



Royal Australian & New Zealand
College of Obstetricians & Gynaecologists
Fellowship of RANZCOG
Curriculum

4th Edition

A Framework to Guide the Training and Practice of Specialist
Obstetricians and Gynaecologists

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Version Control Register

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Professor Ian Martin Symonds
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1. Abbreviations

Teaching and Learning		Assessment	
eLM (s)	eLearning Module (suggested interactive course on the LMS)	APSS	Assessment of Procedural and Surgical Skills
HEP	Hospital Education Program	CEX	Mini Clinical Evaluation Exercise (or Mini-CEX)
RP*	Resource Page (suggested resource provided on the LMS)	eLM (m)	eLearning Module (mandatory interactive course provided on the Learning Management System (LMS))
SBE	Simulation-Based Education	LB	Logbook
SBEc	Simulation-Based Education for communication skills	MSF	Mini Multi-Source Feedback (or Mini-MSF)
ST	Supervised Training	OE	Oral Examination
WS	Workshop	RR	Research Requirement
*RP was used for Research Project in the previous edition of the FRANZCOG curriculum		WE	Written Examination

RANZCOG Roles			
CL	Collaborator	LD	Leader
CM	Communicator	ME	Medical Expert
CSP	Culturally Safe Practitioner	PF	Professional
HA	Health Advocate	SC	Scholar

Levels of Supervision for Procedures	
A	Performs with direct supervision (in room/assisting with procedure)
A1	Can perform in simulation but unlikely to be able to demonstrate in practice during training
B	Able to perform with onsite supervision immediately available
C	Able to perform with offsite supervision / assistance in complicated cases
D	Able to perform independently and supervise others performing uncomplicated cases

Additional	
CSKIP	Clinical Skills and Knowledge in Practice
GO	Graduate Outcome
LMS	Learning Management System
T&L	Teaching and Learning
BTIT	Basic Time in Training
ATIT	Advanced Time in Training

2. Introduction

2.1 Context

The overarching objective of the Fellowship of RANZCOG (FRANZCOG) Curriculum is to generate highly competent clinicians who deliver safe and effective care to the women of Australia and Aotearoa New Zealand and are aware of their own limitations, by equipping future specialists with the knowledge, skills and professional qualities appropriate to the healthcare needs of women* in two countries that comprise culturally diverse populations. This principle remains at the core of all considerations in the development of curriculum, assessment, accreditation and training across the FRANZCOG Training Program.

The FRANZCOG Curriculum, and the training program that it underpins, is responsive to constantly changing healthcare systems. Women's healthcare is undergoing change through advances in technology, an increased emphasis on medical management rather than surgical options, and the demand for healthcare that involves an informed partnership between specialists, women and their families/communities.

** RANZCOG has a very clear path ahead in our efforts to achieving diversity, equity and inclusion. The College has a firm commitment to be inclusive for all individuals needing obstetric and gynaecological healthcare as well as all its members providing care, regardless of their gender identity. RANZCOG currently uses the term 'woman' in its documents to include all individuals needing O&G care, regardless of their gender identity. This is being reviewed as part of ongoing work in the gendered language space.*

2.2 Introducing CanMEDS in the FRANZCOG Curriculum

Initial curriculum reviews identified that the previous structure of three domains – Clinical, Academic and Professional – should be expanded to fully explore the roles needed to define competent obstetricians and gynaecologists. In response to this, the revised FRANZCOG Curriculum has adopted a variation of the CanMEDS 2015 Physician Competency Framework¹, articulating RANZCOG roles aligning to the seven domains of CanMEDS. An eighth domain of 'Culturally Safe Practitioner' has been added to reflect the importance of the competencies informing this role for contemporary practice. Demonstration of competence across the eight roles will be used to determine progression points and program completion.

2.3 The CSKIP Structure Design Model

The Clinical Skills and Knowledge in Practice (CSKIP) Structure Design Model was developed as a workable model of presenting learning outcomes in the Medical Expert Role. This central role has been expanded into a series of clinical contexts, or topics, each relating to a specific clinical aspect of the training program. Each topic includes learning outcomes mapped to the relevant RANZCOG Roles, teaching and learning strategies, and assessment methods. Related procedures are also included with expected supervisory levels depending on the stage of training. The CSKIP model is designed to ensure that all those involved in FRANZCOG training are aware of the required outcomes for individual topics through a structured and easy-to-access framework.

¹ Jason Russell Frank, Snell L, Sherbino J, College R. CanMEDS 2015 : physician competency framework. Ottawa, Ontario: Royal College Of Physicians And Surgeons Of Canada; 2015

3. RANZCOG Training Program overview

The FRANZCOG Curriculum is designed to define and inform the common scope of practice for all Fellows emerging from the training program – at a minimum, the knowledge, skills and attributes needed to independently manage a complex obstetric patient, common gynaecological conditions and gynaecological emergencies. FRANZCOG Advanced Training Pathways (ATPs) further define the scope of practice of the qualified practitioner as laid out under the Graduate Outcomes Statement section in this curriculum. This document is to be read in conjunction with the curriculum documents for the ATPs.

3.1 Basic Training

Basic Training consists of 184 weeks (four years) of defined clinical and educational experience in training hospitals. It 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)

		Basic Training			
		1 Year Basic Training time	2 Years Basic Training time	3 Years Basic Training time	4 Years Basic Training time
Workshops & Learning Resources <i>ACQUIRE eLearning modules listed as (eLM)</i>	(eLM) Ultrasound	(eLM) Abortion			
	Foundations of Surgery Workshop				
	Neonatal Resuscitation Training				
	Basic Obstetrics Skills (BOS)				
	Fetal Surveillance Workshop/Program				
	Communication Skills Module				
	Cultural Competency Education				
	Ultrasound Workshop				
	Assessment Requirements	Mini-CEX	Mini-CEX		
Mini-MSF*			Mini-MSF*		
At 3 and 9 months: 3-monthly formative appraisal (3MA) with Training Supervisor. Logbook reviewed by Training Supervisor					
At 6 and 12 months: Submit 6-monthly summative assessment (6MA). Submit trainee Evaluation/Feedback Survey Logbook reviewed by Training Supervisor					
		Written Examination			
		Oral Examination			
Research Requirement (due end of Year 1 Advanced Training time)					
Assessments of Procedural and Surgical Skills (APSS)					

Figure 1: Basic Training requirements

3.2 Advanced Training

Advanced Training of 92 weeks (two years) involves completion of an Advanced Training Pathway (ATP), including relevant Advanced Training Modules (ATMs), and a focus on extending trainees' expertise in obstetrics and/or gynaecology, developing research expertise and/or developing experience in areas of special interest. Further information regarding the ATPs can be found on the RANZCOG [website](#).

Advanced Training		
Trainees can choose from the Generalist, Advanced Obstetrics, Academic, Sexual & Reproductive Health or Subspecialty Advanced Training Pathway (ATP)		
	1 Year Advanced Training time	2 Years Advanced Training time
Workshops & Learning Resources	(eLM) Clinical Education Training Program (CET)	
	Workshops/courses as required per Advanced Training Modules and Subspecialty programs	
	Annual Scientific Meetings (ASMs)	
ACQUIRE eLearning modules listed as (eLM)		
Assessment Requirements	At 3 and 9 months: Three-monthly formative appraisal with Training Supervisor.	
	At 6 and 12 months: Submit six-monthly summative assessment. Submit trainee Evaluation/Feedback Survey. Logbook reviewed by Training Supervisor	
	Training and assessment requirements as per the chosen pathway Advanced Training Pathway	
	Research Requirement	
	Clinical Educator Training (CET) Modules in eLM	

Figure 2: Advanced Training requirements

3.3 Enhanced Apprenticeship Learning in the FRANZCOG Training Program

The following learning resources and personnel are considered to be essential for up-to-date models of enhanced apprenticeship learning.

Hospital-Based Apprenticeship learning	<ul style="list-style-type: none"> • Specialist obstetricians and gynaecologists • Specialists in other disciplines (paediatricians, general surgeons 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
College-Based Enhanced apprenticeship learning	<ul style="list-style-type: none"> • ITP coordinators • RANZCOG website and links, websites of other specialist colleges

	<ul style="list-style-type: none"> • Online learning resources, including Acquire and other RANZCOG resources • Electronic resources, such as 'Apps' and opportunities associated with social media • Pre-examination courses • Surgical Skills Workshops • Fetal Surveillance Workshops • Neonatal Resuscitation Workshop • Communication Skill Module • RANZCOG annual scientific meetings • Regional committee scientific meetings • RANZCOG publications
Community-Based Learning within social and professional settings of practice	<ul style="list-style-type: none"> • General practitioners • Scientific institutions • Medical and other learned societies, including their conferences and meetings • Consumer organisations
The Literature (traditionally and electronically sourced) Accessing knowledge for application in a complex professional setting	<ul style="list-style-type: none"> • Textbooks • Journals • Scientific databases

4. Curriculum Structure

The FRANZCOG Curriculum is structured according to the competency-based approach to medical education. It is defined by the eight domains of specialist practice, called the RANZCOG Roles.



Figure 4: RANZCOG Roles adapted from the CanMEDS Framework²

² Jason Russell Frank, Snell L, Sherbino J, College R. CanMEDS 2015 : physician competency framework. Ottawa, Ontario: Royal College Of Physicians And Surgeons Of Canada; 2015

4.1 Key sections of the Curriculum

1. Graduate Outcome Statements and Program Learning Outcomes
2. RANZCOG Medical Expert Role
3. RANZCOG non-medical expert roles

The Curriculum first outlines the **Graduate Outcomes Statement** – the broad and significant outcomes, in terms of attributes or competencies, that a trainee should achieve by the end of the FRANZCOG Training Program.

Program Learning Outcomes are then defined for the two stages of Basic and Advanced Training for each of the eight roles.

Each of the Program Learning Outcomes is delivered through the competencies and enabling competencies provided in detail in the different RANZCOG Roles as illustrated in the example for the Collaborator role in Figure 5.

The learning outcomes for the **Medical Expert role** appear next – drawn into a structural design known as **Clinical Skills and Knowledge in Practice (CSKIP)**. Each topic is structured in the following order:

- a list of overarching competencies
- the underpinning basic reproductive sciences knowledge relevant to that topic
- relevant associated surgical procedures to be undertaken, including:
 - the expected level of supervision at each stage of training
 - whether an assessment of the procedural skill is required, and by which point in training
 - recommended numbers of each procedure to be logged during training
- the ‘enabling competencies’ listed in terms of the clinical skills and applied clinical knowledge needed for each overarching competency, with each mapped to the relevant RANZCOG Roles, teaching and learning strategies, and assessments.

Finally, the learning outcomes (in the form of competencies and enabling competencies) related to knowledge and skills for the **non-Medical Expert roles** are detailed and mapped to the relevant roles, teaching and learning strategies, and assessments.



Figure 5 : FRANZCOG curriculum structure

5. Graduate Outcomes Statement

The Graduate Outcomes Statement for FRANZCOG states the broad and significant outcomes, in terms of attributes or competencies, that a trainee should achieve by the end of Basic and Advanced Training. The training program is designed so that trainees can achieve these outcomes. The statement provides an overview of expectations both for the trainees themselves, and for those involved in delivering training and teaching for the program, to assist in determining trainee progress and completion.

Graduate outcomes are set within eight domains, aligning with the RANZCOG Roles (an adaptation of the CanMEDS Physician Competency Framework³).

Scope of practice of a trainee on satisfactory completion of Basic Training

On satisfactory completion of Basic Training, a trainee must have a common scope of practice that enables the trainee to undertake Advanced Training in any of the Advanced Training Pathways. A trainee will have attained the knowledge, skills and attributes required to:

- Manage complex obstetrics, emergency gynaecology and common office gynaecology procedures under supervision. The degree of supervision in each case will depend on the procedure's complexity, but for at least some of the common scope of practice, the supervising consultant may not be required in the hospital. Note that this requirement may vary across jurisdictions e.g. a 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.
- Undertake various procedures under supervision that are not in 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 the Advanced Training post/s they will occupy.
 - Facilitate the capacity of the trainee to later expand their scope of practice post-FRANZCOG training.
- Undertake any position approved for Advanced Training.

Scope of practice of a trainee on satisfactory completion of Advanced Training

On satisfactory completion of Advanced Training, a trainee will have, at a minimum, the knowledge, skills and attributes needed to independently manage a complex obstetric patient, common gynaecological conditions and gynaecological emergencies.

In addition, the qualified practitioner will have acquired further generalist skills and/or one or more areas of special interest. These specific 'areas of special interest' will further define the scope of practice of the qualified practitioner. The scope of practice of a qualified practitioner will include at least one of the following defined special interest areas:

- Generalist Obstetrics and Gynaecology
- Academic Obstetrics and Gynaecology
- Advanced Obstetrics
- Sexual and Reproductive Health
- Subspecialist Obstetrics and Gynaecology – one of:
 - Gynaecological Oncology

³ Jason Russell Frank, Snell L, Sherbino J, College R. CanMEDS 2015 : physician competency framework. Ottawa, Ontario: Royal College Of Physicians And Surgeons Of Canada; 2015

- Maternal Fetal Medicine
- Obstetrical and Gynaecological Ultrasound
- Reproductive Endocrinology and Infertility
- Urogynaecology.

To further extend their scope of practice, the qualified practitioner may have also acquired advanced skills by completing one of the optional special-interest Advanced Training Modules (ATMs), for example, the Pelvic Floor Disorders ATM.

Qualified practitioners will undertake Continuing Professional Development throughout their career. They may extend and enhance their scope of practice by completing additional relevant training e.g. subspecialty certification or special interest ATMs.

Graduate outcomes and associated program learning outcomes (in Basic and Advanced Training) for each of the RANZCOG Roles are detailed in the tables below.

5.1 Medical Expert

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.1.1 Manage medical and clinical conditions	5.1.1.1 Manage with supervision across all common, generalist and a range of special interest scopes of practice.	5.1.1.2 Manage independently across common and selected scopes of practice.
5.1.2 Demonstrate proficient performance of surgical and procedural skills	5.1.2.1 Demonstrate specified basic skills with minimal supervision and more advanced procedures with significant supervision.	5.1.2.2 Demonstrate specified advanced skills relevant to their future scope of practice. (NB some advanced procedural skills will be relevant to the core scope of practice; some will be relevant to an area of special interest)
5.1.3 Demonstrate understanding of limitations on clinical practice	5.1.3.1 Anticipate when they may need assistance.	5.1.3.2 Recognise limits of practice and seek assistance from specialist colleagues when the situation is complex.
5.1.4 Demonstrate understanding of reproductive anatomy, physiology, pathology, pharmacology and epidemiology relevant to women's health	5.1.4.1 Demonstrate a detailed knowledge of common conditions and core procedures. 5.1.4.2 Provide a clinical assessment and management options for patients with common or unusual presentations.	5.1.4.3 Demonstrate extensive breadth and depth of knowledge of the majority of conditions encountered in their chosen scope of practice. 5.1.4.4 Instigate a safe and effective approach to manage problems not previously encountered.

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.1.5 Demonstrate clinical reasoning	5.1.5.1 Apply effective clinical reasoning to identify, prioritise and provide appropriate routine and cost-effective treatment. 5.1.5.2 Recognise clinical scenarios that are complex and unusual and seek appropriate advice.	5.1.5.3 Apply advanced level clinical reasoning and judgment. 5.1.5.4 Manage complexity and uncertainty, devise options and adapt management plans.

5.2 Communicator

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.2.1 Demonstrate effective communication with patients	5.2.1.1 Establish effective, respectful communication with women and their support group	5.2.1.2 Quickly recognise and repair errors in communication with patients. 5.2.1.3 Adapt style appropriately and sensitively to ensure effective communication with patients and support groups.
5.2.2 Demonstrate effective communication with colleagues	5.2.2.1 Establish effective, respectful communication with medical and allied health professional colleagues	5.2.2.2 Quickly recognise and repair errors in communication with other team members. 5.2.2.3 Adapt style appropriately and sensitively to ensure effective communication with colleagues.
5.2.3 Demonstrate accurate documentation	5.2.3.1 Demonstrate accurate documentation	5.2.3.2 Demonstrate accurate documentation

5.3 Collaborator

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.3.1 Demonstrate intra- and inter-professional collaboration skills and ongoing commitment to maintaining a collaborative culture	5.3.1.1 Develop positive relationships with all team members. 5.3.1.2 Seek the opinions of colleagues, nursing and midwifery and ancillary staff.	5.3.1.3 Establish professional relationships with all healthcare team members. 5.3.1.4 Contribute to interdisciplinary team activities. 5.3.1.5 Provide appropriate feedback to others.

5.4 Leader

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.4.1 Demonstrate clinical leadership and managerial skills	5.4.1.1 Demonstrate leadership and management responsibilities under consultant oversight. 5.4.1.2 Demonstrate efficient administrative and time management skills. 5.4.1.3 Assist others to observe guidelines and protocols.	5.4.1.4 Effectively manage resources and set priorities 5.4.1.5 Resolve conflicts. 5.4.1.6 Appraise work practices within the unit. 5.4.1.7 Develop guidelines, protocols and checklists where appropriate. 5.4.1.8 Make a positive contribution to workplace culture.
5.4.2 Demonstrate clinical expertise pertaining to patient safety and quality improvement.	5.4.2.1 Demonstrate clinical expertise pertaining to patient safety and quality improvement.	5.4.2.2 Demonstrate clinical expertise pertaining to patient safety and quality improvement

5.5 Health Advocate

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.5.1 Demonstrate skills in health advocacy	5.5.1.1 Demonstrate health advocacy at the patient and institutional level. 5.5.1.2 Use time and available resources to advise, adapt and balance patient care.	5.5.1.3 Act as a health advocate to improve health outcomes within the broader community, cognisant of the relevant health, social, cultural and economic needs.

5.6 Scholar

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.6.1 Undertake self-guided learning in obstetrics and gynaecology and other relevant areas of medical practice	5.6.1.1 Actively seek information to enhance knowledge outlined in the curriculum. 5.6.1.2 Identify what they need to learn and seek information relevant to knowledge gaps.	5.6.1.3 Actively seek information to enhance the breadth and depth of their knowledge. 5.6.1.4 Identify own learning needs and resources required. 5.6.1.5 Recognise and seek learning opportunities.
5.6.2 Demonstrate research abilities, especially in a clinical context	5.6.2.1 Undertake a research study or equivalent scholarly work: <ul style="list-style-type: none"> ○ develop a hypothesis ○ critically appraise a paper. ○ conduct a literature search ○ choose an appropriate methodology ○ collect, collate and interpret data. 5.6.2.2 Communicate findings in written and/or oral presentation	5.6.2.3 Test ideas gained from the literature with senior colleagues. 5.6.2.4 Undertake clinical audit Initiate own research
5.6.3 Demonstrate effective teaching of others	5.6.3.1 Demonstrate effective teaching at undergraduate level, providing appropriate guidance,	5.6.3.2 Demonstrate effective teaching at undergraduate and postgraduate levels, providing

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
	advice and feedback to junior staff.	appropriate guidance, advice and feedback. 5.6.3.3 Conduct assessments of procedural and surgical skills of junior registrars.
5.6.4 Demonstrate understanding of the principles and practice of evidence-based medicine	5.6.4.1 Demonstrate an understanding of the principles of evidence-based medicine and ability to critically appraise sources.	5.6.4.2 Demonstrate understanding and application of evidence-based medicine including development towards new knowledge and practices.

5.7 Professional

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.7.1 Demonstrate a commitment to practice review and clinical audit	5.7.1.1 Audit own performance. 5.7.1.2 Participate in clinical governance and audit. 5.7.1.3 Develop and understanding of incident reporting, monitoring and investigation procedures.	5.7.1.4 Participate in root cause(s) analysis and other methods to review incidents, errors and adverse events. 5.7.1.5 Participate in clinical governance and take responsibility to implement change to reduce risk.
5.7.2 Demonstrate ethical attitude and conduct	5.7.2.1 Personally exhibit honesty, integrity, respect and compassion. 5.7.2.2 Ensure patient confidentiality and maintenance of professional boundaries.	5.7.2.3 Act as a role model for others in demonstrating ethical attitudes and conduct. 5.7.2.4 Encourage peers to practise medicine consistent with the obligations involved in a self-regulating profession.
5.7.3 Engage with professional bodies relevant to the clinical practice of O&G	5.7.3.1 Engage with RANZCOG activities and other relevant professional bodies.	5.7.3.2 Engage with RANZCOG committees, events, meetings and activities and other key professional bodies relevant to scope of practice.
5.7.4 Demonstrate an understanding of legal and regulatory obligations	5.7.4.1 Practice professionally within legal and regulatory frameworks.	5.7.4.2 Practice independently within professional, legal and regulatory frameworks.

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.7.5 Demonstrate health and fitness to practise	5.7.5.1 Manage own health and fitness to practise responsibly.	5.7.5.2 Consider the health and safety needs of colleagues and responds when appropriate to ensure optimal level of performance.

5.8 Culturally Safe Practitioner

GRADUATE OUTCOMES	PROGRAM LEARNING OUTCOMES	
	On completion of Basic Training	On completion of Advanced Training
5.8.1 Demonstrate the attitudes and behaviours that will enable the provision of culturally safe and respectful Obstetrics and Gynaecology services for Aboriginal and Torres Strait Islander peoples, Māori and Pasifika peoples, the many culturally and linguistically diverse populations of Australia and Aotearoa New Zealand and LGBTQI+ groups	5.8.1.1 Engage in ongoing development of critical consciousness. 5.8.1.2 Commit to transformative action.	5.8.1.3 Support peers to be involved in continual critical consciousness. 5.8.1.4 Widely promote and support transformative actions.
5.8.2 Demonstrate the knowledge, skills and attitudes relating to gender, culture and ethnicity pertinent to obstetrics and gynaecological care, and have the ability to appropriately incorporate gender, culture, and ethnic perspectives into research methodology, data presentation, and analysis.	5.8.2.1 Actively seek information to enhance knowledge around gender, culture and ethnicity.	5.8.2.2 Encourage and support peers to improve knowledge

6. Assessment

6.1 Framework

The means of defining and assessing the professional competence of specialist doctors have undergone significant change as the validity of performance-based (or workplace-based) assessments has been acknowledged, and the manner in which the medical education community has come to see the assessment needs of doctors undertaking postgraduate vocational training has evolved.

Trainees in the FRANZCOG Training Program are assessed using a mixture of written and oral examinations and workplace-based assessments (WBAs), tailored to the required outcomes of the program. RANZCOG recognises the three roles of assessment as (a) judging demonstrated competence, (b) driving learning and (c) aiding learning.

- (a) Judging demonstrated competence: RANZCOG sees making judgements about demonstrated competence as essential for its role as a licensing body in order to ensure patient safety in the hands of our graduates. From these judgments, inferences are drawn about true competence.

Summative judgements are made in 6-monthly summative assessments (6MA), Assessments of Procedural and Surgical Skills (APSS), research projects, written and oral examinations. These are all “hurdles” where the individual passing standards must be met.

- (b) Driving learning: Assessment is recognised as a powerful driver of learning, especially high stakes assessments. All RANZCOG summative assessments are accompanied by feedback to drive learning. Unsuccessful examination candidates have access to written and/or oral feedback on their performances with the aim of improving it in future.
- (c) Aiding learning: Assessment accompanied by meaningful and actionable feedback is regarded as the most effective aid to learning. The best opportunities for such feedback are provided by the 6MAs and workplace-based assessments (WBA⁴). In particular, the WBAs of Mini-Clinical Evaluation Exercise (Mini-CEX) and Mini-Multisource Feedback (Mini-MSF) ensure that every trainee is observed frequently in real practice and receives feedback on their performances from a variety of sources and in a variety of settings. To ensure quality of feedback, feedback literacy programs, such as workshops and an online feedback module, are offered to Training Supervisors, Fellows and trainees.

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. While 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.

⁴ Moonen-van Loon LM, Overeem K, Donkers HH et al. Composite reliability of a workplace-based assessment toolbox for postgraduate medical education. *Adv Health Sci Educ Theory Pract*. 2013; 18: 1087-1102.

6.2 Assessment Methodologies

This section outlines the assessment methodologies adopted within the FRANZCOG Curriculum. For details of when and how assessments are conducted and scored trainees should consult the trainee Handbook. Each method is designed to assess the competencies expected in the practice of obstetrics and gynaecology through formative and summative means. These competencies are assessed over progressive stages of the training program ensuring, overall, the learning outcomes in the curriculum are comprehensively tested.

6.2.1 Formative

- **Three-monthly formative appraisal (3MA):** The 3MA is a compulsory assessment of trainees' knowledge, skills and attributes. It is a self-assessment of progress and performance by the trainee across the eight RANZCOG roles key to discuss their performance during the relevant training period. It is initiated by the trainees to be completed with their Training Supervisor
- **Workshops:** Trainees are required to actively participate in workshops assessing a number of surgical and procedural skills involving a number of simulation skills stations. These workshops may be conducted within the training hospital or by external organisations.

Trainees are required to complete the following in-training formative assessments with the assistance and input of their Training Supervisors and other consultants with whom they work closely throughout their training.

- **Mini-Clinical Evaluation Exercise (Mini-CEX):** The Mini-CEX is a short observation of an aspect of a trainee's clinical practice⁵ by a consultant or advanced trainee, with performance ratings in seven categories, followed by interactive, meaningful and actionable feedback. It assesses trainees' performance across all the eight RANZCOG Roles.
- **Mini-Multi-Source Feedback:** A modified version of a Multi-source Feedback instrument that has been widely used in a wide range of professional settings⁶. It assesses a trainee's performance across all the eight roles based on observations from consultants, peers, other medical disciplines and health care professionals.
- **Assessment of Procedural and Surgical Skills (APSS):** APSSs evaluate a trainee's competence to perform obstetric and gynaecological surgical procedures. They focus on key procedures which reflect the general skills – and related principles – which RANZCOG expects of its trainees at the relevant year levels indicated. The APSSs are in no way intended to represent the full breadth of surgical exposure or ability expected of a trainee. At the same time, the College does expect trainees to demonstrate competence in all the procedures listed by the time they are elevated to Fellowship.

6.2.2 Summative

- **Six-monthly summative assessment (6MA):** After each six-month period in the Training Program, a formal summative assessment of the trainee's performance and progress is made by the Training Supervisor. The 6MA is vital for providing trainees with structured feedback, and as an assessment tool for Training Supervisors. It is trainee-initiated; the trainee completes the self-assessment and then

⁵ Norcini JJ, Blank LL, Duffy FD, Fortna GS. The mini-CEX: a method for assessing clinical skills. *Annals of internal medicine*. 2003 Mar 18;138(6):476-81.

⁶ Wilkinson JR, Crossby JGM, Wragg A et al. Implementing workplace-based assessment across medical specialties in the United Kingdom. *Med Educ*. 2008; 42 (4): 364-373.

meets with their Training Supervisor to discuss performance across the eight RANZCOG Roles. The Training Supervisor bases their report on ratings and comments collected from individual consultants who have worked with the trainee, and discusses the report with the trainee in person.

- **Assessment of Procedural and Surgical Skills (APSS):** Trainees attempt the APSS as a summative assessment when they feel confident in being able to perform the skill with minimal input from their assessor (see above).
- **Written and Oral Examinations:** Trainees must satisfactorily pass both the written and oral examinations in Basic Training (i.e. prior to commencing Advanced Training). The examinations assess the trainees' performance across the eight RANZCOG roles. The written examination uses a combination of short-answer and multiple-choice questions to assess knowledge and understanding of the curriculum. The oral examination is an Objective Structured Clinical Examination (OSCE⁷).
- **Research Requirement:** Involvement in and completion of a research study during FRANZCOG training enables trainees to meet the objectives outlined in the Scholar role; objectives that are designed to develop the academic abilities needed for successful practice as an obstetrician and gynaecologist. The experience of engaging in research is arguably one of the best learning opportunities available to trainees during the years of postgraduate study. It affords the privilege of further developing knowledge based on professional interests and aptitudes. Development of these abilities during postgraduate study are expected to provide a solid foundation for further learning and a head start in the practice of continuing professional development. A list of approved research activities, acceptable study designs and their associated points allocation can be found on the [College website](#).

6.3 Key Competencies/Assessment Matrix

ASSESSMENT										
Graduate Outcomes	Logbook records (LB)	Workshop participation (WS)	Mini-CEX (CEX)	Mini-MSF (MSF)	3-monthly formative appraisal (3MA)	6-monthly summative assessment (6MA)	Assessment of Procedural and Surgical Skills (APSS)	Written Examination (WE)	Oral Examination (OE)	Research Requirement (RR)
Medical Expert										
5.1.1	X	X	X		X	X	X	X	X	
5.1.2	X				X	X	X		X	
5.1.3			X	X	X	X		X	X	
5.1.4		X						X	X	X

⁷ Harden RM. What is an OSCE?. Medical teacher. 1988 Jan 1;10(1):19-22.

ASSESSMENT										
Graduate Outcomes	Logbook records (LB)	Workshop participation (WS)	Mini-CEX (CEX)	Mini-MSF (MSF)	3-monthly formative appraisal (3MA)	6-monthly summative assessment (6MA)	Assessment of Procedural and Surgical Skills (APSS)	Written Examination (WE)	Oral Examination (OE)	Research Requirement (RR)
5.1.5		X	X		X	X	X	X	X	
Communicator										
5.2.1			X	X	X	X	X		X	
5.2.2			X	X	X	X			X	
5.2.3	X		X	X	X	X			X	
Collaborator										
5.3.1		X		X	X	X			X	
Leader										
5.4.1				X	X	X			X	
5.4.2				X	X	X		X	X	X
Health Advocate										
5.5.1				X				X	X	X
Scholar										
5.6.1		X			X	X		X	X	X
5.6.2								X	X	X
5.6.3				X	X	X			X	X
5.6.4								X	X	X
Professional										

ASSESSMENT										
Graduate Outcomes	Logbook records (LB)	Workshop participation (WS)	Mini-CEX (CEX)	Mini-MSF (MSF)	3-monthly formative appraisal (3MA)	6-monthly summative assessment (6MA)	Assessment of Procedural and Surgical Skills (APSS)	Written Examination (WE)	Oral Examination (OE)	Research Requirement (RR)
5.7.1	X				X	X				
5.7.2				X	X	X			X	X
5.7.3				X	X	X			X	
5.7.4				X	X	X		X	X	X
5.7.5				X						
Culturally Safe Practitioner										
5.8.1			X	X					X	
5.8.2				X				X	X	X

7. Evaluation and Review Plan

Evaluation plan

RANZCOG is committed to the ongoing review and evaluation of the FRANZCOG Curriculum to ensure it remains a fluid and dynamic document that is responsive to the needs of trainees, Training Supervisors, O&G consultants, patients and the broader communities of Australia and Aotearoa New Zealand. The FRANZCOG Curriculum will be evaluated based on the Kirkpatrick Model of Evaluation. An evaluation project plan has been developed that includes an evaluation framework which has been adapted to focus on the eight RANZCOG Roles.

The plan identifies the methodologies of evaluation mapped to the four stages of the Kirkpatrick's model⁸ – Reaction, Learning, Impact and Results. Some of the methodologies are listed below:

- Tailored questions included in the existing trainee six-monthly and exit surveys.
- Interviews and focus groups of Training Supervisors, new graduates, trainees and stakeholders
- Consultations with identified external stakeholders

Review plan

The first review will be conducted six months after the launch of the new Curriculum (mid-2024). After this period, it will be reviewed annually for the next year and then every two years. RANZCOG is continually reviewing the Curriculum, however if you identify anything or wish to provide feedback, please contact curriculum@ranzcof.edu.au.

⁸ Kirkpatrick D, Kirkpatrick J. Evaluating training programs: The four levels. Berrett-Koehler Publishers; 2006.

8. How to read the RANZCOG Roles tables

The RANZCOG Roles are presented in the next two sections. The first and larger of the two sections is about the Medical Expert Role covering twelve topics. This is followed by the Curriculum for the non-medical expert roles.

The Medical Expert role

This role encompasses 12 topics. The competencies for this role are a sum of competencies of all the 12 topics. An example of a topic “Early Pregnancy Care” is given below:

1

9. Medical Expert

9.1 Pre-pregnancy and antenatal care

2

Competencies

- Demonstrate clinical expertise in the management of pre-pregnancy and antenatal care of the obstetric patient (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

3

Basic sciences

4

Understand/describe the following:

Anatomy

- Anatomic changes in the woman caused by normal physiologic adaptation (all organs), including those as visualised by ultrasonography
- Anatomy of pregnant uterus of the first, second and third trimester and its relation to surrounding organs
- Barriers to the study of fetal physiology
- Normal fetal weights and measures, including the change in fetal biometry and indices with advancing gestation
- Formation of the neural tube including neural

Clinical Imaging

- The principles and use of Doppler ultrasound
- Screening for aneuploidy and the current processes used
- The efficacy of ultrasound scan detection of fetal abnormality including by organ system
- The safety aspects of all these imaging modalities, for both gynaecological and obstetric patients
- Risks to the individual – short and long term
- Risks to the fetus – short and long term

1

The title of the topic is on the top left corner of the page.

2

Each topic starts by listing the key competencies for that topic, mapped back to the relevant Graduate Outcome.

3

The heading indicates that the Basic Sciences section starts.

4

The Basic Sciences table lists the learning areas separated into categories. This section forms part of the syllabus for the written and oral examinations; it is self-directed learning and in general terms would be the ‘assumed’ knowledge for someone entering specialist training in Obstetrics and Gynaecology.

The Basic Sciences table is followed by the Procedures table as below:

5	PROCEDURE	7 Level of supervision at stage of training			8 Assessment	9
		End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
6	Suction D&C for products of conception	C	D	D	104	
	Laparoscopic salpingectomy/ salpingostomy for ectopic pregnancy	A	D	D	208	10
	Surgical abortion* first trimester consultation and procedure		D	D		5

5 Section header: The header of the page indicates that it is the Procedures table.

6 Procedures are listed in this column (in no specific order).

7 Each procedure provides a specific level of supervision against three stages of training – End of Year 2 (equivalent to 104 weeks of Basic Time in Training (BTIT)), end of BTIT and end of Advanced Time in Training (ATIT).

Levels of Supervision for Procedures	
A	Performs with direct supervision (in room/assisting with procedure)
A1	Can perform in simulation but unlikely to be able to demonstrate in practice during training
B	Able to perform with on-site supervision immediately available
C	Able to perform with offsite supervision / assistance in complicated cases
D	Able to perform independently and supervise others performing uncomplicated cases

8 Procedures that are assessed through an APSS have a specific number of weeks by which that an APSS is due.

Notes about the APS:

- The timeline to submit the APSS is provided as number of weeks of BTIT, e.g. 104 weeks of BTIT.
- Certain procedures do not have an associated APSS requirement, in which case the relevant cell will be left blank.

9 Trainees should log all procedures that they complete during training in the online logbook. Where a number appears in the logbook column, it indicates to training sites within an Integrated Training Program (ITP) the recommended number of procedures that a trainee should have the opportunity to undertake as primary operator during the course of Basic Training. It should not be read as a mandatory required number for trainees to complete. Additionally, trainees are not expected to reach full independence (Level D) for all procedures by the end of FRANZCOG training. Further information about procedural training is available in the FRANZCOG [Training Program Handbook](#).

The Knowledge table is followed by the Skills table, which is structured in the same way.

10	KNOWLEDGE	12	13	14
11	Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
	Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, diagnosis, management and prognosis of: <ul style="list-style-type: none"> miscarriage recurrent miscarriage ectopic pregnancy hyperemesis gravidarum trophoblastic disease 	ME	RP ST	OE WE
	Demonstrate an understanding of the ethical, legal and regulatory context of abortion and the methods and complications of the medical and surgical management of abortion	HA ME	ST	eLM WE

10 Section header: The header of the page indicates that it is the Knowledge table.

11 Enabling competencies are listed in this column (in no specific order).

12 The relevant RANZCOG roles/s are mapped to each enabling competency. The abbreviation key is below.

RANZCOG Roles			
CL	Collaborator	LD	Leader
CM	Communicator	ME	Medical Expert
CSP	Culturally Safe Practitioner	PF	Professional
HA	Health Advocate	SC	Scholar

13 The list of teaching and learning strategies identifies the sources available to the trainees to meet each enabling competency. The abbreviation key is given below:

Teaching and Learning		Assessment	
eLM (s)	eLearning Module (suggested interactive course on the LMS)	APSS	Assessment of Procedural and Surgical Skills
HEP	Hospital Education Program	CEX	Mini Clinical Evaluation Exercise (or Mini-CEX)
RP*	Resource Page (suggested resource provided on the LMS)	eLM (m)	eLearning Module (mandatory interactive course provided on the Learning Management System (LMS))
SBE	Simulation-Based Education	LB	Logbook
SBEc	Simulation Based Education for communication skills	MSF	Mini Multi-Source Feedback (or Mini-MSF)
ST	Supervised Training	OE	Oral Examination
WS	Workshop	RR	Research Requirement
*RP was used for Research Project in the previous edition of the FRANZCOG curriculum		WE	Written Examination

14 Assessment methodology against each enabling competency indicates how it is assessed throughout the course of the program. For abbreviations, please see the key above.

The Non-Medical Expert roles

After the 12 clinical topics, the curriculum for each non-medical role is presented in a table as below:

15	11. Collaborator	18	19
16	COMPETENCIES AND ENABLING COMPETENCIES 1. Work effectively with specialist colleagues and other healthcare professionals (GO 5.3.1)	T & L STRATEGY SBE ST WS	ASSESSMENT MSF 3MA 6MA
17	<ul style="list-style-type: none"> Establish and maintain positive relationships with specialist colleagues and other healthcare professionals (including operating theatre staff, midwifery, nursing, doulas and other allied health staff as required) Anticipate, identify, and respond to patient safety issues relating to the function of a team Refer and consult to share expertise as needed with specialist colleagues and other healthcare professionals 		

- 15** Section header: The header of the page indicates the title of the RANZCOG Role being discussed.
- 16** Competencies are listed here along with the code that maps the competency back to the graduate outcome (in this example, competency number 1 is mapped to graduate outcome 5.3.1).
- 17** All relevant enabling competencies that support the trainees to meet the competency mentioned directly above are listed here.
- 18** The list of training and learning strategies is a guide to identify the sources available to the trainees to meet each competency. For abbreviations, please see the key above.
- 19** The assessment methodology against each competency indicates how it is assessed throughout the course of the program. For abbreviations, please see the key above.

It should be noted that the competencies and enabling competencies detailed for each of the RANZCOG Roles are relevant for the common scope of practice. Many of these aspects will be further explored in specific Advanced Training Pathways and/or in subspecialty training programs.

9. Medical Expert

9.1 Pre-pregnancy and antenatal care

Competencies

- Demonstrate clinical expertise in the management of pre-pregnancy and antenatal care of the obstetric patient (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Anatomic changes in the woman caused by normal physiologic adaptation (all organs), including those as visualised by ultrasonography
- Anatomy of pregnant uterus of the first, second and third trimester and its relation to surrounding organs
- Barriers to the study of fetal physiology
- Normal fetal weights and measures, including the change in fetal biometry and indices with advancing gestation
- Formation of the neural tube including neural tube defects
- Organogenesis, in particular fetal circulation and pulmonary maturation
- Development of female and male genital organs
- Normal process of embryologic development of multiple pregnancy and how this is visualised on ultrasound
- Factors influencing normal fetal growth
- Endocrine regulation of fetal growth
- Normal patterns of fetal activity, including fetal movements and fetal breathing movements
- Development of the placenta
- Placental control of fetal metabolism
- Nutrient transfer
- Maternal nutrient consumption

Clinical Imaging

- The principles and use of Doppler ultrasound
- Screening for aneuploidy and the current processes used
- The efficacy of ultrasound scan detection of fetal abnormality including by organ system
- The safety aspects of all these imaging modalities, for both gynaecological and obstetric patients
- Risks to the individual – short and long term
- Risks to the fetus – short and long term

Infectious Diseases

- Sexually transmitted infections
- Bacterial infections – listeria, groups A and B streptococcus, drug resistant staphylococcus aureus, bacterial vaginosis, tuberculosis, ureaplasma, mycoplasma
- Fungal infections – Candida
- Viral infections – HIV, HPV, CMV, parvovirus, herpes simplex and zoster, rubella, varicella, influenza, mumps, hepatitis
- Parasitic infections – toxoplasmosis, protozoal infection, trichomonas, malaria
- Antimicrobial agents
- Vaccination

Cardiovascular Conditions

- Maternal congenital heart disease, valvular heart disease (rheumatic, congenital), endocarditis, cardiomyopathy, artificial heart valves, arrhythmias
- Hypertension, atherosclerosis
- Cerebrovascular disease, aortic disease, ischaemic heart disease, cardiac arrest
- Varicose veins

Haematology Conditions

- Anaemia (iron deficiency, megaloblastic, refractory, haemoglobinopathy)
- Haemophilia
- Disseminated intravascular coagulation
- Thrombocytopenia
- Thrombophilias, including von Willebrand disease, venous thrombosis, embolus, thrombophlebitis and anticoagulation therapies, antiphospholipid syndrome
- Transfusion and transfusion reactions

Endocrine Conditions

- Diabetes, including diabetes insipidus
- Thyroid and parathyroid disease
- Adrenal disease, including congenital adrenal hyperplasia, Addison's disease
- Pituitary disease, including Cushing's disease, pituitary tumours, hyperprolactinaemia

Gastrointestinal Conditions

- Oral cavity disease
- Appendicitis, the acute abdomen, reflux oesophagitis, peptic and duodenal ulcer, biliary tract disease, pancreatitis
- Gastrointestinal bleeding, splenic rupture and aneurism, haemorrhoids
- Inflammatory bowel disease, irritable bowel disease, mal-absorption, constipation
- Infective gastroenteritis

Pathology, haematology and biochemistry

- The clinical value of adult, neonatal and fetal autopsy
- The macroscopic appearance and histology of normal and abnormal placental development (particularly trophoblastic disease)
- The haematological changes in normal pregnancy and in pregnancy complications, including but not limited to:
 - Blood volume changes and their effect on normal values
 - Changes in iron and other haematinics associated with erythropoiesis
 - Coagulation alternations in normal pregnancy and coagulation disorders
- The haematological implications of pre-eclampsia, placental abruption and massive blood loss
- Biochemical changes in normal pregnancy including changes in glucose and lipid metabolism
- Biochemical changes in common disorders of pregnancy
- Immunological effects of hormones in pregnancy
- Maternal immune response during pregnancy
- Immunological tolerance: preeclampsia and recurrent miscarriage
- The development of fetal immunological response

Renal Conditions

- Acute and chronic glomerulonephritis, chronic renal disease, dialysis, acute and chronic renal failure, pregnancy after transplant
- Lupus nephropathy
- Pyelonephritis (acute and chronic), urinary tract infections
- Haematuria
- Renal and ureteric calculi, hydronephrosis and hydroureter

Dietary Conditions

- Appropriate diet and weight gain in pregnancy
- Obesity, including obesity surgery, eating disorders
- Malnourishment, vitamin and mineral deficiencies
- Food-borne infection

Epidemiology

- Miscarriage

Psychological Conditions <ul style="list-style-type: none"> Psychosis, postpartum psychosis, bipolar disorder, personality disorders Anxiety disorders, depression (including postnatal blues and depression) 	Pulmonary Conditions <ul style="list-style-type: none"> Asthma, chronic lung disease, including cystic fibrosis Pneumonia, tuberculosis Smoking
Hepatic Conditions <ul style="list-style-type: none"> Pre-eclampsic liver disease, including HELLP Liver capsule haematoma and rupture Acute fatty liver Viral hepatitis Chronic liver disease, portal hypertension and varices, liver transplant Drug reactions 	Neurological Conditions <ul style="list-style-type: none"> Epilepsy, headache and migraine, Bell's palsy Postpartum neurological disorders Cerebrovascular disease, benign intracranial hypertension Hydrocephalus Demyelinating disease, myasthenia gravis Spinal injury, brain death
Trauma <ul style="list-style-type: none"> Management after motor vehicle accident Assault Major trauma 	Neoplastic Disease <ul style="list-style-type: none"> Benign and malignant tumours of the genital tract Breast cancer Choriocarcinoma Treatment of neoplastic disease
Rheumatic Conditions <ul style="list-style-type: none"> Rheumatoid arthritis Systemic lupus erythematosus Antiphospholipid syndrome Vasculitis Connective tissue disorders 	Dermatology Conditions <ul style="list-style-type: none"> Hyperpigmentation Pruritis, prurigo, folliculitis, eczema, psoriasis Pregnancy specific skin disorders Nevi and melanomas
Substance Abuse <ul style="list-style-type: none"> Alcohol, tobacco Tranquilisers Opiates, amphetamines, cocaine and their derivatives, cannabis 	Musculoskeletal Conditions <ul style="list-style-type: none"> Disorders affecting mobility, osteoporosis, congenital or acquired anomalies affecting the pelvis, backache Carpal tunnel syndrome Diastasis of the pubic symphysis, pelvic instability

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Third Trimester Ultrasound	C	C	D	104	75
Ultrasound – Fetal Growth and Wellbeing Assessment	A	C	D	208	
Ultrasound – Acute Third Trimester Presentation	A	C	D	208	

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Ultrasound – Third Trimester Twin Pregnancy assessment	A	B	B	208	
External Cephalic Version		C	C	208	
Insertion of cervical cerclage	A	B	C		

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<p>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</p> <p>Presenting symptoms in pregnancy:</p> <ul style="list-style-type: none"> Antenatal nausea, vomiting, abdominal pain, diarrhoea, constipation, PR bleeding PV bleeding, PV discharge Fever Itch, rash, jaundice, genital lesions Chest pain, cough, breathlessness, palpitations Fainting, collapse, seizures Pelvic pain Urinary retention, loin pain, dysuria, haematuria Oedema, headache Hypertension, proteinuria <p>Common maternal medical problems in pregnancy:</p> <ul style="list-style-type: none"> Incarcerated uterus, congenital or other genital tract anomalies affecting pregnancy, female genital mutilation Pre-eclampsia, abruption, placenta praevia, abnormal placental attachment, abnormal liquor volume Non-gynaecological surgery in the pregnant patient Breast pain, breast lump, galactorrhoea Mood and behavioural changes Mobility problems, weight gain, weight loss <p>Fetal complications in the antenatal period:</p> <ul style="list-style-type: none"> Preterm labour, preterm rupture of the membranes Prolonged pregnancy Large and small for dates, reduced fetal movements 	ME	eLM RP ST	OE WE

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> • Congenital fetal malformations, fetal genetic disorders, disorders of fetal growth • Abnormal cord insertion • Multiple pregnancy • Isoimmunisation • Malpresentation and abnormal lie • Mid trimester fetal loss or perinatal death including grief counselling and consent for pathology or autopsy where appropriate 			
Demonstrate an understanding of the scientific basis of the following: <ul style="list-style-type: none"> • Prenatal diagnostic techniques, non-invasive amniocentesis and CVS • Fetal therapy including fetal surgery and associated interventional techniques • Twin-twin transfusion • High order multiple pregnancy 	ME	ST	OE WE
Demonstrate understanding of the principles of pharmacology in pregnancy	ME SC	RP ST	OE WE
Understand the principles of management of victims of domestic violence	CL CM HA PF	HEP SBEC ST	OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Medically assess and counsel a woman (and her partner) pre-pregnancy for: <ul style="list-style-type: none"> • appropriate lifestyle modifications conducive to favourable pregnancy outcomes, including advice regarding weight optimisation, diet, supplements, exercise, smoking and drug use • pre-pregnancy screening and immunisation • risk of genetic conditions and referral for genetic counselling/carrier testing as appropriate • the impact and risk of pregnancy on medical conditions and vice versa 	CM ME	HEP RP SBEC ST	LB CEX OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> perinatal anxiety and depression and pre-existing mental health conditions and counsel regarding medication the optimisation of medical conditions prior to conception 			
<p>Provide comprehensive first-visit care, including:</p> <ul style="list-style-type: none"> routine assessment, including family and obstetric histories assessment of social and cultural factors that may impact on pregnancy care assessment of risk category, including whether suitable for differing models of care participate in shared care with general practitioners and midwives if appropriate. counselling and recommending appropriate tests i.e. first and second trimester screening for aneuploidies and neural tube defects carrier testing for monogenic conditions including CF, SMA, fragile X and referral for genetic counselling if appropriate routine screening for hepatitis B and C, syphilis, HIV, rubella, blood groups and red cell antibodies, cervical screening testing if appropriate for: <ul style="list-style-type: none"> cytomegalovirus parvovirus toxoplasmosis varicella haemoglobinopathies Screening for mental health status using a validated psychosocial questionnaire understand and apply the principles of management of pregnancy in women with pre-existing or current medical and surgical disorders and be able to access appropriate advanced services 	CL CM ME	HEP RP ST WS (Us)	LB CEX OE 3MA 6MA WE
<p>Recognise and implement practical aspects of ultrasound scanning including:</p> <ul style="list-style-type: none"> Fetal biometry – Estimated Fetal Weight (EFW), biparietal diameter (BPD), head circumference (HC), abdominal circumference (AC) and femur length (FL) Principles of determining chorionicity in multiple pregnancies Deepest pool of amniotic fluid Assessment of placental position Assessment of fetal growth and wellbeing The application of umbilical and middle cerebral artery Doppler ultrasound Screening for aneuploidy and the current processes used The efficacy of ultrasound scan detection of fetal abnormality including by organ system 	ME	ST WS	APSS eLM

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> Indications for these studies in both an obstetric and a gynaecological patient population 			
Provide routine antenatal care, including counselling a patient regarding warning signs of adverse pregnancy events, in collaboration with other healthcare practitioners including midwives, GPs and allied health workers	ME CL CM	RP ST	3MA 6MA MSF OE
Counsel a patient with an abnormal fetus regarding management options; be able to refer to and access appropriate services	CM ME CL	SBEC ST	OE
Practise safe prescribing in pregnancy	ME	RP ST	OE 3MA 6MA WE
Assess, recognise and manage pre-existing or current medical and surgical disorders in pregnancy	CL ME	RP ST	OE 3MA 6MA WE
Interpret tests of fetal well-being including cardiotocography, ultrasound, Doppler studies and biophysical assessment	ME	WS(ALSO) WS(FSEP)	eLM OE WE
Assess and manage the following clinical presentations that arise in pregnancy: <ul style="list-style-type: none"> Antenatal nausea, vomiting, abdominal pain and diarrhoea, constipation, PR bleeding PV bleeding, PV discharge Fever Itch, rash, jaundice, genital lesions Chest pain, cough, breathlessness, palpitations Fainting, collapse, seizures Pelvic pain Urinary retention, loin pain, dysuria, haematuria Oedema, headache Hypertension, proteinuria Mood and behavioural changes 	ME CL CM	RP SBE ST	OE 3MA 6MA
Assess and manage common maternal problems in pregnancy including: <ul style="list-style-type: none"> Mobility problems, weight gain, weight loss Incarcerated uterus, congenital or other genital tract anomalies affecting pregnancy, female genital mutilation 	ME CL CM	RP SBE ST	OE 3MA 6MA

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> Pre-eclampsia, abruption, placenta praevia, abnormal placental attachment, abnormal liquor volume 			
<p>Assess and manage the following conditions affecting the fetus during pregnancy:</p> <ul style="list-style-type: none"> Large and small for dates, reduced fetal movements Congenital fetal malformations, fetal genetic disorders, disorders of fetal growth Abnormal cord insertion Multiple pregnancy Isoimmunisation Malpresentation and abnormal lie Mid trimester fetal loss or perinatal death including grief counselling and consent for pathology or autopsy where appropriate Preterm labour, preterm rupture of the membranes Prolonged pregnancy 	ME CL CM	RP SBE ST	OE 3MA 6MA
<p>Be able to:</p> <ul style="list-style-type: none"> Screen for sexual and domestic violence Recognise common indicators that a patient has suffered family and domestic violence Provide appropriate counselling and referral to a victim of domestic violence Implement principles of management of victims of domestic violence if needed 	CL CM HA PF CSP	HEP SBEc ST	OE 3MA 6MA WE

9.2 Early pregnancy care

Competencies

- Demonstrate clinical expertise pertaining to common and critically important conditions in early pregnancy (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Fetal Physiology

- Embryologic development of a singleton pregnancy and how this is visualised on ultrasound

Pharmacology and Therapeutics

- The principles of teratogenesis and other adverse drug effects
- Categories and adverse effects of pharmaceuticals in pregnancy (in Australia and Aotearoa New Zealand as per current edition of 'Prescribing Medicines in Pregnancy')
- Teratogenicity of non-prescription drugs
- The benefits and risks of nutritional supplements
- The mechanisms of action of progesterone receptor antagonists (mifepristone)

Clinical Imaging

- The criteria for diagnosing early pregnancy loss and uncertain viability
- The distinguishing features of early intrauterine pregnancy, miscarriage and ectopic pregnancy
- The common appearances of a corpus luteum in the context of early pregnancy assessment
- Dating the pregnancy – crown rump length (CRL), biparietal diameter (BDP)

Pathology and Haematology

- The macroscopic appearance and histology of normal and abnormal placental development (particularly trophoblastic disease)

Genetics, Heritability and Screening and Diagnosis

- The structure and function of DNA
- The process of mitosis and meiotic segregation of chromosomes
- The nature, fertility implications and risks associated with aneuploidy, chromosomal translocations, duplications, and deletions
- The fetal and postnatal phenotype associated with trisomy 21, trisomy 18, trisomy 13, monosomy X (Turner Syndrome), sex chromosomes, aneuploidies and triploidy
- Autosomal dominant inheritance, e.g. Marfan syndrome
- Autosomal recessive inheritance, e.g. thalassemia, cystic fibrosis
- X-linked inheritance, e.g. Fragile X
- First and second trimester screening for trisomy 21, 18 and 13, and neural tube defects
- Free fetal DNA assessment of fetal conditions
- The use of ultrasound and other non-invasive methods for screening/diagnosis for trisomies 21, 18 and 13
- Cystic fibrosis screening
- Haemoglobinopathies screening
- The principles and indications for prenatal diagnosis, including sampling (chorionic villus sampling and amniocentesis) and the risks of pregnancy loss
- The principles and indications for pre-implantation genetic diagnosis, including PGD for chromosomal or single gene disorders
- The principles and methodology for newborn screening for genetic conditions including common conditions tested in Australia and Aotearoa New Zealand

Gastrointestinal Conditions <ul style="list-style-type: none"> Hyperemesis 	Immunology <ul style="list-style-type: none"> Immunological mechanisms in implantation and pregnancy Immunological tolerance: preeclampsia and recurrent miscarriage
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PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Suction D&C for products of conception	C	D	D	104	
Laparoscopic salpingectomy/ salpingostomy for ectopic pregnancy	A	D	D	208	10
Surgical abortion* first trimester consultation and procedure		D	D		5
Medical abortion* under 9 weeks (≤ 63 days) consultation		D	D		5
First trimester transabdominal and transvaginal ultrasound	B	C	D	104	75
First trimester ultrasound assessment of bleeding +/- pain	B	C	D	208	

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

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, diagnosis, management and prognosis of: <ul style="list-style-type: none"> miscarriage recurrent miscarriage ectopic pregnancy hyperemesis gravidarum trophoblastic disease 	ME	RP ST	OE WE
Demonstrate an understanding of the ethical, legal and regulatory context of abortion and the methods and complications of the medical and surgical management of abortion	HA ME	ST	eLM WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Assess and manage early pregnancy pain and bleeding	CSP ME	eLM HEP ST	LB OE 3MA 6MA WE
Perform, interpret and communicate both sensitively and comprehensively: <ul style="list-style-type: none"> diagnostic tests to confirm an early spontaneous miscarriage. diagnostic tests to confirm an ectopic pregnancy 	CM ME	HEP SBEC ST	OE
Investigate and manage a couple experiencing recurrent early pregnancy loss	CSP ME	SBEC ST	CEX OE WE
Medically or surgically manage: <ul style="list-style-type: none"> miscarriage and the complications that may arise ectopic pregnancy and complications that may arise, including post-pregnancy care and prognosis for future pregnancies a woman requesting abortion of pregnancy (or refer accordingly) 	CL CSP ME	HEP SBE ST	APSS eLM LB OE 3MA 6MA
Counsel a patient about options for an unwanted pregnancy	CL CSP ME	SBEC ST	OE 3MA 6MA

9.3 Intrapartum care

Competencies

- Demonstrate clinical expertise in the management of intrapartum care of the obstetric patient.
- Safely manage and conduct all obstetric procedures involved in intrapartum care when appropriate after consideration of indications, contraindications, technique and potential complications (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:	
Epidemiology <ul style="list-style-type: none"> • Live birth • Stillbirth • Preterm birth • Perinatal mortality 	Anatomy <ul style="list-style-type: none"> • Female bony pelvis • Presenting fetal part and its relation with the birth canal • Anatomic changes during parturition
Fetal Physiology <ul style="list-style-type: none"> • Fetal acid-base physiology, and oxygen and carbon dioxide transport • Fetal response to stress • Fetal hypoxia 	Maternal Physiology <ul style="list-style-type: none"> • Mechanisms governing the onset of labour • Physiology of normal uterine contractions • Changes in maternal physiology during labour
Pathology and Haematology <ul style="list-style-type: none"> • The clinical value of adult, neonatal and fetal autopsy 	Pharmacology <ul style="list-style-type: none"> • Prostaglandins • Oxytocin • Tocolytics

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Spontaneous vaginal birth	C	D	D	52	20
Vaginal breech birth	A	B	C	208	10 ¹
Vaginal twin birth, including podalic version and breech extraction	A	B	D	208	
Shoulder dystocia management	B	C	D		
Instrumental vaginal birth – low outlet vacuum and forceps deliveries	C	D	D	104	100

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Instrumental vaginal birth – midcavity or rotational for a persistent transverse or posterior position	A	B	C	208	20
Simple caesarean section including LSCS, repeat LSCS	C	C	D	104	165
Complicated caesarean section, i.e. fully dilated, placenta praevia, classical CS	A	B	D	208	35 ²
Visceral and vascular trauma sustained at CS	A	A	B		
Caesarean hysterectomy			A		PF 20
Perimortem caesarean section			A1		
Uncomplicated episiotomy and repair of second-degree perineal tear	D	D	D	52	
Repair of complicated perineal, vaginal and cervical lacerations, including third- and fourth-degree tears	A	B	D	208	20
Manual removal of placenta	C	D	D	104	
Uterine inversion	A	B	D		
Induction of labour, including use of appropriate cervical ripening methods and amniotomy	C	D	D		
Intrapartum fetal scalp blood sampling	C	D	D	104	
Administration of local anaesthesia including pudendal block	C	D	D	104	
Management of cord prolapse	B	C	D		
Preterm birth	B	C	D		
B Lynch suture	A	B	B		
Uterine tamponade balloon	A	C	D		
Internal iliac artery ligation	A1	A1	A1		

¹ – recommended 10 across all complex vaginal birth

² – recommended 20 fully dilated; 15 complex

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<p>Demonstrate understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of:</p> <ul style="list-style-type: none"> • Abnormal progress in the first stage of labour • Abnormal second stage • Amniotic fluid embolism • Breathlessness • Caesarean hysterectomy • Cervical laceration • Chorioamnionitis • Coagulopathy • Collapse • Cord prolapse • Fetal hypoxia • Fetal tachycardia • Group B streptococcal (GBS) carriage • Intrapartum multiple pregnancies • Intrapartum pain • Labour after previous caesarean • Malposition • Malpresentation • Meconium liquor • Non-reassuring fetal status/abnormal CTG • Pyrexia • Seizure • Shoulder dystocia • Uterine atony • Uterine inversion • Uterine scar dehiscence/rupture • Uterine tenderness • Vaginal and perineal trauma 	CL CM LD ME	HEP RP SBE ST	OE 3MA 6MA WE
Understand the types of analgesia and anaesthesia appropriate for control of pain during labour and birth and their benefits and complications with respect to mother and fetus	ME CL		OE WE
Understand the mechanisms of action, indications, contraindications and side effects of the common medications used in labour	ME		WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Perform and interpret fetal monitoring during labour and manage fetal heart rate abnormalities	ME	FSEP HEP ST	APSS eLM LB OE 3MA 6MA
Assess and manage a normal labour and birth	ME CL CSP CM	SBE WS(ALSO) WS(PROMPT)	APSS
Assess and manage labour following a previous caesarean section	ME CM	BOS ST	OE
Assess and manage abnormal labour and birth- recognising and responding to clinical deterioration	ME CL CM	BOS ST	OE
Assess and manage labour complicated by maternal medical conditions	ME CL	BOS ST	OE
Provide routine intrapartum care in collaboration with other healthcare practitioners including midwives, GPs and allied health workers	CL ME	ST WS	MSF OE
Use evidence-based medicine to inform discussion of mode of delivery	CL CM SC	ST HEP	MSF CEX OE
Assess and manage common clinical problems that arise in the intrapartum period including: <ul style="list-style-type: none"> • Amniotic fluid embolism • Breathlessness • Caesarean hysterectomy • Cervical laceration • Chorioamnionitis • Coagulopathy • Cord prolapse • Group B Streptococcal (GBS) carriage • Haemorrhage • Intrapartum pain • Malposition • Malpresentation • Meconium liquor 	ME CSP CL CM	FSEP HEP RP SBE ST WS(ALSO)	OE 3MA 6MA

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> • Pyrexia • Seizure • Shoulder dystocia • Tachycardia • Uterine atony • Uterine inversion • Uterine scar dehiscence uterine rupture • Uterine tenderness • Vaginal and perineal trauma 			
Management of maternal collapse	ME	HEP SBE WS (ALSO) WS (PROMPT)	OE SBE

9.4 Postpartum care

Competencies

- Demonstrate clinical expertise in the management of postnatal care of the obstetric patient (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Breast (including anatomical changes during puberty and pregnancy)
- Anatomic changes during puerperium (including breast)

Pharmacology and Therapeutics

- The adverse effects of drugs used during breastfeeding
- The balance of adverse effects with clinical benefit for drugs used in pregnancy and breastfeeding

Psychological Conditions

- Psychosis, postpartum psychosis, bipolar disorder, personality disorders
- Anxiety disorders, depression (including postnatal blues and depression)
- Post-traumatic stress disorder (PTSD)

Maternal Physiology

- Changes in maternal physiology during the puerperium

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Postpartum hysterectomy	A1	A	A		
Management of secondary PPH – examination under anaesthetic and removal of retained products of conception	B	C	D	208	

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Understand the principles of obstetric planning and case management to manage a normal puerperium	ME	HEP RP ST	LB OE 3MA 6MA

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
			WE
<p>Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management, and prognosis of:</p> <ul style="list-style-type: none"> • Perineal pain, swelling, discharge • Secondary postpartum haemorrhage • Postpartum fever • Postpartum mood disturbances • Breastfeeding difficulty and complications • Urinary incontinence and urinary retention • Postpartum collapse • Postnatal contraception and sterilisation • Relevance of current pregnancy outcome to future pregnancy. • Injury to the urinary tract • Retained products of conception • Deep vein thrombosis and/or pulmonary embolism • Endometritis, mastitis, cystitis, wound infection • Perinatal and maternal mortality (including grief counselling and investigation that may include obtaining consent for an autopsy) 	ME	eLM HEP RP SBE SBEC ST	APSS LB OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Apply the principles of obstetric planning and case management to manage a normal puerperium	ME CL CSP CM	HEP RP ST	LB OE 3MA 6MA WE
<p>Assess and manage common clinical problems that arise in the postnatal period including:</p> <ul style="list-style-type: none"> • Perineal pain, swelling, discharge • Secondary postpartum haemorrhage • Postpartum fever • Postpartum mood disturbances • Breastfeeding difficulty and complications • Urinary incontinence and urinary retention • Postpartum collapse • Postnatal contraception and sterilisation • Relevance of current pregnancy outcome to future pregnancy. 	ME CL CSP CM	eLM HEP RP SBE SBEC ST	APSS LB OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> • Injury to the urinary tract • Retained products of conception • Deep vein thrombosis and/or pulmonary embolism • Endometritis, mastitis, cystitis, wound infection • Perinatal and maternal mortality (including grief counselling and investigation that may include obtaining consent for an autopsy) 			

9.5 Neonatal care

Competencies

- Provide and organise routine care of a healthy neonate and recognise the common neonatal complications with initiation of management (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Epidemiology

- Neonatal mortality
- Infant mortality
- Low birth weight

Fetal Physiology

- Defects of gender differentiation
- Initiation of respiration
- Heart rate and circulation
- Thermoregulation
- Barometric homeostasis

Pathology and Haematology

- The clinical value of adult, neonatal and fetal autopsy

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Resuscitate a newborn baby, including rapid clinical assessment of neonatal asphyxia, external cardiac compression of neonate and use of bag and mask ventilation	C*	C	D		**

*Trainees have to be certified for basic neonatal life support at the end of Year 1

**Note: neonatal resuscitation (NNR) is a logbook requirement for all Year 1 trainees

KNOWLEDGE

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions: <ul style="list-style-type: none"> • babies exposed to maternal medication • birth asphyxia and hypoxic ischaemic encephalopathy • birth trauma 	ME	ST WS	OE WE WS (NNR)

KNOWLEDGE

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> cardiac arrest common congenital and genetic anomalies fetal alcohol syndrome necrotising enterocolitis neonatal abstinence syndrome neonatal jaundice neonate of a diabetic mother prematurity respiratory distress seizures sepsis 			

SKILLS

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Resuscitate a newborn baby, including rapid clinical assessment of neonatal asphyxia, external cardiac compression of neonate and use of bag and mask ventilation *	CL LD ME	HEP RP SBE ST WS	OE 3MA 6MA WE
Perform a routine neonatal assessment and recognise neonatal abnormalities requiring paediatric care (for example, congenital dislocation of hips, oesophageal atresia, cardiac murmurs, neonatal jaundice).	CL CM ME	RP SBE	OE 3MA 6MA WE

9.6 Critical care in obstetrics and gynaecology

Competencies

- Demonstrate clinical expertise pertaining to the management of the critically unwell obstetric or gynaecological patient (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:	
Epidemiology <ul style="list-style-type: none"> • Maternal morbidity • Maternal mortality 	Clinical Imaging <ul style="list-style-type: none"> • Indications for use of the following studies: <ul style="list-style-type: none"> ○ Plain Xray ○ CT scan ○ MRI ○ VQ Scan • Indications for these studies in both an obstetric and a gynaecological patient population • Why and when these studies would be used as an adjunct to or in preference to ultrasound, in both an obstetric and gynaecological patient • Why and when these studies would be used as an adjunct to ultrasound, to provide further information, in both an obstetric and gynaecological patient • What further information may be provided by these investigations and how this will change management for both obstetrical and gynaecological patients • The limitations of each of these modalities in terms of suitability for imaging the reproductive tract in both obstetric and gynaecological patients • The safety aspects of all these imaging modalities, for both gynaecological and obstetric patients • Risks to the individual – short and long term • Risks to the fetus – short and long term
Microbiology <ul style="list-style-type: none"> • The principles and methods of collection, storage and transport of specimens for the diagnosis of infections • The results of microbiology investigations, including microscopy, culture and antibiotic sensitivity tests 	
Renal Conditions <ul style="list-style-type: none"> • Acute and chronic glomerulonephritis, chronic renal disease, dialysis, acute and chronic renal failure, pregnancy after renal transplant 	
Hepatic Conditions <ul style="list-style-type: none"> • Liver capsule haematoma and rupture • Acute fatty liver 	
Pulmonary Conditions Aspiration of gastric contents	
Gastrointestinal Conditions <ul style="list-style-type: none"> • Appendicitis, the acute abdomen, reflux oesophagitis, peptic and duodenal ulcer, biliary tract disease, pancreatitis • Gastrointestinal bleeding, splenic rupture and aneurism, haemorrhoids 	Cardiovascular Conditions <ul style="list-style-type: none"> • Cerebrovascular disease, aortic disease, ischaemic heart disease, cardiac arrest • Cerebral and splenic artery aneurism

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Perform Adult Life Support*	D	D	D		

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<p>Describe the causes, epidemiology, diagnosis, treatment, and complications of:</p> <ul style="list-style-type: none"> Acute mental health presentations Adult respiratory distress syndrome Allergic (or adverse) drug reactions Amniotic fluid embolism Cardiopulmonary resuscitation Eclampsia Haemodynamic monitoring/hypovolemic shock Massive haemorrhage Ovarian hyperstimulation syndrome Pulmonary and cardiovascular disease in pregnancy Sepsis Undifferentiated maternal collapse 	ME	HEP RP SBE ST	OE WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<p>Apply critical care skills in the areas of:</p> <ul style="list-style-type: none"> Adult respiratory distress syndrome Allergic (or adverse) drug reactions Amniotic fluid embolism Eclampsia Haemodynamic monitoring/hypovolemic shock Management of the acutely unwell mother including undifferentiated maternal collapse and acute mental health problems Massive haemorrhage Ovarian hyperstimulation syndrome Pulmonary and cardiovascular disease in pregnancy Resuscitate an adult patient, including CPR 	CL LD ME CM CSP	HEP RP SBE ST WS(ALSO) WS(PROMPT)	MSF OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<ul style="list-style-type: none"> Sepsis 			
Demonstrate the ability to work as part of/lead a team managing a critically ill patient	CL LD CM CSP	SBE WS	MSF OE 3MA 6MA

9.7 Gynaecological health, menstrual disorders and menopause

Competencies

- Demonstrate clinical expertise pertaining to common and critically important benign disorders or menstruation, puberty, menopause and sexual health (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Common Mullerian abnormalities
- Findings (gross anatomy, histology, medical imaging) of infectious diseases involving the genital tract, including sexually transmitted diseases
- Common benign gynaecological conditions, such as myoma, ovarian cyst, ectopic pregnancy and endometriosis

Physiology and Endocrinology of the climacteric

- The origin of post-menopausal oestrogen
- Normal age range of onset
- The physiology behind vasomotor symptoms
- Effects on the central nervous system
- Atrophic changes to genital organs
- Demineralisation of bone
- Osteoporosis
- Hormonal changes and their emotional effects
- Principles of hormone replacement therapy and role of oestrogen and progesterone
- Changes to the adrenal cortex and medulla, and the thyroid gland

Premature menopause

Pathology and Haematology

- Anomalous development of the urogenital tract (i.e. Mullerian abnormalities, Wolffian remnants)
- The normal anatomical and histological changes to the genital tract during the women's life
- The pathology and histology of macroscopic diseases of the reproductive tract and breast

Microbiology

- The normal microbial flora of the urogenital tract, including acquisition at birth, impact of growth and development, sexual activity and contraceptive practice
- Select tests for the diagnosis of specific infections (i.e. culture, microscopy, PCR, IgG and IgM, serological tests) and understand the methodology of the test and the principles on which the tests are based
- The results of microbiology investigations, including microscopy, culture and antibiotic sensitivity tests
- Predisposing factors to microbial infection
- Pathogenesis of sexually transmitted infections in both male and female
- Principles of prevention of wound infection and nosocomial infections
- Principles of antimicrobial chemotherapy of infections including mechanisms of action
- Antibiotic resistance
The role of antibiotic stewardship in the appropriate management and prevention of infection

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Insert contraceptive implants (Jadelle or Implanon)	B	D	D		4
Remove contraceptive implants (Jadelle or Implanon)	A	B	C		2
IUD (copper or hormonal) insertion (general anaesthetic/sedation)	C	D	D	104	7
IUD (copper or hormonal) insertion (outpatient setting)	C	D	D	104	7
Transvaginal and transabdominal ultrasound scanning in non-pregnant woman	B	C	C		

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Gynaecological health			
Understand gynaecological management in order to: <ul style="list-style-type: none"> Advise on preventative health strategies including healthy lifestyle, breast screening, pelvic floor muscle exercises, contraception, and safe sex education Assess and manage sexual disorders/concerns Assess and initiate management of gender dysphoria 	HA ME CL CSP CM	eLM HEP RP ST	LB OE 3MA 6MA WE
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of congenital anomalies of the genital tract.	ME	RP	

Paediatric and adolescent gynaecology			
<p>Demonstrate an understanding of the following:</p> <ul style="list-style-type: none"> • Pre-pubertal vaginal discharge and bleeding • Disorders of puberty • Menstrual disorders in adolescents (irregular or heavy bleeding, amenorrhoea) • Paediatric and adolescent tumours of the genital tract • Adolescent sexual issues including high risk behaviour, contraception, STIs, HPV vaccination • Suspected adolescent or child sexual abuse 	ME	eLM HEP RP ST	LB OE 3MA 6MA WE
Understand principles of a paediatric gynaecological examination	ME	ST	WE
Menstrual disorders			
<p>Demonstrate a contemporary evidence-based knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of menstrual disorders including:</p> <ul style="list-style-type: none"> • heavy menstrual bleeding • oligomenorrhoea, amenorrhoea • premenstrual symptoms, premenstrual syndrome and premenstrual dysphoric disorder • abnormal uterine bleeding (including post coital and intermenstrual bleeding) 	ME	HEP RP ST	APSS OE WE
Contraception			
Demonstrate a contemporary evidence-based knowledge of common methods of male and female contraception including emergency contraception	ME	eLM HEP ST	APSS OE WE
Gynaecological infections			
Demonstrate a contemporary evidence-based knowledge and understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of infections in the upper and lower genital tract and other sexually transmitted infections	HA ME	HEP RP ST	OE WE

Pelvic pain			
<ul style="list-style-type: none"> Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of acute and persistent abdominal, vulval and sexual pain Describe the innervation of the pelvis, with particular reference to the pudendal nerve Describe the role of the brain in persistent pain, including the development of oncoplastic pain (previously known as central sensitisation) 	CL ME	HEP RP ST	OE WE
Benign conditions of the lower genital tract			
Demonstrate an understanding of non-infective vaginal discharge, vulval lesions, vulval dystrophies and dermatoses	CL ME	HEP ST	OE WE
The climacteric and menopause			
Demonstrate a contemporary evidence-based knowledge of assessing and managing post reproductive health and post-menopausal bleeding	ME	HEP RP ST	OE WE
Psychosocial issues in gynaecological care			
Assess and manage the principles of a forensic examination in cases of sexual assault	CM ME PF	HEP SBEC ST	OE WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Gynaecological health			
Advise on preventative health strategies including healthy lifestyle, hygiene issues, breast screening, pelvic floor muscle exercises, contraception, and safe sex education to optimise sexual and reproductive health and minimise the risk of developing malignancies	CM HA ME CSP CL	HEP SBEC ST	LB OE 3MA 6MA WE
Assess and manage sexual disorders/concerns including dyspareunia	ME CM CSP	HEP ST SBEC	LB OE 3MA 6MA WE

Assess and initiate the management of patients with gender dysphoria	CL ME CM	SBEC	OE WE
Perform pelvic and vaginal speculum examination including cervical screening test and screening/diagnostic testing for sexually transmitted infections	ME PF CSP	HEP ST	LB OE 3MA 6MA WE
Paediatric and Adolescent Gynaecology			
Assess and initiate management of: <ul style="list-style-type: none"> • Pre-pubertal vaginal discharge and bleeding • Disorders of puberty • Menstrual disorders in adolescents (irregular or heavy bleeding, amenorrhoea) • Paediatric and adolescent tumours of the genital tract • Adolescent sexual issues including high risk behaviour, contraception, STIs, HPV vaccination • Suspected adolescent or child sexual abuse 	CM HA ME PF	HEP RP ST	LB OE 3MA 6MA WE
Contraception			
Discuss with a woman, and without her partner, family planning and contraceptive issues	CM ME CSP	HEP ST	OE 3MA 6MA WE
Assess and manage contraception	ME CM CSP	eLM HEP ST	OE 3MA 6MA WE
Gynaecological infections			
Perform opportunistic screening for sexually transmitted infections and HPV vaccination	ME CSP	HEP RP ST	OE 3MA 6MA WE
Diagnose and manage sexually transmitted genital tract infections and infections of the upper and lower genital tracts	ME CSP	eLM HEP ST	OE 3MA 6MA WE
Pelvic pain			
<ul style="list-style-type: none"> • Identify and assess the contributors to pelvic pain, including viscera, pelvic floor muscles, central nervous system and plan 	CL ME	HEP ST	OE 3MA 6MA

management including consideration of the role of a biopsychosocial approach in the pain treatment.			WE
<ul style="list-style-type: none"> Discuss with the patient the role of tailored therapies in pelvic pain and the rationale for a biopsychosocial approach, including hormone treatments, physiotherapy (with reference to CBT and Pain Neuroscience Education), psychology therapies (e.g. CBT, hypnosis) and social prescribing. 			
Benign conditions of the lower genital tract			
Assess and manage non infective vaginal discharge, vulval pruritis, chronic vaginal vulval lesions, vulval dystrophies and dermatoses	ME CL	HEP ST	OE 3MA 6MA WE
Diagnose and plan management of a woman with a benign pelvic mass	ME CL	HEP RP ST	OE 3MA 6MA WE
Diagnose and manage endometriosis, adenomyosis, fibroids and endometrial polyps	ME CL	eLM HEP ST	APSS OE 3MA 6MA WE
The climacteric and menopause			
Discuss issues relating to the menopause	CM ME	HEP RP ST	OE 3MA 6MA WE
Advise on managing the climacteric and the use of menopausal hormone therapy	CM ME	HEP RP ST	OE 3MA 6MA WE
Assess and manage climacteric symptoms: <ul style="list-style-type: none"> postmenopausal bleeding hypo-oestrogenism the postmenopausal state 	ME	HEP ST	OE 3MA 6MA WE
Manage disorders relating to the menopause, including the principles of managing osteopenia	ME CL	HEP ST	OE 3MA 6MA WE

Psychosocial issues in gynaecological care

- Be aware of the issues and legalities around consent and capacity of the patient for informed consent
- Sensitively and appropriately manage a patient with a psychological or psychiatric disorder or substance abuse problem
- Recognise common indicators that a patient has suffered sexual assault
- Respond appropriately to a patient who discloses sexual assault
- Provide appropriate counselling and referrals to a victim of sexual assault
- Assess the impact of socioeconomic factors on a woman's health

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Menstrual disorders

Assess, manage and counsel a patient regarding menstrual disorders including:

- heavy menstrual bleeding
- oligomenorrhoea, amenorrhoea
- premenstrual symptoms, premenstrual syndrome and premenstrual dysphoric disorder
- abnormal uterine bleeding (including post coital and intermenstrual bleeding)

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9.8 Reproductive endocrinology and infertility

Competencies

- Demonstrate clinical expertise pertaining to common and critically important conditions in reproductive endocrinology and infertility (GO: 5.1.1, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Pituitary, thyroid and adrenal glands
- Hypothalamus
- Disorders of sexual differentiation

Pharmacology and Therapeutics

- Gonadal steroids: contraception, hormone replacement, menstrual disorders
- Ovulation induction agents and drugs that affect the HPO axis

Pathology and Haematology

- Normal pathology and histology of the endometrium and ovary at different stages of the menstrual cycle
- Normal and abnormal histology of the reproductive tract
- The normal anatomical and histological changes to the genital tract during the women's life

Physiology and Endocrinology

- The process of fertilisation
- Factors thought to interrupt fertilisation such as failure of blastocyst to 'hatch'
- The pre-pubertal reproductive endocrine and physiological status
- Hormonal changes leading to onset of menarche
- Gonadostat hypothesis
- Central maturational role of the CNS hypothesis
- Hormone feedback loops
- Physiological and anatomical changes during puberty
- Breast development
- Age at onset of menarche
- Oogenesis and spermatogenesis
- Physiological changes that occur in men and women during intercourse
- Physiological and hormonal changes and their interaction during phases of the menstrual cycle
- Cervical mucus changes during the menstrual cycle
- Normal follicular atresia
- Fimbrial capture and tubal function
- Testicular function, ejaculation and sperm function
- The role of pH in conception
- Endocrine function of the placenta
- The steroidogenesis, structure, transport, modulation, mode of action and metabolic effects of oestrogens, progestogens, androgens and corticosteroids
- The thyroid gland including:

- Basic physiology of the thyroid gland
- Secretion of thyroid hormones
- Action of thyroid hormones
- Modification of thyroid function during pregnancy
- Thyroid activity in labour
- The hypothalamus and the pituitary gland including:
 - Anatomy and basic physiology of the hypothalamus
 - Hypothalamic coordination of endocrine and neural control
 - Control of pituitary hormone secretion
 - Function of the pituitary in pregnancy
 - Hypothalamo-pituitary-adrenal axis
 - Pituitary hormones, their synthesis, function and mode of action
- Testicular function, ejaculation and sperm motility

KNOWLEDGE

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of: <ul style="list-style-type: none"> ● androgen insensitivity ● hyperandrogenism ● disorders of sex hormone synthesis ● disorders of puberty ● disorders of the hypothalamic pituitary ovarian axis ● hyperprolactinaemia ● polycystic ovary syndrome ● ovarian failure ● testicular failure ● tubal disease ● female and male infertility including unexplained infertility 	ME	HEP RP ST	OE 3MA 6MA WE
Demonstrate a contemporary evidence-based knowledge of the investigation and basic treatment of the infertile couple	ME	RP ST	OE WE
Demonstrate understanding of the principles of assisted conception techniques	ME	ST	WE

Demonstrate a detailed knowledge of the indications, technique, anatomy and potential complications of operative procedures specific to infertility and reproductive medicine	ME	ST	WE
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SKILLS

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Manage and counsel (in consultation with other health professionals) a couple with primary or secondary infertility); be able to communicate to patients the medical/non-medical and/or surgical treatments (and their associated outcomes and risks) for the common causes identified.	CL CM ME CSP	HEP SBEC ST	CEX MSF OE 3MA 6MA WE
Manage, under direct supervision, the patient requiring induction of ovulation	ME CL	HEP ST	OE 3MA 6MA WE
Counsel a patient about the concept of ovarian reserve, how this is calculated and its limitations	CM ME		OE WE
Diagnosis and management of ovarian hyperstimulation syndrome with or without embryo transfer in that cycle	ME	HEP ST	OE WE
Examine and investigate male infertility (including performing a scrotal examination and interpreting semen analysis results)	ME CM	HEP ST	OE WE
Manage and counsel (in consultation with other health professionals) a couple after unsuccessful assisted reproductive techniques	CL CM ME	SBEC ST	OE WE

9.9 Gynaecological oncology

Competencies

- Demonstrate clinical expertise pertaining to common and critically important gynaecological oncology conditions (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- The lymphatic drainage of the genital tract
- External genitalia and perineum
- Findings (gross anatomy, histology, medical imaging) of common gynaecological malignant conditions such as cervical carcinoma, endometrial adenocarcinoma and ovarian carcinoma
- Pathological conditions and dermatoses of the vulva and perineum

Pharmacology and Therapeutics

- Chemotherapeutic agents used in gynaecological malignancy
- Principles of radioactivity
- Modes of administration: external beam, intracavity and radioisotope
- Clinical uses
- Adverse effects and safety issues

Neoplastic Disease/Conditions

- Benign and malignant tumours of the genital tract
- Breast cancer
- Choriocarcinoma
- Treatment of neoplastic disease

Genetics

- Inherited breast and ovarian cancer syndromes

Immunology

- The principles of the immune response to malignancy
- The body's response to malignancy treatments

Physiology and Endocrinology

- The effect at cellular level of radiation therapy and chemotherapy
- The metabolic changes that occur in patients with malignancies

Clinical Imaging

- Indications for use of the following studies:
 - CT scan
 - MRI
 - PET scan
 - Ultrasound
- Indications for these studies in a gynaecological patient population
- What further information may be provided by these investigations and how this will change management for gynaecological patients
- The limitations of each of these modalities in terms of suitability for imaging the reproductive tract in gynaecological patients

Pathology and Haematology

- The biological effects of radiation related to therapy and its complications
- Benign and malignant neoplasia of the breast and reproductive tract (including fibromyoma, endometrial hyperplasia and cervical intraepithelial neoplasia)
- The macroscopic appearance and histology of normal and abnormal placental development (particularly trophoblastic disease)
- The normal and abnormal cytology of the vagina, cervix and endometrium, (Papanicolaou smears)

- | | |
|---|---|
| <ul style="list-style-type: none"> The safety aspects of all these imaging modalities Risks to the individual – short and long term | <ul style="list-style-type: none"> The pathogenesis and epidemiology of malignancy of the breast and reproductive tract The pathogenesis and epidemiology of non-malignant neoplasm |
|---|---|

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Colposcopy, cervix and CIN management	B	C	C	208	100

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of: <ul style="list-style-type: none"> malignant tumours of the genital tract pre-malignancy including vulval/vaginal/cervical intraepithelial neoplasia and endometrial hyperplasia. gestational trophoblastic disease 	ME	HEP RP ST	OE 3MA 6MA WE
Demonstrate: <ul style="list-style-type: none"> a contemporary evidence-based knowledge of the principles of treatment and follow up of gynaecological malignancy, including surgery, chemotherapy and radiation. 	CL ME	ST	OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Initiate the investigation and management of gynaecological malignancies with appropriate referral	CL CM ME CSP	HEP RP	OE

9.10 Urogynaecology

Competencies

- Demonstrate clinical expertise pertaining to common and critically important urogynaecological conditions (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Musculature of the pelvic floor
- Supports of the uterus and vagina
- Vascularisation and innervation of the pelvis, the pelvic floor and associated organs
- Bladder, ureter and kidneys
- Findings (gross anatomy, histology, medical imaging) of common conditions of the vaginal walls, such as in genital prolapse

Physiology:

- Normal mechanism for maintaining continence
- Physiology of normal micturition

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Insert a suprapubic catheter	A	B	C		

For additional procedures, refer to the gynaecological surgery section (9.12)

KNOWLEDGE

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of: <ul style="list-style-type: none"> anterior and posterior vaginal wall and apical prolapse urinary stress incontinence, detrusor instability/overactive bladder, neurogenic incontinence, voiding difficulties, cystitis gynaecological fistulae, anal sphincter damage complications of vaginal mesh surgery 	ME	HEP RP ST WS	OE 3MA 6MA WE

Demonstrate a detailed knowledge of the indications, primary surgical procedure(s) and potential complications of urodynamically proven urodynamic stress incontinence (USI)	ME	ST	OE WE
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SKILLS

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Be able to manage and assess the following clinical problems: pelvic organ prolapse, urinary urgency, frequency and incontinence, dysuria, anal sphincter damage, haematuria, urinary retention	ME CM CSP CL	ST WS	OE ST
Diagnose and arrange appropriate management of gynaecological fistulae	ME CL	ST	OE WE
Insertion of and follow up management of vaginal pessaries	ME CM	ST	3MA 6MA
Understand and counsel patients on the principles of urodynamic investigations	ME CM	ST	OE
Be able to communicate effectively to a patient: <ul style="list-style-type: none"> the causes and pathogenesis of gynaecological urinary incontinence the appropriate investigation and treatment of gynaecological urinary incontinence, including gynaecological fistulae the roles of urodynamic investigations the pathogenesis, investigation and management of utero-vaginal prolapse, including recurrent prolapse 	CM ME	SBEC ST	OE 3MA 6MA
Diagnose and arrange appropriate management of the complications of vaginal mesh surgery	CM ME CL	ST	WE OE

9.11 Preoperative, intraoperative and post-operative management

Competencies

- Demonstrate medical expertise in the intraoperative and perioperative management of common and critical surgical procedures in obstetrics and gynaecology (GO: 5.1.1, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Physiology

- The impact of anaesthesia on preexisting medical conditions
- The physiological changes that occur during surgery
- Normal wound healing

Pathology and Haematology

- The principles related to the collection and preservation of specimens (including forensic specimens) for pathological assessment

KNOWLEDGE

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Demonstrate an understanding of: <ul style="list-style-type: none"> • Prophylaxis of VTE (venous thromboembolism), VTE risk assessment and evidence-based approach to therapy • The principles of management of unexpected intra-operative surgical complication (bleeding, injury to organ or viscus, unexpected pathology) • The principles of surgical assisting • Impact of pre-existing medical conditions on patient's care during surgery 	ME	eLM HEP ST WS(AC) WS(FOS)	APSS CEX OE 3MA 6MA WE

SKILLS

Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Prepare a specific patient for a specific operation by being able to: <ul style="list-style-type: none"> • Conduct a pre-operative assessment including confirming appropriate surgical procedure for the clinical problem • Counsel a patient about risks, outcomes, alternatives, potential complications and their incidence 	CL ME CM CSP	eLM HEP RP SBE ST	APSS CEX MSF OE 3MA 6MA

<ul style="list-style-type: none"> Perform a pre-operative anaesthetic assessment and refer for further anaesthetic assessment where indicated Assess for risk of thromboembolism and institute a plan for prophylaxis Ensure understanding and obtain specific informed consent, including consent for audit, research and new procedures where appropriate. Assessment of acuity, including intra-abdominal bleeding, resuscitation of the haemodynamically compromised patient (principles of surgical triage) 			WE
Diagnose, assess and initiate management of common postoperative complications (e.g. bleeding, pain, infection)	LD ME	ST	3MA 6MA OE
Perform a pre-operative assessment for co-morbidities and work with anaesthetic colleagues in planning	ME CL	ST MSF	3MA 6MA CEX OE
Demonstrate: <ul style="list-style-type: none"> A teamwork approach to peri- and intra-operative patient care including a zero-tolerance approach to any bullying or harassment of team members Principles of patient safety include use of pre-operative checklists, safe positioning and transfers 	CL ME LD PF	eLM HEP SBE ST WS(FOS)	APSS 3MA 6MA WE
Demonstrate competence in the management of all types of equipment utilised in operative O&G: <ul style="list-style-type: none"> Surgical instruments Disposables, including sharps handling and disposal, and principles of managing exposure to potentially contaminated body fluids. Electrosurgical instruments Laser if appropriately trained and credentialed All laparoscopic equipment (instruments, disposables, power and light sources, insufflation media, recording equipment) Ensure that correct instruments, equipment and suture material are available 	ME	eLM HEP RP SBE ST WS(FOS)	APSS 3MA 6MA WE
Demonstrate <ul style="list-style-type: none"> Ability to open and close abdomen, using both vertical and transverse incisions Correct use laparoscopic techniques for abdominal entry Safe use of energy sources including electrodiathermy and laser where applicable the ability to identify the ureter and internal iliac artery consistent safety with sharps with respect to self, assistant, scrub nurse and patient Ability to manage a needle-stick injury 	ME	eLM HEP SBE ST WS(AC) WS(FOS)	APSS OE 3MA 6MA

<ul style="list-style-type: none"> • Application of surgical principles to prevent adhesions during surgery • dissection of proper fascial planes in repair surgery • Management of intravenous therapy, including use of blood and blood products • Recognise injuries to the ureter, bowel and bladder trauma including those which become apparent postoperatively 			
<p>Apply clinical knowledge and surgical skills in the management of post-operative complications to:</p> <ul style="list-style-type: none"> • Assess complications as: <ul style="list-style-type: none"> ○ immediate (requiring re-operation/return to theatre) ○ early ○ as inpatient (bleeding, infection, or affected/impacted system) ○ late (after discharge) • Detect and manage postoperative bleeding including reactionary and secondary haemorrhage • Detect and manage postoperative urinary tract problems including oliguria, urinary retention, infection, ureteric or bladder injury • Detect and manage postoperative bowel complications including obstruction, paralytic ileus, bowel injury • Diagnose and initiate management of venous thrombo-embolism including DVT and pulmonary embolus • Manage a patient with shock 	ME CL	eLM HEP SBE ST	OE 3MA 6MA WE
<p>Be aware of and maintain accurate and detailed operative records for:</p> <ul style="list-style-type: none"> • Surgical audit, outcome reporting, sentinel event reporting, root cause analysis • Surgical research, evaluation of new techniques etc. 	ME SC CL CM	HEP ST	OE 3MA 6MA WE

9.12 Gynaecological surgery

Competencies

- Demonstrate clinical expertise pertaining to common and critically important gynaecological procedures (GO: 5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5)

Basic sciences

Understand/describe the following:

Anatomy

- Musculature of the anterior and lateral abdominal wall
- Viscera of the pelvis
- Vascularisation and innervation of the anterior and lateral abdominal wall
- Functional anatomy of the larynx and trachea pertaining to intubation
- Anatomic relationship between reproductive organs and other viscera of the pelvis, including the impact of such relationships on surgical planes

Pharmacology and Therapeutics

- Principles of electrosurgery and its practical implementation in gynaecological surgery
- Potential dangers associated with the use of laparoscopic electrosurgery
- Potential adverse effects and safety issues relating to the use of diathermy
- Medical applications of lasers
- Light emission and the properties of laser light: coherence, collimation, monochromaticity
- The effects of lasers on tissue and the relationship of temperature to effects
- Clinical application and principles of CO₂ lasers, Nd-YAG lasers, green light lasers
- The adverse effects and safety issues relating to lasers

Operative Conditions

- Surgical stress, shock
- Wound infection and prophylaxis, wound care
- Thromboembolism prophylaxis
- Analgesic options
- General fluid management

Microbiology

- Principles and practice of sterilisation and disinfection, antiseptic technique, antimicrobial prophylaxis

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Endometrial sampling, outpatient	D	D	D	104	
Diagnostic hysteroscopy, dilatation and curettage (D&C)	C	D	D	104	

PROCEDURE	Level of supervision at stage of training			Assessment	
	End Year 2	End Basic	End Advanced	APSS (weeks)	Logbook
Laparoscopic surgery, RANZCOG/AGES Skill levels 1-2A	A	D	D	104	20
Laparoscopic surgery, RANZCOG/AGES Skill level 2B-3 #	A	D	D	208	20
Laparoscopic surgery, RANZCOG/AGES Skill Levels 4#	A1	A	A		
Laparotomy: Basic e.g. oophorectomy, salpingo-oophorectomy, ovarian cystectomy	A	D	D	104	20
Laparotomy pelvic sidewall dissection	A	A	C		20
Laparotomy: Advanced	A	A	C		
Minor perineal and vulval surgery (eg, Bartholin's cyst or abscess' marsupialisation, excision vulval cyst)	C	D	D	52	
Cystoscopy	A	C	D	208	
Vaginal surgery: Basic e.g. vaginal repair: anterior +/- posterior repair & perineum	A	C	D	208	20
Hysterectomy (any one or more of vaginal, abdominal or laparoscopic)	A	A	A	208	20
Vulvoscopy and Vulval biopsy (diagnostic)	B	D	D	208	
Complex Hysteroscopic resection submucous fibroids or uterine septa	A	A	A		
Endometrial ablation (second generation)	A	C	C		
Surgical procedures for apical prolapse	-	A	A		
Surgical procedures for urinary stress incontinence	A	A	A		

KNOWLEDGE			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
<p>Demonstrate a detailed knowledge of the indications, technique, anatomy, procedure and potential complications of the following gynaecological operations:</p> <ul style="list-style-type: none"> • Adolescent gynaecological procedures (neo-vagina etc.) • AGES Skill Levels 1-4 laparoscopic surgery • AGES Skill Levels 4-6 operative laparoscopy • Complex hysteroscopic surgery: resection of septa, sub-mucosal myomectomy • Complex urogynaecological procedures, including repeat procedures for incontinence, fistula surgery and surgical management of detrusor instability • Cystoscopy • Diagnostic hysteroscopy • Endometrial ablation • Hysterectomy: abdominal (total and sub-total), vaginal and laparoscopic assisted • Myomectomy • Open surgical management of a benign adnexal mass • Operative hysteroscopy • Primary prolapse surgery, including anterior and posterior colporrhaphy/colpoperineorrhaphy and technique(s) for vaginal apical support vault suspension • Simple vaginal tumour surgery • Sterilisation procedures • Surgery of benign vulvar and perineal conditions • Surgical management of operative complications involving related specialities: • Surgical treatment of cervical pathology • Vascular injury 	ME	eLM HEP RP ST	APSS CEX OE 3MA 6MA WE

SKILLS			
Enabling Competencies	RANZCOG Role	T & L Strategy	Assessment
Counsel patients about benefits, risks, and potential complications of common surgical procedures	CM ME CSP PF	HEP SBEC	APSS SBE
Work with patients to develop shared understanding of the risks benefits and likely outcomes of the procedure and what might happen if the patient chooses to do nothing	CM ME CSP	HEP SBEC	APSS SBE

10. Communicator

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Demonstrate effective communication with patients and families in order to establish professional therapeutic relationships with them (GO 5.2.1, 5.2.2)	ELM SBE ST WS	CEX MSF OE 3MA 6MA
<ul style="list-style-type: none"> Communicate using a patient-centred approach that encourages patient trust and autonomy Communicate with empathy, respect and compassion in a culturally appropriate manner Respond to non-verbal communication and use appropriate non-verbal behaviours to enhance communication with patients and families Recognise when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction, respond appropriately and manage disagreements, while also establishing boundaries as needed Optimise the physical environment for patient comfort, dignity, privacy, engagement, and safety Recognise when the values, biases, or perspectives of patients, physicians or other healthcare professionals may have an impact on the quality of care, and modify the approach to the patient accordingly Tailor approaches around decision-making to the unique needs and preferences of each patient, their clinical condition and circumstances Devise strategies for communicating sensitively and effectively with those holding different cultural values and beliefs Recognise that accessing gynaecological and obstetric care may trigger memories of past traumatic events including birth trauma or genital surgery Utilise effective communication strategies that facilitate the building of respectful and culturally safe relationships with patients, carers, and other health professionals Communicate effectively and with humility to ask about cultural expectations and traditional practices, including the correct pronunciation of names (or seek advice to attempt correctly) Seek and using patient's self-reporting of gender and pronouns 		
2. Elicit and synthesise accurate and relevant information, incorporating the perspectives of patients and their families (GO 5.2.1, 5.2.3)	SBE ST WS	CEX OE MSF
<ul style="list-style-type: none"> Gather biomedical and psychosocial information, while actively listening, integrating and synthesising information about the patient's beliefs, values, preferences, context and expectations Provide a clear structure for the discussions Manage the flow of the interview, including those with angry, distressed, or excessively talkative individuals, being attentive to their cues and responses Seek and synthesise relevant information from other sources, including the patient's family, with the patient's informed consent for shared decision making Provide clear explanation to patients and families seeking consent taking into consideration cultural needs 		

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
3. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (GO 5.2.1)	ELM SBE ST WS	CEX MSF OE 3MA 6MA
<ul style="list-style-type: none"> Involve patient and families in shared decision-making, using communication skills and strategies to explore their perspectives and facilitate discussions, while being respectful, non-judgmental and culturally safe 		
4. Demonstrate techniques to share healthcare information and plans with patients and families effectively and accurately (GO 5.2.1, 5.2.3)	SBE ST WS	CEX MSF OE
<ul style="list-style-type: none"> Facilitate learning of patients to enhance their autonomy, decision making and compliance in a timely, clear, honest, transparent, compassionate, respectful, and objective manner, using vocabulary that encourages their learning and acknowledges their understanding, while also verifying and validating their prior understanding Assist patient and family to identify, access, and make use of information and communication technologies Disclose patient safety incidents to the patient and family accurately, appropriately and empathetically, and plan and document follow-up as per hospital policies Explain to patients when their care is impacted by limitations of health resource allocation when relevant Follow principals of open disclosure as per National Safety and Quality Health Service (NSQHS) Standards and communicate risk of intervention or no intervention 		
5. Discuss specific issues on the basis of ethical considerations (GO 5.2.1, 5.2.2)	ELM SBE WS	OE 3MA 6MA WE
<p>Including:</p> <ul style="list-style-type: none"> Blood-borne and sexually transmitted infections Contraception Embryo experimentation Euthanasia Genetic screening Female genital mutilation Health economics Human cloning Inequalities in health care nationally and internationally Maternal-fetal conflict Refusal of treatment Surrogacy Termination 		
6. Demonstrate accurate documentation of clinical encounters (GO 5.2.3)	ELM	CEX

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
	SBE ST WS	MSF OE 3MA 6MA
<ul style="list-style-type: none"> Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements Communicate effectively using a written health record, electronic medical record, or other digital technology used by the organisation 		

11. Collaborator

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Work effectively with specialist colleagues and other healthcare professionals (GO 5.3.1)	SBE ST WS	MSF 3MA 6MA
<ul style="list-style-type: none"> Establish and maintain positive relationships with specialist colleagues and other healthcare professionals (including operating theatre staff, midwifery, nursing, doulas and other allied health staff as required) Anticipate, identify, and respond to patient safety issues relating to the function of a team Refer and consult to share expertise as needed with specialist colleagues and other healthcare professionals Provide timely and necessary written information to colleagues where required Negotiate overlapping and shared responsibilities with specialist colleagues and other healthcare professionals during patient care Engage in respectful shared decision-making with specialist colleagues and other healthcare professionals Contribute to interdisciplinary team activities 		
2. Promote a culture of collaboration (GO 5.3.1)	ST	MSF 3MA 6MA
<ul style="list-style-type: none"> Show respect toward collaborators including respect for the contribution of other health professionals in day-to-day interactions Analyse team dynamics, gather the information and resources needed and gain consensus to resolve conflict among collaborators Demonstrate an ability to accept feedback from colleagues, allied health staff, patients and their families 		
3. Hand over the care of a patient to another specialist colleague or healthcare professional (GO 5.3.1)	ST WS	MSF OE 3MA 6MA
<ul style="list-style-type: none"> Determine when care should be transferred to another specialist colleague or healthcare professional Determine the most appropriate specialist colleague or healthcare professional to whom care should be transferred Demonstrate safe handover of care, using both verbal and written communication, including prioritisation decisions Recognise and act on patient safety issues in the transfer of care Delegate tasks and responsibilities in an appropriate and respectful manner Involve the patient in decision making about transition of care and demonstrate effective communication about what to expect 		

12. Leader

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Demonstrate contribution to the improvement of health care delivery in teams, organisations, and systems to improve patient quality and safety(GO 5.4.1, 5.4.2)	eLM ST	MSF 3MA 6MA
<ul style="list-style-type: none"> • Apply the science of quality improvement to contribute to improving systems of patient care • Participate in quality improvement initiatives • Seek and use health informatics to inform quality improvement initiatives • Ensure that staff communicate clearly (verbally and in writing) with women in one's care • Understand and utilise where appropriate the principle of "open disclosure" • Analyse and provide feedback on processes seen in one's own practice, team, organisation or system • Analyse harmful patient safety incidents and near misses and apply learnings to improve systems and practice • Foster a culture that promotes patient safety • Actively encourage all involved in health care, regardless of their role, to report and respond to unsafe situations, promote openness for reporting • Be available to discuss complaints and sub-optimal outcomes with women in one's care • Engage patients and their families in the continuous improvement of patient safety 		
2. Demonstrate engagement in stewardship of healthcare resources (GO 5.4.1)	eLM ST	OE 3MA 6MA WE
<ul style="list-style-type: none"> • Allocate health care resources for optimal patient care • Use clinical judgment to minimise wasteful practices • Understand the basic principles of supply and demand, cost (total/marginal/average), profit, cost effective analysis and cost utility analysis, and the importance of discussing costs before treatment, where appropriate • Apply evidence-based management processes to achieve cost-appropriate care • Determine cost discrepancies between best practice and current practice 		
3. Demonstrate leadership in professional practice (GO 5.4.1)	eLM ST WS	MSF 3MA 6MA MSF
<ul style="list-style-type: none"> • Demonstrate leadership skills to enhance practice • Contribute to a health care change initiative to enhance services and outcomes • Facilitate a healthcare change initiative to enhance services and outcomes • Develop a strategy for implementing change in health care with patients, physicians, and other health care professionals • Analyse ongoing changes occurring in health care delivery 		
4. Manage own practice and career (GO 5.4.1)	eLM	3MA

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
		6MA
<ul style="list-style-type: none"> Set priorities and manage time to integrate practice and personal life Use strategies that address strengths and identify areas to improve personal effectiveness Adjust educational experiences to gain competencies necessary for future independent practice Examine personal interests and seek career mentorship and counselling Implement processes to ensure personal practice improvement, by evaluating a problem, setting priorities, executing a plan, and analysing the results 		
5. Demonstrate staff management skills (GO 5.4.1)	ST WS	MSF OE
<ul style="list-style-type: none"> Understand and implement basic human resources principles and staff management, and business and financial management Develop skills in staff recruitment, including identification of skills and attributes required, and planning and conducting of interviews Understand and apply principles of good staff supervision, including listening and communicating, clarity of goal setting and required standards, fairness and consistency and staff motivation Understand how to counsel staff and manage conflict resolution Advocate on behalf of staff Know about legal obligations in relation to employees, including good communication, defining individual responsibility, collective goal setting and providing opportunities for contribution of all team members 		
6. Demonstrate financial management skills (GO 5.4.1)	eLM WS	WE
<ul style="list-style-type: none"> Recognise the importance of budget and sound financials to the effective running of a clinical practice Understand the importance of personal and business, professional indemnity and public liability insurance to the effective running of a clinical practice and the principles of effective practice management Know how to interpret a budget and calculate income and expenditure Understand concepts underpinning hospital funding, including case mix and diagnostic related groups Understand issues related to insurance including professional indemnity, public liability, business and contents insurance and income protection, and total and permanent disability insurance 		
7. Demonstrate application of risk management strategies (GO 5.4.1)	ST	3MA 6MA
<p>Understand and apply principles of, and knowledge relating to, risk management, including:</p> <ul style="list-style-type: none"> Risk management is not about blame Primary role of risk management is as a tool for improving quality of care, not litigation avoidance Risk management is ideally proactive, not reactive The relationship between indemnity claims and risk management The risk management process: risk identification, risk analysis and evaluation, risk treatment, risk control 		
6. Demonstrate administrative skills (GO 5.4.1)	ST	3MA 6MA

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<ul style="list-style-type: none"> • Practise efficient and effective administrative skills • Understand the importance of information technology aids to administrative function. • Establish systems to create, store and archive records effectively • Establish reliable systems to ensure appropriate follow-up of consultations and investigations • Practice efficient and effective time management skills, in particular: <ul style="list-style-type: none"> ○ Good diary keeping ○ Using checklists ○ Setting deadlines and goals ○ Prioritising non-clinical duties ○ Communicating prioritisation decisions to co-workers ○ Managing interruptions effectively • Develop rosters, taking into account the nature of the service 		

13. Health Advocate

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<p>1. Demonstrate an approach to working with patients to advocate for their healthcare needs (GO 5.5.1)</p> <ul style="list-style-type: none"> Acknowledge patient and family rights Work with patients to address the determinants of health that affect them and their access to needed health services or resources Advocate on behalf of patients with special needs Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection Incorporate disease prevention, health promotion, and health surveillance activities into interactions with individual patients Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours 	ST	MSF OE 3MA 6MA WE
<p>2. Demonstrate an approach to advocacy for system-level change (GO 5.5.1)</p> <ul style="list-style-type: none"> Work with a community or population to identify the determinants of health that affect them Apply a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities to improve clinical practice such as through audits, peer reviews, root cause analysis and morbidity and mortality meetings. Report epidemics or clusters of unusual cases seen in practice, balancing patient confidentiality with the duty to protect the public's health Partner with others to identify the health needs of the community or population being served Identify patients or populations that are not being optimally served in their clinical practice Appraise available resources to support the health needs of communities or populations being served Distinguish between the potentially competing health interests of the individuals, communities, and populations being served 	ST	MSF OE 3MA 6MA WE
<p>3. Demonstrates commitment to a sustainable healthcare practice (GO 5.5.1)</p> <ul style="list-style-type: none"> Work with others to contribute to a sustainable O&G practice while recognising evolving and emerging sustainability issues and considering the integration of mitigation strategies into daily activities and strategic plans Advocate for ways to minimise waste in the workplace and the environment 	ST	OE WE

14. Scholar

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Demonstrate engagement in ongoing, independent, self-guided learning of obstetrics, gynaecology and other relevant areas of medical practice (GO 5.6.1)	ST MSF	OE 3MA 6MA WE
<ul style="list-style-type: none"> Develop a learning plan to enhance obstetric and gynaecological practice, by identifying learning needs related to all the RANZCOG Roles, and review and update earlier learning plan(s) with input from others Be aware of the limits of own knowledge and abilities; self-reflect and evaluate own performance using internal and external data and feedback sources to identify opportunities for learning and actively seek relevant information Engage in collaborative learning activities, e.g. by contributing to a community of practice 		
2. Demonstrate application of principles of competency-based teaching and apprenticeship learning for trainees, students, and other health professionals (GO 5.6.3)	CEX ST WS	3MA 6MA WE
<ul style="list-style-type: none"> 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 Deliver learning activities after formally developing a plan that includes needs analysis, learning objectives, teaching and learning strategies Ensure a safe learning environment for all team members, including providing guidance and advice in a considerate and consultative manner Assess learner performance and achievements according to set performance criteria Provide quality feedback to enhance learning and performance Strive to protect patient safety by supervising learners, ensuring they work within limitations, seek guidance and supervision when needed, balancing clinical supervision and graduated responsibility Employ different strategies for deliberative, positive role modelling 		
3. Demonstrate understanding of the principles and practice of evidence-based medicine (GO 5.6.4)	eLM RP WS	OE WE
<ul style="list-style-type: none"> Understand the principles and practice of evidence-based medicine and research in a clinical setting, including: <ul style="list-style-type: none"> 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 Recognise practice uncertainty and knowledge gaps during clinical and professional encounters and generate focused questions to address them Critically appraise the literature and quality of evidence Search literature and databases purposefully including: <ul style="list-style-type: none"> Medline, Embase, Cochrane Database of Systematic Reviews 		

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<ul style="list-style-type: none"> ○ RANZCOG Landmark Trials ● Understand “study types” in relation to study objectives including: <ul style="list-style-type: none"> ○ Experimental: RCT ○ Observational: cohort, case-control, cross-sectional analytical ○ Meta-analysis ○ Know different levels of evidence ● Recognise and understand sources of bias affecting study outcomes re: <ul style="list-style-type: none"> ○ Selection ○ Measurement ○ Confounding ● Interpret results meaningfully with consideration for: <ul style="list-style-type: none"> ○ Appropriate summary statistics used, including confidence intervals ○ Sample size ● Know how to select and draw on clinical evidence to inform practice. 		
4. Demonstrate research abilities, especially in a clinical context (GO 5.6.2)	eLM RP WS	RR
<ul style="list-style-type: none"> ● Demonstrate an understanding of the scientific principles of research and scholarly enquiry and its role in health care. <ul style="list-style-type: none"> ○ Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information. ○ Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers. ○ Conduct a literature review. ○ Develop a hypothesis to be tested. ○ Choose an appropriate research methodology and design a research study. ○ Apply for ethics committee approval for a clinical or laboratory-based study. ○ Collect, collate and interpret data. ○ Apply basic statistical analysis to clinical data. ○ Develop an outline structure for a research paper. ● Contribute to the work of a research program by actively participating as a research team member while balancing the roles and responsibilities of a researcher with the clinical roles ● Summarise and communicate relevant research and scholarly inquiry to lay audiences including patients and their families 		

15. Professional

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Demonstrate commitment to best practice and high ethical standards (GO 5.7.2)	eLM ST	MSF OE 3MA 6MA
<ul style="list-style-type: none"> • Demonstrate commitment and accountability for high quality patient care • Practise medicine that is ethically responsible and consistent with the obligations of a self-regulating profession • Exhibit appropriate professional behaviours and relationships in all aspects of obstetrics and gynaecology practice, reflecting honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality • Recognise a duty to assist in an emergency situation. • Maintain a duty of care and patient safety while balancing multiple competing demands by prioritising patients on the basis of clinical presentations • Intervene when behaviours toward colleagues and learners undermine a respectful environment • Demonstrate a commitment to excellence in all aspects of obstetrics and gynaecology practice • Analyse how the system of care supports or jeopardises excellence • Recognise and manage ethical issues encountered in the clinical and academic settings • Recognise and proactively manage real, potential, or perceived conflicts of interest transparently and in accordance with ethical, legal, and moral obligations • Exhibit professional behaviours in the use of technology-enabled communication, intervene when aware of breaches of professionalism involving technology-enabled communication • Recognise and respond to harm from healthcare delivery, including patient safety incidents and near misses – reporting to appropriate authorities, identifying potential improvement opportunities, and participating in analysis of such incidents • Adopt strategies that promote patient safety, while addressing human and system factors and applying the principles of situational awareness to clinical practice 		
2. Demonstrate a commitment to society by recognising and responding to societal expectations in health care (GO 5.7.2, 5.7.3)	ST	MSF OE WE
<ul style="list-style-type: none"> • Recognise and manage societal expectations of the profession to stay accountable to patients, society, and the profession • Be an effective RANZCOG member and contributor and recognise the need to ‘give back’ to the profession • Be able to influence the development of public policy to improve women’s health 		
3. Demonstrate a commitment to the profession by adhering to standards and code of ethics, abiding by laws, and participating in clinician-led regulations (GO 5.7.4)	ST ELM SBE	MSF OE 3MA 6MA WE

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<ul style="list-style-type: none"> • Recognise duties in regard to courts, legislative and regulatory bodies, and notification obligations • Be able to describe: <ul style="list-style-type: none"> ○ The development of duty of care in common law ○ Contemporary understanding of the duty of care in medicine ○ Breach of duty of care/standard of care ○ Causation ○ Important cases in the development of the duty of care a doctor owes to a patient ○ How the courts can change what is understood by the duty of care ○ Gaining consent ○ The reasons why patients sue for breach of duty of care ○ How to communicate with patients who have lodged a claim • Keep up to date knowledge about registration, Medical Boards and other statutory bodies including the Australian Health Practitioner Regulation Agency (APHRA) and the Medical Council of New Zealand (MCNZ), and understand: <ul style="list-style-type: none"> ○ The powers and limitations of the regulatory bodies ○ The public policy reasons for the existence of the regulatory bodies ○ How to respond to requests from the regulatory bodies • Be familiar with the RANZCOG Code of Ethics and its framework for practice in obstetrics and gynaecology • Be familiar with the concepts of Beneficence, Non-maleficence, Autonomy, Justice, Dignity and Truthfulness in the application of medical ethical principles • Understand the nature of ethical thinking and the philosophical basis of ethics • Be able to frame an ethical argument • Be able to discuss specific issues on the basis of ethical considerations, including: <ul style="list-style-type: none"> ○ Abortion ○ Blood-borne and sexually transmitted infections ○ Contraception ○ Embryo experimentation ○ Euthanasia ○ Genetic screening ○ Female genital mutilation ○ Health economics ○ Human cloning ○ Inequalities in health care nationally and internationally ○ Maternal-fetal conflict ○ Refusal of treatment ○ Surrogacy • Understand the need for clear, contemporaneous notes for defending a claim and be aware of issues related to patient record retention and storage • Have an understanding about privacy and confidentiality in healthcare, including: <ul style="list-style-type: none"> ○ The importance of personal privacy to a patient, as well privacy of personal information ○ The privacy and confidentiality legislation that applies in your jurisdiction ○ The issues associated with confidentiality and utilising patient information for research ○ The potential areas of conflict between patient confidentiality and other over-riding obligations such as mandatory reporting or criminal law • Have an understand about mandatory reporting, including: <ul style="list-style-type: none"> ○ What mandatory reporting is and why it was introduced ○ The reporting obligations of health professionals in the relevant jurisdiction 		

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<ul style="list-style-type: none"> Know about the processes involved when dealing with health complaints: <ul style="list-style-type: none"> The name of the health complaints body in the relevant jurisdiction and the role of that body How to respond to complaints and use complaints to improve practice Understand the principles and benefits of conciliation Know about medico-legal requirements, including: <ul style="list-style-type: none"> How to review patient files and provide a report How to perform and report a medico-legal clinical examination e.g. transport accident victim, a patient involved in litigation, sexual assault victim How to give evidence in court The importance of a chain of evidence The role and responsibilities of expert witnesses Describe the consent requirements and processes for procedures performed on minors and those deemed incompetent to consent, including sterilisation. Describe: <ul style="list-style-type: none"> Relevant national laws/regulations Who is able to give consent How the best interests of the child or incompetent adult are determined Recognise and manage unprofessional and unethical behaviours in physicians and other colleagues in the healthcare professions Participate in the review of practice, standard setting and quality improvement activities including clinical audit 		
4. Demonstrate a commitment to physician health and well-being to foster optimal patient care (GO 5.7.5)	ST	3MA 6MA MSF
<ul style="list-style-type: none"> Exhibit self-awareness and effectively manage influences on personal wellbeing and professional performance Integrate skills that support adaptation and recovery in challenging situations Manage competing personal and professional priorities and demands for a sustainable practice Recognise, support, and respond effectively to colleagues in need Promote a culture that recognises, supports, and responds effectively to colleagues in need Provide mentorship to colleagues 		
5. Demonstrate efficient practise of clinical governance (GO 5.7.1)	eLM ST	WE RP
<ul style="list-style-type: none"> Understand the general principles of 'clinical governance' and how they relate to optimal clinical practice and patient and community outcomes: <ul style="list-style-type: none"> Education and training, including the importance of continuing professional development Clinical audit; the refining of clinical practice as a result of the measurement of performance against agreed standards Clinical effectiveness; whether a particular intervention works, whether the intervention is appropriate and whether it represents value for money Research and development; including the development of evidenced-based guidelines and protocols and critical appraisal of the literature Be able to design undertake and act on the results of clinical audit 		

16. Culturally Safe Practitioner

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
1. Demonstrate knowledge of historical and contemporary context of health issues and relevant cultural information ⁹ (GO 5.8.1)	eLM RP	OE WE CEX 3MA 6MA
<ul style="list-style-type: none"> • Demonstrate knowledge of the historical and ongoing impact that colonisation has had on Aboriginal and Torres Strait Islander peoples and Māori • Demonstrate knowledge of the impact of migration and trauma on migrant and refugee communities and its ongoing impact on health outcomes • Demonstrate knowledge of the impact of violence and trauma on trans- and gender diverse (TGD) peoples and its ongoing impact on seeking health services • Demonstrate knowledge of the impact of interpersonal and systemic racism • Understand the importance of language and cultural practises in relation to care given and apply cultural awareness to everyday health care delivery • Understand te Tiriti obligations and principles in Māori context • Understand cultural practices in relation to care given • Understand how to communicate with patients from diverse communities (e.g., culturally appropriate and inclusive language) and use resources to enhance communications 		
2. Engage in ongoing development of critical consciousness (GO 5.8.1)	eLM (s) RP SBE SBEC	CEX MSF
<ul style="list-style-type: none"> • Demonstrate understanding of own cultural heritage, values and history and identify and address own biases, attitudes, assumptions, stereotypes, prejudices, privileges and characteristics that may affect the quality of healthcare provided • Engage in ongoing self-reflection and self-awareness of own conduct and interactions to identify and remedy oppressive practices (e.g. power imbalance) in interactions with patients, and communities • Engage in ongoing self-reflection and self-awareness of own conduct and interactions with colleagues in the workforce to uphold culturally safe spaces 		
3. Examine and redress power relationships (GO 5.8.1)	eLM (s) RP SBE SBEC	eLM (m) WE OE
<ul style="list-style-type: none"> • Recognise the impacts of colonisation and marginalisation on Aboriginal and Torres Strait Islander people, and Māori health outcomes • Recognise the constraints within the healthcare system that migrant, refugee peoples and asylum seeking communities face 		

⁹ Simmonds S, Carter M, Haggie H. A cultural safety training plan for vocational medicine in Aotearoa. Te Ora and the Council of Medical Colleges. 2023.

COMPETENCIES AND ENABLING COMPETENCIES	T & L STRATEGY	ASSESSMENT
<ul style="list-style-type: none"> Recognise the constraints within the health care system faced by trans- and gender diverse (TGD) communities Recognising the unique health care needs of people with disability Recognise interpersonal and systemic racism Examine and redress power imbalances between themselves, patients, communities, the health profession workforce, the organisation they work for and the wider healthcare ecosystem. Relinquish and leverage own power to develop reciprocal relationships with patients and to foster shared decision making and informed consent 		
4. Commit to and implement transformative change (GO 5.8.1, 5.8.2)	eLM (s) RP	3MA 6MA
<ul style="list-style-type: none"> Identify and implement alternative personal practices that contribute to equity and ongoing progression towards optimal health for Aboriginal and Torres Strait Islander peoples, and Māori Identify and implement alternative personal practices that contribute to equity and ongoing progression towards optimal health for migrant, refugee, and asylum seeking communities Identify and implement alternative personal practices that contribute to equity and ongoing progression towards optimal health for trans- and gender diverse (TGD) people Identify and critique oppressive elements in workplace culture and support a learning relationship amongst colleagues Analyse and critique the healthcare ecosystem and its structures and processes including institutional and systemic racism (e.g., barriers to equitable culturally safe care) that reinforce health advantages and disadvantages, and address culturally unsafe practices Identify and implement policy and practices that may improve access to healthcare such as communication aids and ease of access to interpreters Utilise clinical audit and case reviews, to examine health outcomes for patients and identify interventions to ensure equity Recognise and partner with cultural organisations and personnel to progress transformative changes 		
5. Ensure that 'Safety' is determined by patients and communities (GO 5.8.1, 5.8.2)	eLM RP	OE WE 3MA 6MA
<ul style="list-style-type: none"> Make provisions for regular feedback and input from patients, and communities on the cultural safety of the healthcare environment, interactions and care provided Advocate to relevant organisations to ensure capturing of regular feedback and input from patients and communities on the cultural safety of the healthcare environment and interactions Implement recommendations from patients, and communities, in personal practice Identify, critique, and incorporate research that draws on a diverse range of patient perspectives and experiences, to shape policy, practice, and healthcare interactions Understand and utilise the principles of trauma informed care, inclusive of patient's self-determination 		



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