



Accreditation Standards and Criteria for Training Sites in the FRANZCOG Training Program

Version 2.0 November 2023

Report title: Accreditation Standards and Criteria for Training Sites in the FRANZCOG Training Program

Published by: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Education Directorate

RANZCOG College Place

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

accreditation@ranzcog.edu.au

Report status: November 2023

Report version: November 2023 – Version 2.0

Disclaimer: This publication may be of assistance to you but RANZCOG and its employees do not guarantee that the publication is without flaw of any kind or is wholly appropriate for your particular purposes and therefore disclaims all liability for any error, loss or other consequence which may arise from you relying on any information in this publication.

ISSN-1443-4415

© 2022 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

This work is subject to copyright under the laws of Australia and, through international treaties, other countries. Apart from any use as permitted by law, no part may be copied, adapted, reproduced or stored in a retrieval system or made available to the public by any means or process without written permission from The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). Requests and enquiries concerning reproduction should be directed to the Chief Executive Officer (CEO).

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	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) 8. Trainee Surveys – sent to trainees from previous two semesters as well as current trainees (p12) 9. ITPC questionnaire no longer used – they are asked for feedback (p12) 11. Removed specific number of 6MA surveys (these are reviewed every six months) (p12) 14. Changed "all previous hospital reaccreditation Reports and Progress Reports" to "most recent", and removed subsidiary information (p12) 17. 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	<p>Accreditation cycle changed from four years to five years: references throughout</p>	Feb 2023

Version	Authors	Approved by	Approval date	Effective date	Modifications	Next review
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	Change to College approval body for Draft Reports (p13)	Jan 2022

Version	Authors	Approved by	Approval date	Effective date	Modifications	Next review
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

Contents

Standards and Criteria	9
Standards.....	9
Standard 1 – Support for RANZCOG Officers and Engagement With Training Site Accreditation Processes.....	10
Standard 2 – Appointment and Support of Training Supervisors.....	11
Standard 3 – Consultant Involvement With and Support for FRANZCOG Trainees	12
Standard 4 – Provision of Clinical Supervision and Experience	14
Standard 5 – Provision of Structured Education Programs, Teaching Sessions and Learning Opportunities	19
Standard 6 – Workplace Culture, Registrar Staffing, Safe Working Hours, Leave Arrangements and Assistance for Rural Rotations	23
Appendix 1: Glossary of Terms	27

This page is
intentionally
blank

Standards and Criteria

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

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

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

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

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

Standard 2 – Appointment and Support of Training Supervisors	
CRITERIA	
2.1	An appropriate number of Training Supervisors has been appointed to ensure FRANZCOG trainees receive effective education and clinical supervision.
2.1.1	Ratio of Training Supervisors and Onsite Presence: Training Supervisors have been appointed to ensure there is at least one Training Supervisor to every four FRANZCOG trainees. Each Training Supervisor is available onsite on a regular weekly basis, and holds a minimum of a 0.2 FTE contract at the training site where their allocated FRANZCOG trainees are employed.
2.2	Training Supervisors receive support from the training site to undertake their supervisory roles.
2.2.1	Support for Training Supervisors: Training Supervisors are given sufficient paid and protected supervision/teaching time to enable them to carry out their duties effectively. This paid/protected time is calculated as at least 10 hours annually per FRANZCOG trainee supervised. The special responsibilities of the Supervisor are acknowledged in their training site contract, including the provision of this paid and protected time.
2.3	Training Supervisors undertake training and professional development activities in order to perform their supervisory role.
2.3.1	Training Supervisor Workshops and upskilling activities: Training Supervisors must attend a RANZCOG Training Supervisor Workshop during their first year as a Training Supervisor. It is recommended that Training Supervisors undertake relevant CPD upskilling activities every year.
2.3.2	Training Supervisor CPD Mandatory Requirements Training Supervisors must complete mandatory training in Professionalism (Discrimination, Bullying and Sexual Harassment – DBSH) and Cultural Safety every three years, with relevant evidence uploaded to their CPD Portal. Further information on these requirements and relevant evidence is available here.
2.4	Training Supervisors carry out their roles and responsibilities as outlined in the RANZCOG Training Supervisor Position Description.
2.4.1	Roles and Responsibilities: Training Supervisors are familiar with and perform the roles and responsibilities required of a RANZCOG Training Supervisor including conducting the three-monthly Appraisal and six-monthly Assessment Reports, as per the RANZCOG <i>Training Supervisor Position Description - Roles and Responsibilities</i> document, available on the RANZCOG website at: Fellowship-of-RANZCOG-FRANZCOG-Training-Supervisor-Position-Description
2.4.2	Training Program Requirements: Training Supervisors are familiar with the content and requirements of the FRANZCOG Training Program as set out in: <ul style="list-style-type: none"> • RANZCOG Regulations • FRANZCOG Curriculum • FRANZCOG Training Handbook Training Supervisors ensure they are up to date with curriculum and assessment changes.
2.4.3	Rosters: In consultation with the O&G Director, Head of Department or equivalent, Training Supervisors are responsible for ensuring that rostering arrangements are made in conjunction with consultants and Advanced trainees familiar with the specific needs of FRANZCOG Basic trainees.

Standard 3 – Consultant Involvement With and Support for FRANZCOG Trainees

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

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

Standard 4 – Provision of Clinical Supervision and Experience	
4A: GENERAL	
CRITERIA	
4A.1	Trainees are provided with the appropriate clinical supervision and experience to meet training program requirements and to ensure the progression of clinical competence from 'novice' to 'proficient'.
4A.1.1	Clinical Experience: <p>Trainees are provided with the clinical experience and opportunities to enable them to meet training program requirements.</p> <p>Access to training experience in Subspecialist/special interest disciplines is not limited because of Subspecialty/special interest trainees.</p> <p>Training experience is not compromised by Registrar, Senior Registrar or Fellow positions occupied by non-FRANZCOG trainees, or those in a short term training pathway.</p>
4A.1.2	Assessment of Procedural and Surgical Skills (APSS): <p>Consultants teach and provide appropriate feedback to FRANZCOG trainees undertaking their formative and summative APSS workplace-based assessments as required by the RANZCOG Regulations and <i>FRANZCOG Curriculum</i>, and relevant to a FRANZCOG trainee's year level in the FRANZCOG Training Program.</p>
4A.1.3	Increased Responsibilities: <p>Clinical responsibilities and training opportunities increase in complexity as the FRANZCOG trainee progresses through the FRANZCOG Training Program.</p>
4A.1.4	Roster Requirements – Basic Trainees: <p>Rosters for Basic trainees ensure regular sessions in the following (noting that smaller sites may not be able to offer all components and that coverage of these components is determined as part of ITP rotation arrangements):</p> <ul style="list-style-type: none"> • Full day in the birthing suite • General gynaecological surgery (including operative laparoscopy) • Caesarean section list • Antenatal clinic • Gynaecological clinic • Antenatal, postnatal and gynaecology ward rounds • Minor procedures • Ultrasound • Colposcopy • Pre-admission clinic • Involvement in the continuity of care from admission to discharge • Family planning (clinics and relevant surgical opportunities)

	<p><i>In Australia:</i></p> <p>In line with the Medical Practitioners Award 2020, trainees are given at least two weeks' notice of rosters to be worked in relation to ordinary hours, including additional (overtime) rostered hours. It is noted that, on occasion, rosters may need to be changed without notice to meet emergency situations.</p> <p><i>In New Zealand:</i></p> <p>In line with the Multi-Employer Collective Agreement (MECA), trainees are given at least four weeks' notice of rosters.</p>
4A.1.5	<p>Support by Colleagues and Juniors for FRANZCOG Trainees, including After Hours:</p> <p>FRANZCOG trainees are not required to provide cover for both the birthing suite and Accident and Emergency when working on their own after hours in a training site with more than 2000 births per year.</p> <p>In smaller training sites with less than 2000 births per year, the night Registrar may be required to cover the birthing suite and also see acute O&G cases in Accident/Emergency/Women's health assessment if appropriate.</p> <p>FRANZCOG trainees working after hours on the birthing suite are provided with support, at a minimum, by a Hospital Medical Officer / House Officer in at least their second postgraduate year (i.e. PGY2 – not an Intern) to enable them to safely perform their clinical responsibilities and maximise available training opportunities:</p> <ul style="list-style-type: none"> • > 2000 births: 24-hour cover (particularly where the FRANZCOG trainee is expected to concurrently cover emergency, antenatal/gynaecology ward and the postnatal ward) • 1000-2000 births: 8am to 10pm • < 1000 births: not required. <p>After a short period of instruction, Hospital Medical Officers are able, at a minimum, to:</p> <ul style="list-style-type: none"> • Take blood and insert intravenous cannulas • Conduct initial assessments by taking an appropriate clinical history • Perform vaginal and speculum examinations • Assist with episiotomy repairs • Assist in emergencies • Assist in theatre • Handle drug orders/prescriptions.
4A.1.6	<p>Experience in Clinics:</p> <p>Rosters for FRANZCOG trainees at all training sites ensure that the FRANZCOG trainees have the maximum available experience, including access to gynaecology, colposcopy, antenatal and pre-operative anaesthetic clinics.</p> <p>Each FRANZCOG trainee is given the opportunity, under the supervision of a consultant, to provide an initial assessment and consultative service to patients presenting with emergency conditions.</p> <p>FRANZCOG trainees at tertiary and home/base hospitals are provided with experience in the care of a broad range of ambulatory (outpatient) cases as well as those presenting with urgent problems.</p> <p>At training sites where the provision of outpatient services has been delegated to the private sector or consultants' rooms, the FRANZCOG trainee is provided with opportunities to act as the primary clinician with appropriate oversight.</p>

4A.1.7	<p>Policies, Procedures and Clinical Guidelines:</p> <p>All policies, procedures and clinical guidelines relevant to O&G are regularly reviewed and revised, and consistently followed by all consultants to an auditable standard.</p>
4A.1.8	<p>Birth Suite Handover:</p> <p>The morning birthing suite handover is utilised as an educational opportunity for FRANZCOG trainees (noting operational requirements) and includes proactive planning and triaging. Consultants take opportunities as they arise to highlight valuable learning points and provide constructive feedback to trainees (with negative feedback provided separately and individually, rather than in this public forum). In a tertiary hospital, the consultant on duty, the Senior Registrar and the Team Leader/Midwife are present at handovers. The handovers are multidisciplinary and frequently include a Paediatrician and Anaesthetist. Respectful discourse is a key feature of handover.</p>
4A.1.9	<p>Training in Expanded Settings:</p> <p><i>Patient consent:</i></p> <p>Where FRANZCOG trainees utilise training in an expanded setting, including consultants' private rooms, informed patient consent is obtained for all procedures in which FRANZCOG trainees are involved.</p> <p><i>Insurance:</i></p> <p>The training site also ensures that medical indemnity insurance is in place for both the FRANZCOG trainee and the consultant undertaking the training/supervising activities.</p>
4A.1.10	<p>FRANZCOG Trainee In-Hospital Credentialing:</p> <p>The training site has a documented credentialing process in place to identify each FRANZCOG trainee's competence in relevant obstetric and gynaecological surgical procedures. The In-Hospital Credentialing process is the responsibility of the Director(s)/Head(s) of O&G in consultation with the Training Supervisor and in collaboration with consultants, Advanced trainees (where relevant) and other relevant Health Practitioners.</p> <p>The training site may develop its own credentialing process or utilise that of the RANZCOG <i>In-Hospital Credentialing</i> document, available on the RANZCOG website at:</p> <p>Registrar In-House Credentialing</p> <p>The training site must also have a list of procedures where the consultant must always be present. This supersedes the level of credentialing of any individual FRANZCOG trainee.</p> <p>The credentialing document specifies the level of supervision each FRANZCOG trainee requires for specific procedures particularly where these are performed after hours. If a FRANZCOG trainee is listed as requiring after hours direct supervision for a particular procedure, the on-call consultant attends.</p> <p>Regardless of the credentialing for a particular procedure, FRANZCOG trainees feel comfortable to seek assistance from a consultant(s), who provides support when requested to do so.</p> <p>The credentialing document is distributed to all relevant Staff, such as consultants, including Locums, Senior Midwifery and Theatre Staff, Advanced trainees and Theatre Nurses. All relevant staff adhere to the level to which an individual FRANZCOG trainee is credentialed.</p> <p>The credentialing document for each FRANZCOG trainee is reviewed and updated every six months at a minimum. Where relevant, training sites verify with the home/base hospital the credentialing of their allocated FRANZCOG trainee(s).</p>

4A.2	Advanced trainees are provided with the appropriate clinical opportunities to enable them to undertake either a 'Generalist' or 'Non-Generalist' Pathway and relevant Advanced Training Modules (ATMs) during their Advanced Training.
4A.2.1	Advanced Clinical Experience: Advanced trainees are provided with the clinical experience and opportunities to enable them to meet the requirements of Advanced Training, including any relevant ATMs.
4A.2.2	Professional Attributes: Advanced training positions have a defined role that includes most of the following: <ul style="list-style-type: none"> • Administration • Rostering of junior staff • Involvement in audit • Organisation and performance of education activities for Medical Students, FRANZCOG trainees and other clinical staff who are not FRANZCOG trainees • Recognised role in the training and assessment of Basic trainees • Participation as appropriate in Departmental consultant Meetings • Involvement in the development of policies, procedures and clinical guidelines.
4A.3	Training Sites have processes in place that allow trainees to access patient information for training purposes.
4A.3.1	Patient Consent: There are no barriers to trainees accessing patient information for training purposes.
4B: GYNAECOLOGY	
CRITERIA	
4B.1	Trainees are provided with sufficient gynaecological surgical experiences, under appropriate supervision, to meet training requirements and to ensure the progression of surgical competence from 'novice' to 'proficient'.
4B.1.1	Gynaecological Surgery Lists: The training site provides FRANZCOG trainees with sufficient gynaecological surgical experience as the Primary Operator to meet training program requirements. For Basic trainees, this is in line with Guidelines for Hospitals in the FRANZCOG Training Program: Gynaecological Surgical Training . Training sites should refer to the associated document Strategies for training hospitals to improve trainee gynaecological surgery procedure numbers available on the College website.
4B.1.2	Primary Operator Experience – Basic Trainees: FRANZCOG trainees are given maximum opportunities and experience as the Primary Operator by consultants and/or Advanced trainees, having regard to year level and abilities, and also are given opportunities to utilise training in expanded settings (e.g. private settings).
4B.1.3	Primary Operator Experience – Advanced Trainees: Advanced trainees are provided with opportunities to reach a high level of independence in the performance of procedural and surgical skills, which necessitates: <ul style="list-style-type: none"> • Primary Operator experience, with a junior assistant, for those procedures where remote supervision credentialing level has been achieved. • Primary Operator experience with in-theatre supervision for those procedures where onsite or remote credentialing level has not yet been achieved. • Supervising Basic trainees who are acting as the Primary Operator.

4B.1.4	Priority Access to O&G Theatre Lists:
	FRANZCOG trainees have priority access to O&G theatre lists over other junior medical staff who are not FRANZCOG trainees, and those in a short term training pathway. This priority is reflected in the roster and position descriptions of FRANZCOG trainees.
4C: ULTRASOUND	
CRITERIA	
4C.1	Structured ultrasound training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Ultrasound Assessment of Procedural and Surgical Skills (APSS)
4C.1.1	Ultrasound:
	<p><i>Ultrasound Training Time:</i></p> <p>The training site provides FRANZCOG Basic trainees with sufficient ultrasound training time to meet training program requirements, in line with <i>Guidelines for Hospitals in the FRANZCOG Training Program: Ultrasound Training</i>.</p> <p><i>Ultrasound Workshop:</i></p> <p>Basic trainees are required to complete a RANZCOG-approved internal or external course or workshop by the end of 92 weeks of Basic Training. The training site must allow and support trainees' attendance at such a workshop.</p>
4D: COLPOSCOPY	
CRITERIA	
4D.1	Structured colposcopy training is in place to enable FRANZCOG trainees to meet the required competencies, including completion of their Colposcopy In-Hospital Clinical Assessments (IHCA)
4D.1.1	Colposcopy:
	Basic trainees are rotated through attachment to a colposcopy service, with sufficient caseload and continuity of exposure to both new and review cases to enable them to obtain the skills required to pass the Colposcopy IHCA or APSS.
4E: FAMILY PLANNING	
CRITERIA	
4E.1	FRANZCOG trainees are provided with a range of opportunities and experiences in family planning, including clinics and relevant surgical opportunities (acknowledging any limitations on contraceptive and family planning training due to site-specific ethics guidelines)
4E.1.1	Family Planning:
	<p>Rosters for Basic trainees ensure regular access to family planning training (noting that smaller sites may not be able to offer this component).</p> <p>This may include:</p> <ul style="list-style-type: none"> • Family Planning Clinics (standalone or as part of a general gynaecology clinic) • Relevant surgical procedures
4E.1.2	Long Acting Reversible Contraception (LARC):
	Basic trainees are provided with appropriate training and experience in the insertion of intrauterine devices (IUDs) and contraceptive implants (e.g. Implanon/Jadelle).

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

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

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

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

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

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

CRITERIA	
6.1	A supportive, harmonious workforce culture and team environment is evident.
6.1.1	Consultants and Workplace Culture: <p>Consultants contribute to a workplace culture that is harmonious, respectful and supportive of training and the delivery of up-to-date, evidence-based care. Consultants conduct themselves in a professional manner and treat FRANZCOG trainees with respect and courtesy.</p>
6.1.2	Organisational Culture: <p>The leadership and organisational culture is supportive and harmonious. Teamwork and morale are strong and this culture is propagated amongst the Medical, Midwifery, Nursing, Allied Health Staff and Management with constructive inter-professional relationships encouraged.</p>
6.1.3	Bullying, Harassment and Discrimination: <p>The training site has zero tolerance for workplace bullying, harassment and discrimination. The training site has regularly reviewed policies and processes to identify, investigate and resolve issues of workplace bullying, harassment and discrimination. These are clearly communicated at the commencement of employment and periodically reinforced.</p> <p>The training site is aware of the College's Fostering Respect Action Plan and works to implement local actions that help to promote and support this.</p> <p>Refer to the following publications relating to good medical practice.</p> <ul style="list-style-type: none"> • Australia • Aotearoa New Zealand
6.1.4	Support for Trainees in Difficulty: <p>Mechanisms are in place to identify and assist FRANZCOG trainees who may be experiencing personal and/or professional difficulties that may in turn be affecting their training.</p>
6.2	A suitable number of junior medical staff is employed to ensure sufficient training opportunities exist for FRANZCOG trainees to meet training requirements, over and above meeting service requirements.
6.2.1	Trainee Staffing: <p>Trainee numbers are such as to ensure FRANZCOG trainees receive adequate training opportunities as defined in the <i>FRANZCOG Curriculum</i> in addition to the training site clinical service requirements.</p> <p>This should take into account the balance of needs across trainees in any training programs supported at the site.</p>

6.3	The training site complies with award conditions relating to working hours and shift work relevant to the region in which it is located.
6.3.1	<p>Award Conditions – Working Hours:</p> <p>The training site adheres to the relevant award conditions in relation to working hours and shift work prescribed under the Australian Medical Association (AMA) “National Code of Practice - Hours of Work, Shiftwork and Rostering Hospital Doctors”, individual Australian state/ territory or New Zealand OH&S legislation, or stipulations of the New Zealand “Resident Doctors’ Association and 20 District Health Boards Multi-Employer Collective Agreement (17 May 2021 to 31 March 2024)” as applicable. Rosters are available to demonstrate compliance if requested.</p>
6.3.2	<p>Guide to Appropriate Hours:</p> <p>RANZCOG recommends the following guide for training sites:</p> <ul style="list-style-type: none"> • FRANZCOG trainee hours worked in a 14-day period complies with the appropriate award applicable in the relevant Australian state/territory or New Zealand. • The maximum length of a Registrar’s shift is generally no more than 14 hours. This maximum shift length is exclusive of on-call shifts, regardless of whether the on-call requires onsite presence. In a training site delivering less than 500 births annually, this may be extended to 24 hours. • If occasional 24-hour shifts are undertaken, they are followed by a day off and only occur at training sites where there is 24-hour Resident cover and ready availability of consultant support. • Weekend rosters are organised on a minimum 1:3 basis. A 1:2 roster on a consistent basis is only used on occasion and only when staffing difficulties at a particular training site allow no other option. <p>RANZCOG acknowledges, in circumstances where there is easy access to consultant support, some flexibility to the above guide is needed for smaller training sites, particularly in rural areas where there is only one FRANZCOG trainee and they are required to be on-call over the weekend.</p> <p>Training sites should refer to the associated guideline Appropriate working hours for a FRANZCOG trainee available on the College website.</p>
6.3.3	<p>Physical Safety and Security:</p> <p>FRANZCOG trainees working extended hours and/or subject to on-call and call-out arrangements which require them to attend and leave the workplace at unusual hours, are provided with:</p> <ul style="list-style-type: none"> • Physical safety and security, such as lighting and escorts, when leaving work and reaching their car or transport at times well outside normal business hours. • Taxis or other transport when work-induced fatigue makes it unsafe for the trainee to drive home in their own car.
6.3.4	<p>Arrangements for FRANZCOG Trainees After Hours:</p> <p>FRANZCOG trainees working on-call from home after hours are available within 30 minutes and a rest room is provided and available onsite.</p> <p>If a trainee is required to be on-site for after-hours on-call, the training site must provide a suitable private room with a bed for the trainee.</p> <p>NB: In NZ onsite on-call is referred to as on duty, and the same room requirements apply.</p>

6.4	The training site permits FRANZCOG trainees to undertake fractional training subject to the requirements of the training site and prospective approval by the Chair of the relevant State/Territory/New Zealand TAC.
6.4.1	Fractional Training: Subject to the staffing levels and the requirements of the training site, and where approved by the Chair of the relevant State/Territory/New Zealand TAC and the training site, FRANZCOG trainees are able to undertake fractional (part-time) training, defined as training undertaken between 0.5 FTE and 1.0 FTE. Where fractional training is undertaken, the clinical exposure experience is proportionately equivalent to the full-time position.
6.4.2	Leave Arrangements: The training site adheres to the relevant award conditions regarding minimum annual leave entitlements. Additionally, FRANZCOG trainees are afforded two weeks of study/conference leave per year, which is recognised as part of active clinical service.
6.4.3	Training Whilst Pregnant: The training site is supportive of, and familiar with, workplace policies and OH&S protocols relating to working while pregnant and accommodates FRANZCOG trainee requests where possible, as outlined in the <i>Clinical training whilst pregnant</i> statement available under Statements and Guidelines on the RANZCOG website at: Statements and guidelines directory - RANZCOG
6.4.4	Training After Taking Leave: A formal and supportive return to work program is provided, in accordance with RANZCOG Regulations in relation to time out of training. The training site may develop its own return to work program or utilise the RANZCOG <i>Training Support Plan</i> guidelines and document, available on the RANZCOG website at: <ul style="list-style-type: none"> • Training Support Plan • Training Support Plan Guidelines
6.5	A mentor is offered and available if requested or recommended, in addition to the Training Supervisor.
6.5.1	Mentor: The training site facilitates the provision of an appropriate mentor if requested by the FRANZCOG trainee or if it is felt that a FRANZCOG trainee may benefit from the guidance and support of a mentor in addition to the Training Supervisor as outlined in the RANZCOG <i>Mentoring Policy</i> , available under Statements and Guidelines on the RANZCOG website at: Statements and guidelines directory - RANZCOG Appropriate mentors may include health professionals outside of the O&G specialty.
6.6	The training site, if providing a rural rotation, provides appropriate accommodation for the duration of the rotation.
6.6.1	Accommodation: The training site, if providing a rural rotation, provides: <ul style="list-style-type: none"> • Hospital accommodation or other subsidised accommodation, or assistance in obtaining suitable accommodation for the FRANZCOG trainee and their family. • Removal expenses to and from the rural location. • Travel expenses to and from the rural location. • Funding for at least two home visits by the FRANZCOG trainee in each six-month period, equating to not less than 50% of the costs involved.

6.7	The training site has in place a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or peri-natal outcomes.
6.7.1	Critical Incident Management: <p>The training site has strategies in place to support FRANZCOG trainee health and wellbeing and a process for critical incident management, including the immediate and longer-term care of FRANZCOG trainees involved in critical incidents such as adverse maternal or perinatal outcomes.</p>
6.8	The training unit/site must not compromise the ability of trainees to undertake training as per the relevant RANZCOG Regulations, Policies and Handbooks.
6.8.1	Employment Contracts: <p>Accredited training units/sites must be familiar with the content and requirements of the relevant training program as set out in the applicable RANZCOG Regulations, Policies and Handbooks (available on the RANZCOG website), which stipulate requirements for rotation through a variety of settings over the course of training.</p> <p>Employment contracts must not restrict trainees' ability to meet the relevant training program requirements, including access to training in other locations.</p> <p>As part of the accreditation process, the College may request a deidentified copy of the employment contract or position description.</p>

Appendix 1: Glossary of Terms

Accreditation	The formal process by which a training site 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 training site.
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 Training Site	A training site which has been accredited by RANZCOG as a training site for Basic Training.
Advanced Training	The final 92 weeks (2 years) of clinical, educational and assessment requirements in approved RANZCOG training undertaken by FRANZCOG trainees after completing Basic Training (i.e. Years 5 and 6).
Basic Training	The first 184 weeks (four years) of clinical educational and assessment requirements in approved RANZCOG training sites (i.e. Years 1–4).
Bullying	<p>Bullying is defined as repeated and unreasonable behaviour directed towards a person or a group of people that creates a risk to health and safety. Bullying can be classified into two broad categories, direct or indirect. Examples of behaviour, whether intentional or unintentional, that may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include but are not limited to:</p> <ul style="list-style-type: none"> • aggressive or intimidating conduct • belittling or humiliating comments • spreading malicious rumours • teasing, practical jokes or 'initiation ceremonies' • pressure to behave unreasonably • exclusion from work and work-related events • unreasonable work expectations, including too much or too little work, or work below or beyond a worker's skill level • displaying offensive material <p>It is common that a series of relatively minor behaviours, each of minimal effect when viewed in isolation from each other might, when combined, demonstrate a systematic and significant episode of bullying when experienced over a period of time. (Refer to RANZCOG's Bullying, Harassment 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 training sites accredited by RANZCOG to provide Basic Training. An ITP has a home/base hospital and a number of peripheral and rural training sites 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 training sites 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 training site, which all FRANZCOG trainees must undertake in the course of Basic Training.
Rural Site	A training site 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 position in an accredited training site, 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 training site, responsible for the coordination and ongoing supervision of FRANZCOG trainees in that training site, including the regular formative appraisals and summative assessments of the FRANZCOG trainee(s) for whom he or she is responsible.



The Royal Australian and
New Zealand College of
Obstetricians and Gynaecologists

AUSTRALIA

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

NEW ZEALAND

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

ranzcog.edu.au