12	83
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	1	0	0	0	0	0	0	0	1

Table 8.2_5 CGO Unit Accreditation Activities

CGO	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of units	0	2	5	0	1	0	3	1	2	14
Number of units visited/assessed 2018-2022	0	2	5	0	1	0	3	1	2	14
New training units in 2022										
Number accredited	0	0	0	0	0	0	0	0	0	0
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training units in 2022										
Number accredited	0	0	2	0	0	0	1	0	0	3
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	0	0	0	0	0	0	0	0

Table 8.2_6 CMFM Unit Accreditation Activities

CMFM	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of units	1	4	7	0	1	0	4	1	4	22
Number of units visited/assessed 2018-2022	1	3	7	0	1	0	3	1	4	20
New training units in 2022										
Number accredited	0	0	0	0	0	0	0	0	0	0
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training units in 2022										
Number accredited	0	2	1	0	0	0	0	0	0	3
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	0	0	0	0	0	0	0	0

Table 8.2_7 COGU Unit Accreditation Activities

COGU	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of units	0	0	3	0	0	0	2	0	0	5
Number of units visited/assessed 2018-2022	0	0	3	0	0	0	0	0	0	3
New training units in 2022										
Number accredited	0	0	0	0	0	0	0	0	0	0
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training units in 2022										
Number accredited	0	0	3	0	0	0	1	0	0	4
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	0	0	0	0	0	0	0	0

Table 8.2_8 CREI Unit Accreditation Activities

CREI	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of units	0	1	6	0	2	0	3	1	5	18
Number of units visited/assessed 2018-2022	0	0	5	0	2	0	3	1	5	16
New training units in 2022										
Number accredited	0	0	0	0	0	0	2	0	0	2
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training units in 2022										
Number accredited	0	0	1	0	0	0	0	0	1	2
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	0	0	0	0	0	0	0	0

Table 8.2_9 CU Unit Accreditation Activities

CU	ACT	QLD	NSW	NT	SA	TAS	VIC	WA	NZ	Total
Number of units	0	3	2	0	0	0	3	1	1	10
Number of units visited/assessed 2018-2022	0	3	2	0	0	0	3	1	1	10
New training units in 2022										
Number accredited	0	0	0	0	0	0	0	0	0	0
Number not accredited	0	0	0	0	0	0	0	0	0	0
Reaccredited training units in 2022										
Number accredited	0	0	0	0	0	0	0	0	0	0
Number not accredited	0	0	0	0	0	0	0	0	0	0
Number at risk of losing accreditation	0	0	0	0	0	0	0	0	0	0

8.2.2 The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes. The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:

- promote the health, welfare and interests of trainees
- ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
- support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand
- ensure trainees have access to educational resources, including the information communication technology applications required to facilitate their learning in the clinical environment.

Alignment of accreditation criteria to program outcomes

FRANZCOG Training Program

The FRANZCOG Accreditation Standards and Guidelines for Hospitals include standards and criteria directly relating to the training site's ability to deliver training that will assist trainees to meet Training Program outcomes, including the following:

- 1.1.2 Assisting with the provision of training opportunities and experiences, and the communication, escalating and addressing of trainee issues
 - The hospital, including the Training Supervisors, works with the ITP Coordinator to ensure that, as part of the ITP, the site provides sufficient training opportunities, including experiences in subspecialty and other domains, as appropriate for the size and nature of the site.
- 2.4.2 Training Program Requirements:
 - Training Supervisors are familiar with the content and requirements of the FRANZCOG Training Program as set out in the RANZCOG Regulations and the FRANZCOG Curriculum documents available on the RANZCOG website.
 - Training Supervisors ensure they are up to date with curriculum and assessment changes.
- 3.1.2 Consultant provision of training, support and supervision:

The hospital has sufficient O&G Consultant FTE to:

 - support, sustain and deliver the FRANZCOG Training Program in addition to service provision requirements;
AND
 - cover the following areas (determined by the workload and number of Registrars and Residents):
 - 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.
- Standard 4 – Provision of Clinical Supervision and Experience
 - Standard 4 in its entirety directly relates to how the training site offers appropriate experiences to meet the requirements of the Training Program. As detailed in Standard 8.2.1, the revised iteration implemented for 2022 introduced a new structure for this standard, now split and strengthened across the domains of General, Gynaecology, Ultrasound, Colposcopy and Family Planning.
- Standard 5 – Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities
 - 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.
 - 5.3 Formal basic obstetric skills training sessions are provided for all Year 1 FRANZCOG trainees.
 - 5.4 Simulation training is offered to all FRANZCOG trainees.
 - 5.5 FRANZCOG trainees have the opportunity to attend external education activities, meetings, courses and workshops.
 - 5.6 FRANZCOG trainees are provided with regular opportunities to teach prevocational medical staff and medical students.
 - 5.7 FRANZCOG trainees undertaking Advanced Training are provided with additional educational opportunities.

Subspecialty Training Programs

All subspecialty-specific standards and criteria include standards relating to:

- Supervision
- Clinical Experience
- Education Programs and Activities
- Research, Publications and Presentations

These are closely modelled on the similar standards or criteria present in the FRANZCOG standards.

Adequacy of clinical and other experiences

Gynaecological surgical training

The challenges facing the delivery of gynaecological surgical training are described in detail in Standard 2.2.1 and summarised here:

- General reduction in recent decades in surgical solutions for common gynaecological conditions, for example the treatment of heavy menstrual bleeding.
- Associated increasing complexity of gynaecological procedures available (and thus fewer available for training, especially for trainees in early years).

- The gradual reduction in exposure through changes to ‘safe working hours’, and overtime opportunities.
- Lack of access to theatres for benign gynaecological procedures, particularly in Aotearoa New Zealand.
- Impacts of the COVID-19 pandemic.
- Trainees face competition for surgical experiences from underconfident new Fellows, Advanced trainees, Australasian Gynaecological Endoscopy and Surgery (AGES) Fellows and SIMGs undergoing period of oversight.

The College has a number of strategies in place to address these challenges – also described in detail Standard 2.2.1:

- Strengthened accreditation standards.
- Development of the [Strategies for Training Hospitals to Improve Trainee Gynaecological Surgery Procedure Numbers](#).
- Improved mechanisms to address underperforming hospitals (described in 8.2.1).
- Curriculum developments.
- Improved accreditation standards for access to simulation training.

In addition, the College has advocated to the Aotearoa New Zealand and Australian Governments in relation to improving trainee access to gynaecological procedures. The President wrote to the Federal Minister and Assistant Minister for Health, and State and Territory Ministers for Health, noting that RANZCOG trainees are experiencing difficulty in accessing the surgical experience they need to become confident specialists, with the broad skillsets required to ensure patient safety. Federal, State and Territory Ministers for Women were copied into these letter (Appendix 8.2_3). A similar letter was sent to the Minister of Health in Aotearoa New Zealand by the President and Chair of Te Kāhui Oranga ō Nuku, which is provided in Appendix 8.2_3.

The Aotearoa New Zealand Training and Accreditation also wrote to Te Whatu Ora raising the issue of gynaecological surgical training and providing recommendations for increasing training (Appendix 8.2_4).

The College is in the process of establishing a Gynaecological Surgical Training Working Group to investigate further strategies to address this challenge.

Ultrasound training

The College also recognised in 2020-2021 that there was a growing trend towards insufficient provision of ultrasound training across its training sites. To address this, the accreditation standards relating to ultrasound were strengthened and the [Guidelines for Hospitals in the FRANZCOG Training Program: Ultrasound Training](#) approved and implemented in December 2021.

Simulation training

Simulation training, particularly to provide a foundation for trainees in undertaking gynaecological surgery of increasing complexity, has risen in importance over the past period. However, its provision across accredited sites has been inconsistent, and often lacking in direct leadership/supervision by consultants (refer to Standard 4.1).

This remains a challenge, particularly as the College looks at strategies to further clarify and define simulation training requirements in the FRANZCOG Training Program, and with a view to simulation training providing a measure of assistance in addressing gynaecological surgical training exposure issues. The College took the step of strengthening the accreditation standard relating to simulation training in the last review (implemented for 2023) to ensure that all trainees have access to simulation equipment and training:

Table 8.2_10 Simulation Training Criteria Changes

Previous criteria	New criteria 2023
<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. 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>	<p>Within each training site, FRANZCOG trainees have access to simple basic skills training equipment including as a minimum a box trainer and appropriate laparoscopic instruments, and maternal/baby models appropriate to train in obstetric manoeuvres including operative vaginal delivery, shoulder dystocia and delivery of a vaginal breech.</p> <p>Trainees should be rostered to regular simulation activity sessions as well as having regular access to use simulation equipment both on and offsite to increase their skills, confidence and dexterity. Simulation 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>A training supervisor or RANZCOG Fellow with appropriate expertise in education or simulation should be nominated to coordinate simulation activities ensure equipment is maintained and feedback and mentorship is available</p>

Certification in Urogynaecology Developments

Refer to Standard 2.2.

Through 2021 and 2022, the CU Committee identified that:

- Minimum requirements for laparoscopic surgery should be introduced for CU trainees.
- Training experiences in / volume of exposure to laparoscopic procedures differed from training unit to training unit.
- Consistent training of all trainees in a broader skillset including laparoscopic procedures was required.

To address these issues, a “skill expansion program” has been set in motion. Trainee logbook data from Semester 2 2022 onwards will be used to categorise some CU training units as ‘Vaginal/Laparoscopic’ (VL units). VL units are the training units that provide a minimum recommended trainee exposure to laparoscopic procedures in addition to the traditional foundational procedures in urogynaecology. It is intended that, from 2025, trainees commencing the CU training program will be required to spend a minimum of two years in VL units. This will ensure that every urogynaecologist has been trained to undertake specific procedures laparoscopically, to meet evolving healthcare needs.

Balancing teaching, assessment and supervision with service demands

All exposure in obstetrics and gynaecology can be useful training. Even low-risk antenatal clinic should not be seen solely as “service-provision” as it provides the opportunity for: professional feedback; mentorship; improving communication skills; teaching trainees how to think; teaching trainees how to teach.

There are however aspects of women’s health training that are both harder to facilitate and have a longer learning curve to attain proficiency and mastery. These include complex gynaecology surgery and ultrasound as detailed above.

The College has made several recommendations to assist education providers in achieving their curriculum targets in particular with gynaecology operating numbers. These include the employment of pre-vocational registrars and/or career medical officers

to perform some of the antenatal clinics, low-acuity birth suite cover and ward work that is higher educational return and more appropriate to their level of experience.

The College has also reinforced that there will be a limitation of trainee numbers if there is poor balance between low and high educational reward opportunities. The College encourages this to be used and it has been used by maternity/gynaecology units to canvas the hospital executive for funding for Prevocational trainees.

This is covered in the FRANZCOG standards:

- Trainee numbers are such as to ensure FRANZCOG trainees receive adequate training opportunities as defined in the FRANZCOG Curriculum in addition to the hospital clinical service requirements.

and Subspecialty standards, e.g.:

- The Unit has sufficient consultant FTE to support, sustain and deliver the subspecialty Maternal Fetal Medicine (CMFM) training program, in addition to service provision.

In this specialty, the rewards of the private system are high, and it follows that those consultants who are interested in team-based medicine and the rewards and challenges of a training hospital self-select to remain at least part-time in the teaching system. In-hospital assessment and supervision are seen as an essential component of the public appointment.

Supporting training and education opportunities in diverse settings

FRANZCOG Basic Training – rural rotation

An Integrated Training Program (ITP) comprises at least three training sites: tertiary, non-tertiary and rural. All FRANZCOG trainees must undertake a planned period of at least 23 weeks training at an accredited rural hospital during Basic Training. The aim of rural training is to provide trainees with an understanding of distinctive issues facing a rural patient and specialist, including:

- the strategies that are necessary when practising in the absence of proximity to subspecialists and tertiary facilities
- the importance to rural patients of geographical proximity to health services for health and wellbeing
- the challenges of patient transfer issues when the need arises.

A rural rotation also provides opportunities for a broader scope of gynaecological surgical training. Trainees working in a tertiary hospital may find that some gynaecological surgical procedures are only performed by subspecialist trainees and are not readily available to them, other than during the rural rotation. As such, the rural rotation provides:

- a greater volume and case-mix of gynaecological surgery (approximately 80% more than the average tertiary rotation and 40% more than the average metropolitan hospital rotation)
- an opportunity to enhance confidence and competence in core operative skills and gain increasing independence in those skills needed for Advanced training and ultimately specialist practice
- the opportunity to be involved in outpatient and outreach clinics that may not normally be available in metropolitan centres
- exposure to different models of patient care and follow-up care in a different resource setting.

Depending on the location of rural training sites, trainees may also get increased exposure to experience in providing healthcare to Aboriginal and Torres Strait Islander peoples in Australia and Māori in Aotearoa New Zealand.

Regional Integrated Training Program (RITP)

While ITP rotations have a rural rotation as a requirement, the Regional Integrated Training Program (RITP) allows for trainees to have experience at predominantly rural sites, with three years of Basic Training taking place in a rural hospital. The RITP posts include Dubbo, Orange and Bendigo.

The objectives of RITP posts are:

- To produce a Fellow with the skills required to work in a regional setting.
- To enable medical practitioners who have demonstrated commitment to rural health to undertake their specialist training and pursue a career in a regional area.
- To encourage growth in the rural and regional obstetrics and gynaecology workforce.

It is expected that trainees undertaking the RITP will:

- gain first-hand knowledge and understanding of the special issues facing a rural patient and a rural specialist
- develop the skills and strategies needed to practise in the absence of proximity to tertiary facilities
- gain experience through a greater volume and case-mix of gynaecological surgical training including some that may normally be performed by subspecialist trainees
- have the opportunity to work in different outpatient and outreach clinics
- have a defined relationship with the local Rural Clinical School
- be involved in different models of patient care and follow-up care to that generally practised in metropolitan hospitals.

All the above will assist and equip the rural trainee to undertake the challenges of specialist rural practice.

For trainees undertaking a RITP, Years 1, 2 and 4 will normally be spent in rural sites (preferably within a single rural centre or cluster) and Year 3 in a major tertiary metropolitan teaching hospital. Trainees may then elect to undertake their advanced training years in a combination of rural and/or metropolitan sites depending on their specific learning needs and areas of expertise they may wish to further develop. It is then hoped that upon graduation, the new Fellow(s) will commence their practice as a specialist O&G in a rural centre, although not necessarily at the original rural training site(s).

Rural training sites are given the following guidance in planning a position:

- Can provide sufficient clinical activity in obstetrics and gynaecology, including depth and breadth of training that will enable a trainee to meet the Basic training and assessment requirements across a planned four-year program. This includes the rotation to a tertiary placement in Year 3, where trainees have added exposure to subspecialist areas such as maternal-fetal medicine, oncology, urogynaecology and reproductive endocrinology.
- As the training and assessment requirements for the RITP are the same as those applicable to all FRANZCOG trainees, Clinical Directors should ensure that the planned four-year program will allow a trainee to meet the requirements.
- Has an adequate number of consultants who are experienced and willing to train and supervise junior registrars, especially in intrapartum obstetrics and emergency gynaecology. The consultants must become familiar with the FRANZCOG Training Program requirements.
- Has an adequate number of registrar/SRMO staff to ensure an acceptable on-call roster as well as a stimulating environment for training.
- Has a strong relationship/partnership with their local School of Rural Health to enable and encourage assistance with and access to research and audit, teaching opportunities and education services.

- Considers funding of the position, including potential assistance with accommodation and practical support/provision of opportunities for spouse and children. As such, the potential position may involve a combination of local, community, regional, health district and tertiary hospital support.
- Provides a comprehensive program outlining the planned training arrangements across the 4-year rotation.

Trainee involvement in high-quality clinical care

As indicated earlier in this section, accreditation standards for the FRANZCOG and subspecialty training programs include standards and criteria directly relating to clinical supervision and experience. In addition:

- Six-monthly assessments for both FRANZCOG and subspecialty training include feedback assimilated from multiple consultants and the development of remedial plans if there are concerns re quality.
- Trainee feedback surveys at the six-month assessment point also provide opportunities for trainees to comment on the quality of their clinical experiences and raise any concerns about the quality of clinical care overall.
- Trainee logbooks are reviewed every six months to ensure that trainees are conducting an adequate number of major gynaecological surgical procedures: availability of procedures is also covered in the trainee surveys.
- APSSs and equivalent procedural assessments in subspecialties – trainees need to prove their competency across a range of clinical procedures within specific timeframes.

Concerns relating to the quality of clinical care at a hospital training site can also be raised through normal College channels e.g., through the Training Support Unit, relevant State/Territory/Aotearoa New Zealand office, or through the Office of the CEO as a complaint.

Trainee health and wellbeing

Accreditation standards for both FRANZCOG and subspecialty training programs include robust criteria relating to workplace culture, working hours and physical safety and security to ensure that trainees can train in a safe working environment. Refer to Standard 6 in the [Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program](#) and (as an example) Standard 8 in the [Gynaecological Oncology \(CGO\) Accreditation Standards and Criteria](#).

Educational resources

Acquire

All trainees have access to the eLearning platform, [Acquire](#), to develop their skills and knowledge. As discussed in Standard 4.2.2, the following modules are mandatory for FRANZCOG trainees:

- Abortion
- Clinical Education Training (CET) Year 4
- Ultrasound
- Communication Skills
- Helping patients make informed decisions
- Developing Communication Skills
- Feedback for Trainees
- Feedback from Trainees (undergoing a review)
- Aboriginal and Torres Strait Islander Women's Health and Cultural Competency
- Application of the Hui Process and Meihana Model (for Aotearoa New Zealand)

Provisions in accreditation standards

FRANZCOG Training Program

The following is included in the [FRANZCOG accreditation standards](#) under criteria 5.9.1 Facilities for FRANZCOG trainees:

FRANZCOG trainees are provided with appropriate facilities including:

- 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.
- Online 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.

Subspecialty Training Programs

Similar criteria are used in subspecialty standards, for example the following from CGO under criteria 5.1.2 Adequate range of education resources to support the learning environment:

- Internet access.
- Adequate access to library and information technology facilities to support subspecialty work, training and research, over and above that required for the recognition of subspecialty and higher training posts.
- Access to CGO specific journals e.g., Cancer, IJGC, Gynaecologic Oncology.
- A fully equipped, appropriately sited, and resourced space for the sole use of trainees.

8.2.3 The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.

The College encourages hospitals to consider the use of private or expanded settings (e.g., private ultrasound facilities, fertility clinics) as a means of providing trainees with access to additional training experiences and procedures. The FRANZCOG accreditation standards, under criteria 4B.1.2 Primary Operator Experience – Basic trainees, states:

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).

There is a recognised challenge in offering gynaecological surgical training in private settings, with the requirement for the trainee to be primary operator. However, in Aotearoa New Zealand, in situations where public surgeries are outplaced to private hospitals, trainees are being facilitated to attend and act as primary operator.

The RANZCOG Global Health Committee advocates for and advertises national opportunities for further exposure to women's health.

Training sites for CREI are almost exclusively private settings due to the minimal public opportunities for training. Some private settings are also used for COGU.

8.2.4 The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

Collaboration with other specialist medical colleges in relation to accreditation of training sites has been limited over the past few years: the ongoing operation of a cross-college accreditation staff group, to support common approaches and share information, was affected by COVID-19. It is the College's intention to improve and increase its interactions in this regard in the near future.

Other forums exist to share relevant information as detailed in Standard 1.4.2: the Council of Presidents of Medical Colleges (CPMC), the associated CEO forum and the Network of Medical College Educators (NMCE).

There are ongoing discussions with RACS in Aotearoa New Zealand regarding surgical training, and a workshop with RACS and the Board of Urology is scheduled for June 2023: this will focus on urogynaecology but also cover broader aspects.

The Presidents and CEOs of RANZCOG and RACS have met to continue work on the recognition of and accreditation for training in robotic surgery and allied technologies.

Information Sharing Protocol – interactions with RACS

In February 2022, the former Bullying Harassment and Discrimination Working Group made 24 recommendations to the RANZCOG Board for fostering respectful workplaces to support safe, high-quality O&G care in Australia and Aotearoa New Zealand. These included:

Recommendation 20: RANZCOG signs memoranda of understanding with hospitals, which affirm a joint commitment to dealing with discrimination, bullying, sexual harassment, and harassment (DBSH), sharing information and collecting data on complaints. RANZCOG reflects these provisions in its accreditation standards for training sites.

The College is aware that RACS have already developed an information-sharing protocol (ISP), and the College is commencing work on using this as a model framework. The protocol seeks to monitor the training and workplace environment for tracking breaches of the code of conduct and DBSH complaints by sharing information between the College and hospitals.

The Training Accreditation Lead and the Trainee Support Liaison first met with RACS staff in June 2022 to obtain an understanding of RACS's ongoing progress with piloting the protocol and onward action plans. While other activities have taken precedence in the intervening period, the College presented a summary of the ISP concept to the TAC in their meeting of March 2023, and will be seeking to progress this work, including further liaison with RACS in the coming months.

Documents provided check list - Standard 8

Document	
✓	Position descriptions for supervisors of training and other training and assessing roles
✓	The education provider's statement of responsibilities for practitioners who contribute to the delivery of the training program and its responsibilities to these practitioners
✓	<p>Sample programs for supervisor training workshops, assessor-training workshops.</p> <ul style="list-style-type: none"> • Appendix 4.2_12 – Training Supervisor Workshop outline and program available on Acquire.
✓	<p>The criteria and process for accreditation of training sites. A list of accredited hospitals, community healthcare facilities and/or posts.</p> <ul style="list-style-type: none"> • List of current FRANZCOG and Subspecialty Accredited Training Sites • Application form is available on the College website.
✓	<p>Sample accreditation reports that illustrate the range of decisions the education provider makes.</p> <ul style="list-style-type: none"> • Appendix 8.2_5 Reaccreditation Report Outcome 1 • Appendix 8.2_6 Reaccreditation Report Outcome 2 • Appendix 8.2_7 Reaccreditation Report Outcome 3



Standard 9:

Continuing
professional
development,
further training and
remediation

Standard 9: Continuing professional development, further training and remediation

9.1 CPD Homes Submission


RANZCOG is in an 18-month transition process to bring the College into a calendar-year cycle to meet new requirements for CPD Homes. As of 2024, the annual cycle will run from 1 January to 31 December.

The CPD program is available for Fellows, Associate Members and Educational Affiliates (non-SIMG), with non-members able to elect RANZCOG as their CPD home pending if they meet eligibility requirements. Members in Australia and Aotearoa New Zealand are supported in completing CPD with up-to-date resources and templates available on the website and can monitor progress and lodge CPD requirements through Integrate. The CPD Committee oversees the development, maintenance and ongoing evaluation of the CPD program, and approves survey requests and the CPD guides and framework. The Cultural Safety Steering Group (CSSG) has been established to progress cultural safety and health inequities, including into the CPD program.

In March 2022, the eLearning platform, [Acquire](#) was launched to streamline the four existing eLearning platforms into one platform. Work is underway to automatically record completed eLearning modules into the CPD online portal.

The CPD Homes submission to AMC/MCNZ is available on the [RANZCOG website](#).

Documents provided check list - Standard 9

Document	
	<div>CPD Homes Submission</div> <div><ul style="list-style-type: none">• RANZCOG's CPD Homes Submission</div>



Standard 10:

Assessment of
specialist international
medical graduates

Standard 10: Assessment of specialist international medical graduates

10.1 Assessment framework

The AMC accreditation standards are as follows:		
10.1.1	The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.	✓
10.1.2	The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.	✓
10.1.3	The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.	✓

10.1.1 The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.

Assessments in Australia

The SIMG Assessment Committee oversees assessment for the following SIMG Pathways:

- General Obstetrics and Gynaecology Pathway
- Academic and Common Scope Pathway
- Subspecialist and Common Scope Pathway
- Area of Need (AON) Pathway

The SIMG Assessment Committee reports directly to the RANZCOG Board via the Education Standards Committee (ESC) as outlined in the Terms of Reference (Appendix 1.2_8).

Assessment pathways are for SIMGs who wish to qualify for specialist registration in Australia. SIMGs who have a primary qualification in medicine and surgery from a training institution recognised by both the Australian Medical Council (AMC) and the World Directory of Medical Schools (WDOMS) and have satisfied all the training and examination requirements to practise in their field of specialty in their country of training, can apply for assessment under the Specialist pathway – specialist recognition. All assessment processes comply with and are informed by the Australian Health Practitioner Regulation Agency's (Ahpra) [specialist medical college assessment of specialist international medical graduates](#), Medical Board of Australia (MBA), 2021.

Introduction of the Subspecialist and Common Scope Pathway

In July 2019, the RANZCOG Board approved the assessment pathway for Subspecialty SIMGs who do not have Fellowship of RANZCOG, as well as a dual assessment of both Generalist Obstetrics and Gynaecology (O&G) and Subspecialist. Those applying for subspecialist-only assessment, upon successful completion of requirements, will be eligible to apply for Certification in the assessed subspecialist scope of practice. The subspecialist-only assessment pathway does not lead to Fellowship of RANZCOG.

Area of Need

The area of need (AON) process applies to Australian SIMGs only. The AON pathway does not lead to Fellowship of RANZCOG but addresses workforce shortages in designated areas. An applicant is only eligible to apply for the AON Pathway if they have already secured a position that has been declared Area of Need by the health department in the state in which the position is located. The assessment process assesses whether an applicant is suitable for the position and not comparable to an Australian-trained specialist.

The applicant will apply for the AON Pathway and the Generalist Pathway, and the College will complete a combined assessment. The applicant will receive their comparability assessment outcome as well as an AON outcome outlining whether the applicant 'is' or 'is not' suitable for the position.

Information regarding SIMG pathways in Australia is available on the RANZCOG [website](#).

Assessments in Aotearoa New Zealand

In Aotearoa New Zealand, RANZCOG undertakes assessments on behalf of the Medical Council of New Zealand (MCNZ) in keeping with the Memorandum of Understanding, and makes recommendations to MCNZ on suitability for registration in the obstetrics and gynaecology scope of practice.

Te Kāhui Oranga ō Nuku's Terms of Reference gives it responsibility for SIMG assessment in Aotearoa New Zealand, and appointment of SIMG assessors and a Chair and Deputy Chair of the assessment panel. The New Zealand SIMG Assessment Panel Chair is a member of Te Kāhui Oranga ō Nuku and is also the Deputy Chair of, and reports to, the SIMG Assessment Committee.

The New Zealand SIMG Assessment Panel is supported by the Training and SIMG team in the Aotearoa New Zealand Office, who coordinate SIMG assessments and liaise with MCNZ. The SIMG Assessment Panel usually holds an annual meeting (though this has been disrupted by the COVID-19 pandemic and workforce challenges over recent years). The annual meeting is an opportunity to review case decisions, meet with MCNZ, and discuss process improvements and any issues that have arisen.

Application

Application for specialist registration in Aotearoa New Zealand is via MCNZ. In 2020, RANZCOG developed an additional information form in collaboration with MCNZ, that provides specific information to assist assessment: [VOC3 Vocational \(specialist\) registration | Medical Council \(mcnz.org.nz\)](#).

Information on SIMG assessment in Aotearoa New Zealand is available on the [College website](#). SIMGs interested in applying for registration in Aotearoa New Zealand are referred to MCNZ for further information and to apply. Applicants are requested to complete the additional information form at the time of applying.

10.1.2 The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand-trained specialist in the same field of practice on the specialist medical program outcomes.

Assessments in Australia

When assessing an applicant for comparability, RANZCOG considers a combination of training, assessment, experience, recency and scope of practice and continuing professional development (CPD) outlined by an applicant to determine whether these components together will enable the SIMG to practise at a level comparable to the standard expected of an Australian-trained specialist commencing in the same field of practice.

The outcomes of the assessment are that the SIMG is Substantially Comparable, Partially Comparable or Not Comparable. The requirements are based on the FRANZCOG Training Program and Partially Comparable SIMGs are instructed to complete requirements that are applicable to trainees in the FRANZCOG Training Program.

Substantially comparable applicants have been assessed as suitable to undertake their intended scope of practice, taking full responsibility for individual patient care with oversight of their practice by a Training Supervisor for a duration of up to 12 months or as approved by the College. To be considered substantially comparable, an applicant must have satisfied the College that they are at the standard of an Australian trained specialist commencing practice (at the level of a newly qualified RANZCOG Fellow), taking into consideration the applicant's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

Partially comparable applicants have been assessed as suitable to undertake their intended scope of practice under the supervision of a College-approved Supervisor. To be considered partially comparable, an applicant must satisfy the College that they will be able to reach the standard of an Australian-trained specialist in obstetrics and gynaecology within a maximum period of 24 months FTE practice. The standard expected is that of an Australian-trained specialist commencing practice (at the level of a newly qualified RANZCOG Fellow), taking into consideration the SIMG's intended scope of practice as well as their previous training and assessment, recent specialist practice, experience and CPD.

If an applicant is assessed as not currently at the level of a newly trained specialist in obstetrics and gynaecology, and it is expected that they would not reach this level within 24 months, they will be assessed as not comparable.

The College recognises that there is a challenge in assessing SIMGs who have practised for many years post-qualification in, for example, obstetrics only. In such an instance, the applicant would be experienced but not comparable to a new qualified Fellow in both obstetrics and gynaecology. The College, through the SIMG Assessment Committee, is actively working to address this issue and identify whether there are possible pathways for SIMGs with limited scope of practice, balancing this with the workforce need for generalists and the current situation where many SIMGs end up working in regional locations where a limited scope of practice is disadvantageous.

Applications

Applicants apply directly to the College for assessment. Applicants apply through the online application form: [Application for assessment via the RANZCOG Specialist International Medical Graduates \(SIMG\) Pathway](#).

Preliminary Review

In line with the Medical Board of Australia's Standards introduced in 2021, all applicants are provided with a Summary of Preliminary Review (SPR) before an interim decision is made. The College provides the SIMG with a SPR of the SIMG's application before the interim assessment decision is made. The SPR addresses procedural fairness for SIMGs and aims to ensure that SIMGs have seen the information which colleges will use to make a decision. The applicant is given an opportunity to add to or correct the details of that information before the interim decision is made. The SPR sets out:

- A summary of the information provided by the SIMG in their application mapped against the College's assessment criteria. The assessment identifies gaps or findings of equivalence or alignment in the SIMG's training, assessments/examinations, experience, recency of practice and CPD against an Australian-trained specialist in the same field of practice.
- The SIMG's registration status or eligibility to practise as a specialist in their field of specialty practice in their country of training.
- Any other information obtained by the College about the SIMG which will be relied on to make an interim assessment decision.

The SPR gives the SIMG an opportunity to:

- Ensure the College has taken into consideration and assessed all the information provided by the SIMG.
- Provide clarification or submit additional evidence if they believe there are errors of fact, perceived gaps or omissions in the information assessed.

Applicants are provided the SPR via email and are given 21 calendar days to provide a response with clarification or to provide further evidence. If the applicant does not respond, the College can then issue the interim decision or invite the applicant to interview.

Interviews

Following the paper-based assessment, eligible applicants are invited to attend an interview to explore in greater detail the information provided in the written documentation and set out in the SPR, and if necessary to seek any additional information. The interview will also determine the SIMG's suitability to commence a period of supervised practice, or further training (under supervision) with associated assessment.

The interview involves a detailed discussion, which requires the applicant to outline their training and experience in obstetrics and gynaecology. The interviews are scheduled to run for 90 minutes. The panel's decision will be reached by a majority.

The interview panel assesses the applicant by asking a standard set of questions regarding:

- Qualifications
- Training, including assessment of common scope
- Experience
- Recency of practice in obstetrics and gynaecology
- CPD
- Non-technical professional attributes (e.g., ability to practise in a culturally sensitive manner in Australia/Aotearoa New Zealand).

The interview concludes with up to four vignettes, which cover a range of scenarios. The intent of the vignettes is to determine an applicant's focus on patient care, and communication with the patient, consultants and colleagues. Some vignettes are structured to gauge an awareness of cultural safety and Australian healthcare system matters. A community representative sits on the interview panel to ask non-clinical questions related to the scenarios.

RANZCOG is continuing to interview applicants via video conferencing technology. This was originally introduced in May 2020 due to the COVID-19 pandemic; however, the SIMG Assessment Committee has approved this to continue in order to reduce the costs for applicants who are not based in Australia. RANZCOG has recognised that assessor availability has also been streamlined when interviews are completed online as this no longer involves travel for the assessors.

Provisional appointment of Assessors

Each interview panel assessor is appointed by the SIMG Assessment Committee. A provisional assessor may also sit on the panel as an observer. From time to time, a College staff member or an observer of a general nature may also observe the interview.

Prior to an appointment to the SIMG Assessment Panel as a full member, Fellows will be expected to participate in assessor activities as a provisional assessor. To elevate to a full SIMG Assessor Panel member, a provisional assessor must:

- Attend at least three SIMG Assessment Interviews (of three candidates). During these interviews, the provisional assessor will be an observer but complete the applicant assessment forms and contribute to discussion. The Chair of the SIMG Assessor Panel will provide oral feedback to the provisional assessor.
- Conduct at least two Initial Paper-based Assessments. This assessment will be conducted in tandem with an experienced member of the SIMG Assessment Panel as a mentor who will provide feedback and guidance where necessary.
- Attend a SIMG workshop. All newly appointed assessors will be obliged to attend the annual SIMG workshop.

Aotearoa New Zealand Assessment

Half of the O&G specialists in Aotearoa New Zealand are SIMGs. In line with MCNZ requirements, SIMGs in Aotearoa New Zealand are assessed to determine if they are 'Equivalent' to, 'As satisfactory as', or 'Neither equivalent to, nor as satisfactory as' an Aotearoa New Zealand vocationally trained medical practitioner registered in the same scope of practice. When assessing an applicant, RANZCOG considers the combination of training, assessment, experience, recent practice and CPD completed by the applicant.

RANZCOG considers 'as satisfactory as' to mean close to equivalent, but with specific deficiencies that need to be addressed through a supervision (rather than training) pathway and that are of a level that can reasonably be addressed within 18 months.

If an applicant is assessed as not currently at the level of a newly trained specialist in obstetrics and gynaecology and it is expected that they would not reach this level on a supervision/assessment pathway within 18 months, they are assessed as 'Neither equivalent to, nor as satisfactory as'.

Paper-based Assessment

When MCNZ requests that RANZCOG complete a paper-based assessment, a RANZCOG assessor, usually the Chair or Deputy Chair of the assessment panel, completes a thorough review of the referred paperwork including information about qualifications, training, and experience. RANZCOG's additional information form assists with this process.

Assessment involves comparing the evidence of qualifications, training and experience with those of an Aotearoa New Zealand-trained Fellow of RANZCOG. Assessment is reported on the MCNZ RGR6: RANZCOG advice on assessment of qualifications, training and experience (paper-based assessment).

The RGR6 form allows for an 'Unable to make a recommendation' conclusion, so if the RANZCOG assessor is unable to determine from the documentation provided how the SIMG's qualifications, training and experience compared to a Fellow of RANZCOG, then a recommendation to explore this further in an interview is made to follow up on areas of uncertainty.

Interview assessment

Once MCNZ requests that RANZCOG conduct an interview assessment, a standardised structured interview is conducted in a similar manner as in Australia. The interview involves a detailed discussion, which requires the applicant to outline their training and experience in obstetrics and gynaecology. The interviews are scheduled to run for 90 minutes.

The interview panel assesses the applicant by asking a standard set of questions regarding:

- Qualifications
- Training, including assessment of common scope
- Experience
- Recency of Practice
- CPD
- Non-technical professional attributes, in particular cultural safety

The interview concludes with up to four vignettes, which cover a range of scenarios. The intent of the vignettes is to assess an applicant's focus on patient care, cultural safety, and communication with the patient, consultants, and colleagues.

The interview panel consists of two to three Fellows and a community representative, plus a staff member who assists with finalisation of the RGR7: RANZCOG advice on assessment of qualifications, training and experience (following interview) report to the Medical Council. The panel's assessment and recommendations are reached by consensus.

As in Australia, RANZCOG is continuing to interview Aotearoa New Zealand SIMGs via video conferencing technology. This was originally introduced in 2020 due to the COVID-19 pandemic, and in line with MCNZ expectations this is now standard practice. Feedback from SIMGs has been positive about the use of video conferencing technology and it has cost, time and environmental advantages.

Over the last couple of years, RANZCOG has focused on improving both the quality and timeliness of SIMG assessment reports. SIMG panels agree feedback for the report to MCNZ at the end of the interview and a staff member is responsible for ensuring that this is well documented. RANZCOG reports now include detailed commentary on how the doctor's training, qualifications and experience compared to that of an Aotearoa New Zealand-trained Fellow of RANZCOG, and an explanation is given for how the overall judgement of 'Equivalent', 'As satisfactory as' or 'Neither equivalent, nor as satisfactory as' was reached.

With the move to online video conferencing, RANZCOG now schedules monthly interview dates, rather than the previous approach of scheduling four to six interview days a year. This offers SIMGs more choice and usually shortens the timeframe in which an assessment can be completed. Since adopting this approach, RANZCOG interview assessment reporting timeframes have been substantially under the MCNZ MOU timeframe of four months.

In 2021, a He Hono Wāhine representative and the consumer representative on the SIMG Assessment Panel reviewed the vignettes used in Aotearoa New Zealand to improve the assessment of cultural safety in SIMG interviews. For some time, RANZCOG has been writing to SIMGs to encourage them to complete the University of Otago MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice. In 2021, after consultation with MCNZ, RANZCOG began including this as a recommended requirement for SIMGs to complete during their supervision period.

After identifying that some SIMGs do not have enough background knowledge of te Tiriti o Waitangi, te reo Māori and tikanga when they complete the MIHI 501 course, RANZCOG has been liaising with the MIHI team on the development of a course designed to provide background for SIMGs. The first version of the MIHI 401 RANZCOG Course: Te Timatanga has now been developed with modules covering each of te Tiriti o Waitangi, te reo Māori and tikanga. When the course is finalised RANZCOG plans to make this available to SIMGs prior to the assessment interview, as well as during the supervision period as it is unreasonable to expect an SIMG to have this knowledge without providing the means to reach this goal.

During early 2023, RANZCOG has been working on processes to strengthen the support provided to SIMGs after granting of provisional vocational registration. To monitor the effectiveness of this and better track SIMGs through their journey to registration, RANZCOG is currently working on introducing a feedback survey with brief feedback after interview assessment and follow-up feedback when full registration is granted.

10.1.3 The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

All requirements are outlined and published in [RANZCOG Regulation D](#). The regulations were amended and approved in March 2023 to align with the current SIMG assessments in Aotearoa New Zealand.

The [recognition of international training webpage](#) outlines the pathways for SIMGs, eligibility criteria, resources, application process (how to apply to the interview process), assessment outcomes and fees for Australian and Aotearoa New Zealand current SIMGs and prospective applicants.

10.2 Assessment methods

The AMC accreditation standards are as follows:		
10.2.1	The methods of assessment of specialist international medical graduates are fit for purpose.	✓
10.2.2	The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.	✓

10.2.1 The methods of assessment of specialist international medical graduates are fit for purpose.

Australia

The SIMG Assessment process includes assessment methods that are recommended by the Medical Board of Australia's (MBA) Standards.

Supervised Practice

All SIMGs are required to undertake a period of supervised practice. SIMGs assessed as Substantially Comparable are required to undertake a minimum period of three months up to 12 months (FTE) of supervised specialist clinical practice in the field of obstetrics and gynaecology. SIMGs assessed as Partially Comparable are required to undertake a minimum period of six months (FTE) and a maximum of 24 months (FTE) of prospectively approved supervised training whereby the SIMG trainee is certified as possessing the competencies expected of an Australian-trained specialist in obstetrics and gynaecology in the generalist obstetrics and gynaecology scope of practice. SIMGs are required to submit a standardised progress report every three months to monitor their performance. Any concerns are addressed in Standard 10.2.2.

CPD Participation

SIMGs assessed as Substantially Comparable and Subspecialist SIMGs are required to complete the equivalent number of months of CPD activities in the relevant College CPD program as an Educational Affiliate of the RANZCOG. SIMGs are required to provide evidence of CPD completion to be eligible to apply for Fellowship or Subspecialist Certification.

Multi-Source Feedback

A Multi-Source Feedback Assessment, completed to the satisfaction of the SIMG Assessment Committee, is required for all Substantially Comparable SIMGs. SIMGs must nominate 10-12 individuals who they have worked with during their period of supervised practice to complete the Multi-Source Feedback Assessment. The nominated Supervisor must approve this list and may add or remove any nominees they think are relevant to the survey. Nominees provide contact details in the case that the SIMG Assessment Committee wish to contact them to discuss any comments or concerns detailed in the survey response.

Examinations

All Partially Comparable SIMGs must complete the FRANZCOG Written Examination and/or the FRANZCOG Oral Examination. The Written Examination must be completed before attempting the Oral Examination. In line with FRANZCOG training, SIMGs are given a maximum three attempts at both the Written and the Oral Examination. Applications assessed before 1 July 2016 are given four attempts at both the Written and the Oral Examination.

All Partially Comparable SIMGs on the Subspecialist and Common Scope Pathway must complete the Written Examination and/or the Oral Examination of the relevant Subspecialty. Subspecialist SIMGs are given a maximum three attempts at both the Written and the Oral Examination.

Additional Assessment for Partially Comparable SIMGs

Applicants assessed as Partially Comparable are required to complete assessments to be eligible to apply for Fellowship. These include:

- Assessment of Procedural and Surgical Skills (APSS): Ultrasound B
- APSS: Colposcopy
- FRANZCOG Communications Skills Module

Prospective Approval of Positions

All positions for the Generalist SIMG pathway (including the nominated Supervisor) are reviewed and signed off by the SIMG Assessment Committee Chair and the relevant State/Territory Training Accreditation Committee (TAC) Chair. Subspecialist positions are reviewed and approved by the SIMG Assessment Committee Chair and the relevant subspecialty committee Chair. These positions are only approved for 12 months and SIMGs will need to continue to occupy a prospectively approved position and submit reports until all requirements, including examinations, have been completed.

Aotearoa New Zealand

In Aotearoa New Zealand, the MCNZ determines that SIMGs are eligible for provisional registration in a vocational scope, registering them in one of two pathways:

- Supervision pathway – for doctors the MCNZ determines (based on RANZCOG's advice) are 'equivalent' to an Aotearoa New Zealand-trained FRANZCOG.
- Assessment pathway – for doctors the MCNZ determines (based on RANZCOG's advice) are 'as satisfactory as' an Aotearoa New Zealand-trained FRANZCOG.

Unlike in Australia where there is a training pathway for those considered 'Partially Comparable', there is not a training pathway for SIMGs in Aotearoa New Zealand. Assessment of SIMGs during the period of supervision on provisional vocational registration, and monitoring completion of pathway requirements, is the responsibility of the MCNZ.

RANZCOG makes a recommendation on the length of supervision required and recommends a variety of pathway requirements during the supervision period, depending on the individual's training and experience relative to an Aotearoa New Zealand-trained FRANZCOG. These can include:

- Completing the RANZCOG C-QulP (Cervical Quality Improvement Program)
- Familiarisation with Aotearoa New Zealand clinical guidelines
- Completing a number of procedures under supervision and with sign-off from the Training Supervisor, for example forceps deliveries
- Completion of RANZCOG online training modules
- Completion of specific APSSs, for example for Vaginal Forceps Assisted Delivery
- Completion of a vocational practice assessment conducted by MCNZ.

RANZCOG recommends that all SIMGs are required to complete the MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice during their supervision period. This course is mandatory for all RANZCOG trainees.

The level of decision-making for requirements differs in Australia and Aotearoa New Zealand. In Aotearoa New Zealand, the College provides reports and advice, with the MCNZ being the prime decision maker and monitoring requirements.

10.2.2 The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

Australia

Performance of Substantially Comparable SIMGs is monitored every three months during their period of supervised practice. Where any assessments indicate a Substantially Comparable SIMG's inability to work at specialist level in Australia without further training, the applicant may be reclassified by the SIMG Assessment Committee upon reference to the assessment outcomes. The relevant statutory authority is notified of any change in status of the applicant. RANZCOG may use different assessment tools to determine if a SIMG is performing at the level expected of a Substantially Comparable SIMG. These are not limited to but may include a Multi-Source Feedback assessment and/or a site visit. The site visits are generally conducted by the SIMG Chair and an SIMG Assessor nominated by the Chair. The Assessor chosen will be located outside of the state where the site visit is being conducted and will not have had any previous interaction or conflicts of interest with the SIMG.

Performance of Partially Comparable SIMGs is monitored by the submission of Three-monthly Formative Appraisal and Six-monthly Summative Assessments. In the event that there are concerns about a SIMG trainee's performance and progress, this is indicated to the SIMG trainee and recorded at the time of the Three-monthly Formative Appraisal.

- Once completed, Six-monthly Summative Assessments are assessed by SIMG Supervisors as either 'Satisfactory' or 'Referred for Review'.
- Any Six-monthly Summative Assessment that is 'Referred for Review' is forwarded to the Chair of the SIMG Assessment Committee for further consideration and action by that committee and must be accompanied by a written suggested Learning Development Plan for the SIMG trainee.
- All Six-monthly Summative Assessments 'Referred for Review' are considered by the SIMG Assessment Committee at the next meeting following the conclusion of the relevant six-month training period. The Committee, after discussion, decides whether a SIMG trainee's assessment is to be deemed 'Satisfactory' or 'Not Satisfactory'. In making their decision, the Committee may discuss the SIMG trainee's report with the relevant Training Supervisor and the relevant State/ Australian Territory/ New Zealand TAC Chair. Previous reports and progress should also be reviewed, and specific areas of concern identified and noted.

A copy of the documentation will be uploaded onto the Ahpra/AMC Portal to notify Ahpra with any reclassification of assessments or any communications to SIMGs following an unsatisfactory report.

Aotearoa New Zealand

In Aotearoa New Zealand, the MCNZ is responsible for monitoring assessments and supervision during the supervision period of an SIMG.

10.3 Assessment decision

The AMC accreditation standards are as follows:		
10.3.1	The education provider makes an assessment decision in line with the requirements of the assessment pathway.	✓
10.3.2	The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.	✓
10.3.3	The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.	✓
10.3.4	The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.	✓

10.3.1 The education provider makes an assessment decision in line with the requirements of the assessment pathway.

Assessment decisions are in line with the MBA's Standards: Specialist medical college assessment of Specialist International Medical Graduates. Assessment decisions are recommended by a panel of SIMG Assessors, and are then approved by the SIMG Assessment Committee. The requirements for those assessed as Substantially or Partially Comparable are provided below.

Applicants assessed as Substantially Comparable

- A minimum period of three months up to 12 months (FTE) of supervised specialist clinical practice in the field of obstetrics and gynaecology in the generalist obstetrics and gynaecology scope of practice or the academic and common scope of practice in a position in Australia prospectively approved by the SIMG Assessment Committee.
- Completion of the requisite number of Three-monthly Formative reports.
- A Multi-Source Feedback Assessment, completed to the satisfaction of the SIMG Assessment Committee.
- Completion of the equivalent number of months of CPD activities in the relevant College CPD program as an Educational Affiliate of RANZCOG.

Applicants assessed as Partially Comparable

- A minimum period of six months (FTE) and a maximum of 24 months (FTE) of prospectively approved, supervised training whereby the SIMG trainee is certified as possessing the competencies expected of an Australian-trained specialist in obstetrics and gynaecology in the generalist obstetrics and gynaecology scope of practice or the academic and common scope of practice.
- APSS: Ultrasound B
- APSS: Colposcopy
- FRANZCOG Communication skills workshop
- FRANZCOG Written and Oral Examination.

Applicants assessed as Not Comparable

Applicants are assessed as Not Comparable when the Assessment Panel determines their training and experience was not comparable to that of an Australian/ Aotearoa New Zealand-trained specialist in obstetrics and gynaecology as they were unable to demonstrate the required knowledge, skills and attributes needed for effective specialist practice in obstetrics and gynaecology.

Applicants are not eligible to continue the SIMG Pathway and are notified that they can apply to the FRANZCOG Training Program at Year 1 and may be eligible to also apply for Recognition of Prior Learning. Applicants who are assessed as Not Comparable are also advised they may be eligible to apply for medical registration via alternative pathways and to contact Ahpra for further assistance.

Assessment of ability to contribute to the effectiveness and efficiency of the healthcare system and cultural competence for practice in Australia

At the SIMG Assessment Interview, assessors will explore in greater detail the SIMG's qualifications, training, experience, recency of practice in the specialty, CPD and non-technical professional attributes including the SIMG's understanding of the importance of culturally safe and respectful practice for the community, including Aboriginal and Torres Strait Islander Peoples. A community representative is included as a voting member of the interview panel and will ask non-clinical questions to gain an understanding of the SIMG's experience with ethical, social and professional issues.

10.3.2 The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.

RANZCOG does not grant exemptions for SIMGs; however, applicants assessed as Substantially Comparable and who are currently working in Australia may be offered a reduced period of three, six or nine months' oversight instead of the maximum 12 months.

10.3.3 The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

Following the Assessment Interview, each applicant is provided with an Interview outcome letter and a Report 1 (Australia) clearly outlining the assessment outcome and the requirements they will need to complete to be eligible to apply for Fellowship of RANZCOG or Subspecialist Certification. SIMGs are notified of the requirements and the timelines for completion. Applicants complete an acceptance of requirements form to commence the SIMG Pathway.

The timelines provided are in line with Ahpra's standards. From the commencement of their prospectively approved position, Substantially Comparable SIMGs have two years and Partially Comparable SIMGs four years to complete their requirements, to be eligible to apply for Fellowship. As with all RANZCOG decisions, an applicant may apply for a review or appeal of any SIMG decisions.

10.3.4 The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

Australian Applicants

All applicants in Australia provided with a copy of their report 1 via email and uploaded onto the Ahpra/AMC portal within 14 days of their interview.

Table 10.3_1 Applications and outcomes for specialist recognition - Australia

	2018	2019	2020	2021	2022
Total applicants	27	38	40	49	33
Specialist/vocational registration	26	38	40	49	32
Area of need	1	0	0	0	1
Initial assessment	10	1	8	15	6
Ongoing assessment	18	41	19	29	29
Assessment outcome:					
Not comparable	2	3	4	5	6
Partially comparable	3	8	12	10	9
Substantially comparable	14	18	13	17	12
Completed requirements and admitted to Fellowship	21	21	8	21	18

Aotearoa New Zealand

In Aotearoa New Zealand MCNZ communicates with applicants on the outcomes of their assessments and assessment of SIMGs during the period of supervision on provisional vocational registration, and monitoring completion of pathway requirements is also the responsibility of the MCNZ.

Table 10.3_2 Assessment advice and outcomes – Aotearoa New Zealand

	2018	2019	2020	2021	2022
Preliminary advice	3	3	3	7	8
Interview advice	10	7	9	14	8
Assessment outcome:					
Equivalent to	5	6	4	4	0
As satisfactory as	1	0	5	9	7
Not equivalent to or as satisfactory as	4	1	0	1	1
Total assessments	13	13	10	21	16
Completed requirements and admitted to Fellowship	6	4	1	8	7

10.4 Communication with specialist international medical graduate applicants

The AMC accreditation standards are as follows:		
10.4.1	The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.	✓
10.4.2	The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.	✓

10.4.1 The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.

Australian SIMG Applicants are provided with an overview of information on the [website](#). Applicants are encouraged to contact simg@ranzcof.edu.au regarding queries about the SIMG Pathway. Applicants can then be provided with specific information that is relevant to them and their application.

All relevant information for SIMGs applying for assessment is on the [RANZCOG website](#) under Specialist practice within Australia for applicants who have specialist or subspecialist qualifications outside of Australia applying for a comparability assessment of overseas training, qualifications, experience and CPD.

The website provides information on available pathways. Once an applicant has chosen the relevant pathway, further information can be found on:

- How to apply
- Applications
- Interview
- Assessment Outcomes

All fees are provided on the [RANZCOG Website](#), which clearly states each applicable fee of the assessment process. The eligibility criteria are also provided in [RANZCOG Regulation D](#).

Aotearoa New Zealand

Information for SIMGs in Aotearoa New Zealand about applying for registration, eligibility and fees is provided by MCNZ.

Information about RANZCOG's assessment process is on the RANZCOG Website. The Training and SIMG team in the Aotearoa New Zealand Office respond to any queries from SIMGs.

10.4.2 The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

All SIMGs in Australia are managed within the SIMG team. SIMGs are communicated with regularly via email and notified with timelines. Reminders are frequently sent to SIMGs to notify individuals when reports or prospective approval applications are due. Once reports are received and signed off by the relevant approvers, a copy of the signed report is sent to the SIMG to report their progress.

Substantially Comparable SIMGs are contacted six weeks before their period of oversight ends to ensure they are aware of any outstanding requirements and the necessary applications forms to be completed for Fellowship. Partially Comparable SIMGs are often requested by Ahpra to provide a letter of progress to outline what requirements are still outstanding in order to achieve Fellowship. This letter is uploaded onto the AMC portal and a copy is provided to the SIMG. RANZCOG's report to the MBA on specialist pathway applications in 2022 is available in Appendix 10.4_1.

Aotearoa New Zealand

Assessment of SIMGs in Aotearoa New Zealand is managed by the Training and SIMG team in the Aotearoa New Zealand office who, upon receiving a request for an interview assessment, liaises with SIMGs to organise the assessment. The assessment report is returned to MCNZ. Upon notification from MCNZ that a SIMG has been granted provisional vocational registration, RANZCOG provides information to SIMGs on membership as an Educational Affiliate and RANZCOG's CPD program. Upon notification from MCNZ that an SIMG has been granted full registration, RANZCOG provides information on the process to apply for Fellowship.

As noted previously in this standard, the College has been working on processes to strengthen the communication RANZCOG provides to SIMGs after granting of provisional vocational registration.

Changes to Regulation or Policy


When a change to Regulation or Policy occurs, the SIMG department will review any current SIMGs this may affect. Regulation changes for requirements of the SIMG Pathway are clearly outlined. The Regulation will clearly outline requirements for SIMGs who were assessed before the date of the regulation change, and the new requirements for applicants assessed after this date.

Support to SIMGs

SIMGs are provided with details of the RANZCOG Training Support Unit and advised this is a safe and confidential service for trainees and SIMGs to discuss any concerns related to their wellbeing. Trainees and SIMGs are provided with contact details for the RANZCOG Trainee Support Liaison.

SIMGs are advised that if they would prefer to speak to someone outside of the College, they can access the College's Member Support Program via Converge International. RANZCOG has partnered with Converge International, a confidential support service that is available to trainees and Supervisors 24 hours a day, seven days a week, 365 days a year. Further information on this service, how to reach out, and resources can be found at [Member wellbeing - RANZCOG](#) and in Standard 7.4.

Documents provided check list - Standard 10

Document	
	<p>The web address and/or access to the information available to specialist international medical graduates seeking assessment by the provider.</p> <ul style="list-style-type: none">• RANZCOG Regulations D• Recognition of international training



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