



Accreditation Process and Guidelines for Training Sites in the FRANZCOG Training Program

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Version Control Register

Version	Authors	Approved by	Approval date	Effective date	Modifications	Next review
2.0	Selection, Evaluation & Accreditation (SEA) Unit, Education Directorate Accreditation Steering Group (ASG)	TAC ESC RANZCOG Board	Nov 2023	Feb 2024	<p>Both Process and Guidelines/Standards and Criteria Documents:</p> <ol style="list-style-type: none"> Split into a Process and Guidelines (PaG) document (encompassing page 1-19 of v1.9) and a Standards and Criteria (SaC) document (encompassing page 20 onwards of v1.9) Updated title to 'Accreditation Process and Guidelines/Standards and Criteria for Training Sites in the FRANZCOG Training Program' (replacing hospital, consistent throughout) Updated version control register to include information back to v1.4 Updates to Appendix 1: Glossary of Terms - removal of Ultrasound Coordinator and Ultrasound Educator <p>Process and Guidelines</p> <ol style="list-style-type: none"> Clarification in Background section regarding the split between PaG and SaC documents (p9) Updated FRANZCOG Curriculum section to reflect updated RANZCOG Roles, and clarify Advanced Training Pathways (p9-10) Added 'Use of Expanded Settings' section (p11) Use of accreditation to mean overall process (p12) Remove outdated reference to CEA unit, updated to SEA (p12) <p>Training Site Accreditation Process</p> <ol style="list-style-type: none"> Updated accreditation panel details for clarity, added RANZCOG observer (p12) Use of "site visit" to mean virtual or face to face visits (p12) Linked to RANZCOG Recording of Assessments Policy (p13) Clarity between questionnaires and surveys (p15) Removal of sentence regarding negotiating conditions/recommendations (p18) Addition of "Not Able to be Assessed" as an outcome (p18) Added information about the Comprehensive Report (p18) Information about outcomes of a Progress Report and escalation to the ASG (p19) Information about notification to relevant local health authority in the case of suspension/loss of accreditation/identification of serious issues (p19) Additional clarity regarding accreditation extensions approval process (p20) <p>Standards and Criteria</p> <p>Standard 1:</p> <ol style="list-style-type: none"> Update name to reference Training Site accreditation process (p10) <p>Standard 2:</p> <ol style="list-style-type: none"> Addition of 2.3.2 – Training Supervisor CPD Mandatory Requirements (p11) Updates to 2.4.2 to include reference and link to the Training Handbook (p11) <p>Standard 3:</p> <ol style="list-style-type: none"> Updated to 3.2.6 to include Mini-CEX and Multi-Source Feedback completion (p13) <p>Standard 4:</p> <ol style="list-style-type: none"> 4E.1 now references "Site-specific" ethics guidelines (p18) Updates to 4E.1.1 to more broadly encompass Family Planning training – provision for relevant surgical opportunities and inclusion of family planning in general gynae clinics (p18) <p>Standard 6:</p> <ol style="list-style-type: none"> Updated to 6.1.3 to refer to College's Fostering Respect Action Plan and ensure policies are comprehensive and regularly reviewed, as well as well-communicated (p23) 6.2.1 updated to include balance of training needs across the site (p23) 6.4.4 includes link to Training Support Plan and Guidelines (p25) Addition of 6.8 to cover employment contracts during training and ensure that trainees are not restricted in their ability to meet Training Program requirements (p26) 	Jul 2024

Version	Authors	Approved by	Approval date	Effective date	1. Modifications	Next review
1.9	SEA Unit, Education Directorate ASG	TAC ESC RANZCOG Board	Nov 2022	Feb 2023	<ol style="list-style-type: none"> Change of wording to avoid repetition, provide more clarity, and align with standard 4A1.3 (p7) Reference to Appendix 1 will be removed and replaced with link to website (p8) Added reference to site photos being requested for virtual visit (instead of physical tour) (p10) Clarification of process for Initial Accreditation to include opportunity for factual corrections on Draft Report (p11) Addition of "trainees from previous rotation(s) and/or trainees who have left due to issues at the site" to potential interviewee list. (p11) Trainee Surveys – sent to trainees from previous two semesters as well as current trainees (p12) ITPC questionnaire no longer used – they are asked for feedback (p12) Removed specific number of 6MA surveys (these are reviewed every six months) (p12) Changed "all previous hospital reaccreditation Reports and Progress Reports" to "most recent", and removed subsidiary information (p12) Addition to those who receive summary report – other trainees who may have been interviewed (p13) NEW SECTION to address suspension (p15) Clarifying that sites who have lost accreditation have to go through Initial Accreditation process (p15) <p>Standard 1:</p> <ol style="list-style-type: none"> Merge Criteria 1.1.2 and 1.1.3 <p>Standard 2:</p> <ol style="list-style-type: none"> Amendments to 2.2.1 Support for Training Supervisors Amendments to Standard 2.3 Training Supervisors undertake training and professional development activities in order to perform their supervisory role Amendments to 2.3.1 Training Supervisor Workshops Removal of 2.3.2 Clinical Educator Training (CET) Modules (TAC Responsibility) <p>Standard 3:</p> <ol style="list-style-type: none"> Amendments to 3.1.1 and 3.1.2 Consultant Staffing Amendments to 3.2.6 Role of the Consultant <p>Standard 4:</p> <ol style="list-style-type: none"> Amendments to 4A.1.5 Support by Colleagues and Juniors for FRANZCOG Trainees, including After Hours, final paragraph removed for clarity Amendments to 4A.1.6 Experience in Clinics, restructured for clarity Amendments to 4A.1.10 FRANZCOG Trainee In-Hospital Credentialing Amendments to Standard 4A.3 Patient consent criteria simplified Amendments to Standard 4E.1 Family Planning, added reference to Catholic ethics guidelines <p>Standard 5:</p> <ol style="list-style-type: none"> Amendments to 5.4.1 Simulation Training Amendments to 5.9.1 Facilities for FRANZCOG trainees <p>Standard 6:</p> <ol style="list-style-type: none"> Amendments to 6.3.4 Arrangements for FRANZCOG trainees After Hours 	Jul 2023
1.8	Curriculum, Evaluation & Accreditation (CEA) Unit, Education Directorate ASG	TAC ESC RANZCOG Board	Jul/Aug 2022	Aug 2022	Accreditation cycle changed from four years to five years: references throughout	Feb 2023

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1.7	CEA Unit, Education Directorate ASG	ESC RANZCOG Board	Jul/Nov 2021	Feb 2022	<ol style="list-style-type: none"> Inclusion of NZ panellists for NZ site visits (p11) Reaccreditation visits – inclusion of interviews with non-accredited registrars (p12) <p>Standard 1:</p> <ol style="list-style-type: none"> Removal of Standard 1 Appointment and Support for ITP Coordinators; replacing with NEW Standard 1 Support for RANZCOG Officers and Engagement with Hospital Accreditation Processes <p>Standard 2:</p> <ol style="list-style-type: none"> Combined criteria 2.1.1 and 2.6 Ratio of Training Supervisors and Onsite Presence Amendments to 2.3.1 Training Supervisor Workshops Removal of 2.4.2 In-Hospital Credentialing Moved 2.5.2 to Standard 1 <p>Standard 3:</p> <ol style="list-style-type: none"> Amendments to 3.2.3 Appropriate After-Hours Supervision and Teaching Amendments to 3.2.4 On-call Arrangement Amendments to 3.2.5 Team Structure Removal of 3.2.6 Primary Operator (duplication) Amendments to 3.2.7 Consultant Support in Clinics Moved 3.3.1 to Standard 6 <p>Standard 4:</p> <ol style="list-style-type: none"> Split into five sections: General, Gynaecology, Ultrasound, Colposcopy, Family Planning Multiple amendments and additions to criteria including: <ul style="list-style-type: none"> 4A.1.1 Clinical Experience – Addition: training experience not compromised by those in a short-term training pathway. 4B.1.1 Gynaecological Surgery Lists – Detailed requirements for Basic trainees moved to accompanying guideline. 4B.1.4 Priority Access to O&G Theatre Lists – Addition: priority over those in a short-term training pathway. 4C.1.1 Ultrasound – Detailed requirements for Basic trainees’ ultrasound training time moved to accompanying guideline. 4E Family Planning – New criteria relating to family planning clinics and LARC insertions. <p>Standard 5:</p> <ol style="list-style-type: none"> 5.2.1 Paid and Protected Non-Clinical Time – consolidation of, and amendments to, criteria relating to training/teaching time, research/study/clinical audit time, and administration time. Criteria relating to Ultrasound and Colposcopy training moved to Standard 4. Amendments to 5.4.1 Simulation training Amendments to 5.9.1 Facilities for FRANZCOG trainees Amendments to 5.10.1 Research Support <p>Standard 6:</p> <ol style="list-style-type: none"> Incorporation of previous 3.3 Consultants and Workplace Culture Separation of criteria for Organisational Culture; Bullying, Harassment and Discrimination; and Support for Trainees in Difficulty 6.3.1 – updated reference to Resident Doctors’ Association and 20 District Health Boards Multi-Employer Collective Agreement Amendments to 6.3.2 Guide to Appropriate Hours Amendments to 6.4.1 Fractional Training <p>Other:</p> <ol style="list-style-type: none"> Amendments to Glossary of Terms – bullying 	Jul 2022
1.6	CEA Unit, Education Directorate ASG	TAC ESC RANZCOG Board	Jul/Aug 2021	Aug 2021	<ol style="list-style-type: none"> Change to College approval body for Draft Reports (p13) 	Jan 2022

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1.5	CEA Unit, Education Directorate	TAC ESC RANZCOG Board	Mar/May 2021	May 2021	Amendments: <ol style="list-style-type: none"> Streamlining of accreditation/ reaccreditation Draft Report development timelines (p13) Change to College approval body for Draft Reports (p13) Minor alterations to processes regarding Loss of Accreditation (p15) 	Jul 2021
1.4	CEA Unit, Education Directorate Quality Assurance, Monitoring and Evaluation Project Group (QAMEPG)	TAC RANZCOG Board	Nov 2020	Feb 2021	Additions: <ol style="list-style-type: none"> References to RANZCOG Code of Conduct (pp 8,19,20,24) Contingencies for Accreditation Panel membership (p10) Information gathered before a visit: ITP Coordinator and Consultant surveys; responses to six-monthly assessment surveys; State/Territory/New Zealand TAC and STP Program Manager input (p12) Extensions to accreditation (p15) Ongoing monitoring of training sites – interventions (p16) Amendments: <ol style="list-style-type: none"> Advanced Training – approval of sites (removal of content plus clarifications) (p8) Objectives and Principles (moved from “Process” section to “Introduction”) (p9) Administration of the Training Site Accreditation Process (p9) Training Site Accreditation Visit (moved to top of “Process” section and content on virtual visits incorporated) (p10) Visit terminology (p10 and throughout) Conditions/ recommendations (p14) Standard 1.1.3 Ultrasound (p18) Standard 4.1.4 Roster requirements (p25) Standard 4.1.13 Birthing suite handover (p28) Standard 5.4.1 Ultrasound (p31) Standard 5.5.1 Simulation training (p32) Standard 5.9.1 Examiners (p33) 	Jan 2022

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Introduction

Background

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

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

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

FRANZCOG Training Program

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

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

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

The Training Program is structured to support trainees to undertake clinical responsibilities and training opportunities of increasing complexity as they progress through the Training Program.

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

[Governance - RANZCOG](#)

[Fellowship of RANZCOG training and assessments course content - RANZCOG](#)

FRANZCOG Curriculum

The FRANZCOG Curriculum outlines the six-year FRANZCOG Training Program and is an essential tool for understanding its educational basis and structure. The Curriculum emphasises that competency is achieved through an incremental process of learning and development within, and across, the eight RANZCOG roles – Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar, Professional and Culturally Safe Practitioner.

Further to this, 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 the Curriculum. Therefore, the Curriculum is to be read in conjunction with the relevant documents for the ATPs.

ITP Coordinators, Training Supervisors and consultants involved in the training of FRANZCOG trainees at accredited training sites are expected to be familiar with the Curriculum and associated documents.

RANZCOG Code of Conduct

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

[Code of Conduct - RANZCOG](#)

The Role of Training Sites in the FRANZCOG Training Program

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

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

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

Details of all ITPs in Australia and New Zealand can be found on the RANZCOG website at:

[Training sites and units - RANZCOG](#)

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

The Standards and Criteria document that accompanies these processes and guidelines details what each training site must provide as part of its obligations as a RANZCOG accredited training site. It is recognised that some criteria within the Standards may not be equally applicable to every training situation.

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

Use of Expanded Settings

It is recognised that there are a variety of training settings which contribute to the overall training experience, which have different accreditation needs.

Scenario 1: Sites within an ITP

If a significant part of training/service provision occurs offsite and the other setting is able to meet the majority of the Accreditation Standards and Criteria, the additional setting should be accredited as a separate training site within the ITP.

Scenario 2: Training Site Clusters

If training occurs across multiple physical locations in order to meet the Accreditation Standards and Criteria, and a significant/varied amount of training happens at each location, the locations can be accredited as a single entity. When an accreditation activity occurs, each location will be included/considered.

Scenario 3: Satellite Sites

If the additional setting offers specific clinical/training opportunities (e.g. ultrasound scanning, gynaecological operating) but would struggle to meet many of the Accreditation Standards and Criteria, the additional site can be listed as an additional training setting under the accreditation of the main/already accredited training site, and records will be maintained of the details of this setting for any accreditation activities relating to the training site.

Objectives of the Training Site Accreditation Process

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

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

Principles of the Training Site Accreditation Process

As part of the accreditation process, RANZCOG will:

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

Administration of the Training Site Accreditation Process

The management of the accreditation process is the responsibility of the Head of Selection, Evaluation and Accreditation (SEA) in the Education Directorate.

The accreditation process is coordinated by the RANZCOG Accreditation Team under the Selection, Evaluation and Accreditation Unit in the Education Directorate.

Training Site Accreditation Process

The Training Site Accreditation Visit

The training site accreditation visit (“site visit”) is a key component of the processes outlined below for both the initial accreditation and reaccreditation of training sites. A site visit may be conducted virtually or face to face.

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

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

Optionally:

- An additional RANZCOG Fellow seeking to gain training/experience in accreditation; this Fellow is a Probationary Panel Member.
- Additional RANZCOG staff observers.

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

Probationary Panel Members may actively participate in interviews and Panel discussions at the discretion of the Lead Fellow, but do not have a say in rating decisions.

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

A visit may be either:

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

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

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

For initial accreditation:

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

For reaccreditation:

- Confidential interviews with all available FRANZCOG trainees in all year levels; these interviews are conducted either individually or in small groups, generally by Year level (i.e. Year 1 to Year 4, Year 5 to Year 6).
- Confidential interviews with all available Fellows and other relevant health professionals at the training site (e.g. the Director(s)/Head(s) of O&G, ITP Coordinator if applicable, Training Supervisors, consultants, senior nursing and midwifery staff, theatre managers, paediatricians and anaesthetists who have worked with the FRANZCOG trainees).
- For smaller sites with few trainees, and/or at the discretion of the Accreditation Panel: confidential interviews with non-accredited registrars, trainees from previous rotation(s) and/or trainees who have left due to issues at the site.

It is important to note that the interviews on the day are private and confidential. Recordings are taken by the Accreditation Team on the day and used exclusively for report writing purposes. These recordings are deleted once the Accreditation Report (the *Report*) is approved. No individuals' names are recorded on the hospital *Report*. Accreditation visits (of all types) are covered under the [RANZCOG Recording of Assessments Policy](#), which can be found on the RANZCOG website at:

- [RANZCOG Recording of Assessments Policy](#)

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

Initial Accreditation of Training Sites

1. The hospital must complete an *Application for Accreditation as a Training Site for the FRANZCOG Training Program* form, available on the RANZCOG website at: [Application-for-Accreditation-as-a-Training-Site-in-the-FRANZCOG-Training-Program](#), demonstrating the training site's capacity to meet RANZCOG's Accreditation Standards. This application must be supported by the relevant State/Territory/New Zealand TAC, which must also provide information regarding the ITP in which the new training site will be included, if accredited. The application and supporting documentation must be sent to accreditation@ranzcof.edu.au.
2. An initial training site visit is conducted as outlined above.
3. The *Draft Report* (once reviewed by the panel, Head of Selection, Evaluation, and Accreditation, RANZCOG TAC Chair and Specialist Advisor, Accreditation) is then sent to the Director(s)/Head(s) of O&G and Chief Executive Officer (or relevant executive position/s) for the identification of any factual errors.

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

NB Timeframes outlined above will be extended appropriately to allow for holiday periods where relevant. Refer to 'After a Training Site Visit – Reports' below for further information.

4. A recommendation on the hospital's accreditation or otherwise is then considered at the next meeting of the RANZCOG TAC. The RANZCOG TAC will then forward a recommendation to the RANZCOG Board.
5. Twelve months after the first FRANZCOG trainee commences prospectively approved training at the newly accredited training site (or no later than 24 months after the initial visit), a reaccreditation visit is conducted by RANZCOG. During this initial period of accreditation, the relevant State/Territory/New Zealand TAC will monitor the training provided and provide advice to RANZCOG should an earlier review be considered necessary.
6. Processes thereafter are as for reaccreditation of training sites, described below.

Reaccreditation of Training Sites

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

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

Before a Training Site Visit – Preparation

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

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

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

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

3. A confidential feedback *Trainee Survey* is sent to all FRANZCOG trainees currently at the training and trainees from previous two semesters asking them to provide comments on their training experiences in accordance with each of the Accreditation Standards.
4. Feedback is requested from the relevant ITP Coordinator(s).
5. Confidential surveys are also sent to Training Supervisors and other O&G consultants at the site.
6. The Accreditation Team will source trainee responses to the six-monthly assessment training surveys for previous rotations.
7. The Accreditation Team will source available information on procedural training numbers at the relevant training site(s) from Education Directorate data.
8. The Accreditation Team will advise the Chair of the relevant State/Territory/New Zealand TAC, the relevant State/Territory/New Zealand Office and, if relevant, the STP team of the upcoming visit and request information on any matters arising pertinent to the training site.
9. The Accreditation Team collates the following items and forwards them to the Accreditation Panel:
 - The completed *Preliminary Hospital Questionnaire*
 - *Trainee Survey* and six-monthly assessment training survey responses
 - ITP Coordinator feedback, Training Supervisor and other consultant survey responses
 - Procedure number data
 - Relevant information from the State/Territory/New Zealand TAC
 - Relevant information from the STP team
 - The most recent hospital reaccreditation reports and progress reports.

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

After a Training Site Visit – Reports

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

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

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

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

THEN (allowing seven days for feedback to be provided)

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

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

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

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

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

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

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

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

* Trainees at the training site when the visit occurred and those at the training site when the report is approved, if different. The summary will also be sent to other trainees interviewed as part of the visit process if relevant.

13. As with all RANZCOG decisions, hospitals have the right to request a review and/or formal appeal of RANZCOG's accreditation rating under the terms of RANZCOG Regulation A2 Appeals Procedures, which may be accessed via the College website at [Appeals Procedures - RANZCOG](#).

Ratings Given in the Accreditation Process

The accreditation process aims to ensure that each accredited training site meets the agreed Standards necessary to provide specialist O&G training and to encourage further improvement and development.

The hospital *Accreditation/Reaccreditation Report* will specify whether a training site has MET, PARTIALLY MET or NOT MET each of the Accreditation Standards (or state when the Standard is NOT APPLICABLE, or NOT ABLE TO BE ASSESSED). This rating will reflect the training site's performance against each of the minimum requirements for that Standard. In addition, the hospital *Report* is likely to contain conditions and/or recommendations for further improvement (noting that a standard cannot be rated as MET where there is a rating of NOT MET for any individual criterion within that Standard).

Outcomes of the Accreditation Process

Full Accreditation

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

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

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

At the three-year point of the five-year accreditation cycle, all training sites are required to submit a *Comprehensive Report*. This allows the training site to notify RANZCOG of any significant changes to training since the previous accreditation visit, and is applicable even if Full Accreditation is granted.

The accreditation outcome may be reviewed during the five-year Full Accreditation period if it is found through a *Progress Report* or other means (e.g. an intervention based on new information provided to RANZCOG – see “Ongoing Monitoring of Accredited Training Sites” below) that a training site may be experiencing difficulties in continuing to meet the Accreditation Standards.

Provisional Accreditation

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

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

The provisional accreditation pathways are as follows:

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

timeframe for a further *Progress Report* and/or training site visit. Provisional Accreditation will be retained by the training site for the period to the next visit.

- If the second *Progress Report* and/or training site visit still demonstrates inadequate progress against the Accreditation Standards and conditions/recommendations, the Progress Report may be referred to the Accreditation Steering Group for further discussion and to advise on an appropriate outcome. Further deterioration in relation to the Standards or inadequate progress against the outstanding conditions/recommendations may result in limited extension of Provisional Accreditation and implementation of the Interventions Framework (see Ongoing Monitoring of Accredited Training Sites below).

Suspension of Accreditation

Suspension of Accreditation may occur in the following circumstances:

- Where a training site has been identified as having critical issues that restrict its ability to offer training AND
- No trainees are in place (or provision is being made by the relevant State/Territory/New Zealand TAC to reallocate trainees to a different site due to issues).

The training site will need to demonstrate via Progress reports and other interactions, their remediation strategies to address recommendations and conditions imposed. A subsequent visit will need to be undertaken and at least Provisional Accreditation awarded before trainees can be placed at the site once more.

Loss of Accreditation

Loss of Accreditation may occur in the following circumstances:

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

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

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

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

In the event of suspension or loss of accreditation, or where there are significant issues present, the relevant local health authority may be notified by RANZCOG in writing.

Extensions to Accreditation

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

- Prioritisation of training sites with known issues
- Issues arising that were previously unforeseen.

Operational capacity to undertake the number of visits required in a certain period, noting that a limited number of visits are undertaken in December and January.

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

In cases where operational capacity prohibits scheduling a visit within a reasonable time of the end of the accreditation period, the training site will receive an extension to accreditation, in order that they maintain accredited status. The extension period is approved by:

- RANZCOG TAC Chair OR delegate (e.g. Specialist Advisor, Accreditation)
- Executive Director, Education OR Dean of Education
- Head of Selection, Evaluation and Accreditation OR delegated Accreditation team member

Extension periods are generally set to the next projected accreditation activity (e.g. Progress Report, Comprehensive Report, site visit).

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

Ongoing Monitoring of Accredited Training Sites

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

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

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

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

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

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

Appendix 1: Glossary of Terms

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

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

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



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