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Acknowledgement of Country

The Australian Medical Council acknowledges the Aboriginal and Torres Strait Islander Peoples as the original Australians, and Māori as the original Peoples of Aotearoa New Zealand.

We acknowledge and pay our respects to the Traditional Custodians of all the lands on which we live, and their ongoing connection to the land, water and sky.

We recognise the Elders of all these Nations past, present and emerging, and honour them as the traditional custodians of knowledge for these lands.

Executive Summary: Royal Australian and New Zealand College of Obstetricians and Gynaecologists

The Australian Medical Council (AMC) document, *Procedures for Assessment and Accreditation of Specialist Medical Education Programs by the Australian Medical Council 2023*, describes AMC requirements for reaccreditation of specialist medical programs and their education providers.

The AMC first assessed the Royal Australian and New Zealand College of Obstetricians and Gynaecologist's training program in 2003. The 2003 assessment resulted in accreditation of RANZCOG for the full period of six years until 31 December 2009, subject to satisfactory annual reports. Based on a comprehensive report submitted in 2008, accreditation was extended to 31 December 2013 taking accreditation to the full period of ten years. Progress reports from the College since its 2003 assessment have all been satisfactory. The period since initial accreditation was granted in 2003 has seen the full implementation of the College's curriculum to underpin the education and training program leading to the award of Membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (MRANZCOG) and Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG).

In 2013, an AMC team completed a full reaccreditation assessment of RANZCOG's training programs in obstetrics and gynaecology (including continuing professional development programs). The AMC found the programs met the accreditation standards and granted accreditation up to December 2019 subject to satisfactory progress reports to the AMC. The College submitted annual progress reports, which satisfied and closed all 34 outstanding conditions set in 2013, with no conditions remaining to be satisfied by the College in 2018. In 2019, the College submitted a comprehensive report that addressed the standards, extending the accreditation to 10 years up to December 2023, taking accreditation to the full period which the AMC grants between assessments.

Decision on accreditation

Under the *Health Practitioner Regulation National Law*, the AMC may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the AMC reports its accreditation decision to the Medical Board of Australia to enable the Board to make a decision on the approval of the program of study for registration purposes.

In 2023, the AMC team reviewed a range of RANZCOG activities and met with College staff, fellows, trainees, and specialist international medical graduates. The following accomplishments and initiatives were of note:

- The commitment and involvement of the College President, Chief Executive Officer, College leadership and staff across organisational and educational matters of the College.

- The appointment of Aboriginal and Torres Strait Islander and Māori representatives on Council, and the mandatory requirements for Board and Council members to complete cultural safety training is a very positive development.
- The College's commitment to advocating on behalf of women's health and wellbeing, evident in hosting of national women's health summits, active contribution to various consultation on women's health, and achieving recognition as a WORK180 Endorsed Employer for Women.
- The commitment in Aotearoa New Zealand to make culturally safe workplaces, and the work of He Hone Wāhine to support Māori trainees.
- The trainee voice is strongly represented on College Council and on many of the College's committees and trainees are keenly involved in the governance of their training.
- The College's position, as a leader in women's health in Australia and Aotearoa New Zealand, to form deeper collaborative relationships with other medical specialists and interdisciplinary health professionals.

From the 2023 assessment, the AMC team determined a few areas for the College to focus its attention on, including:

- The embedding of cultural safety training for all fellows, directors of training, training supervisors, trainees, and staff across the organisation, in training programs, CPD and SIMG assessment, would encourage the employment, selection and retention of Aboriginal and/or Torres Strait Islander and Māori trainees and staff.
- Developing mechanisms to mitigate the ongoing cost of training for trainees and SIMGs that was raised as a weight on wellbeing and a significant barrier for many overseas-trained doctors in the SIMG process.

Findings

The AMC's finding is that it is reasonably satisfied that the training and education programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists **substantially meet** the accreditation standards.

The **13 December 2023** meeting of the AMC Directors resolved:

- (i) That the Royal Australian and New Zealand College of Obstetricians and Gynaecologists specialist medical programs in the recognised medical specialty of **obstetrics and gynaecology** and the fields of specialty practice: *gynaecological oncology; maternal-fetal medicine; obstetrics and gynaecological ultrasound; reproductive endocrinology and infertility; and urogynaecology*, be granted accreditation for **six years to 31 March 2030** subject to satisfying AMC monitoring requirements including monitoring submissions and addressing accreditation conditions.
- (ii) That this accreditation is subject to the College providing evidence that it has addressed conditions in the specified monitoring submission as set out in the table below.

| Standard | Conditions | To be met by |
|------------|--|--------------|
| Standard 1 | <p>1 To meaningfully progress College strategies to improve health outcomes and equity of Aboriginal and Torres Strait Islander and Māori Peoples, and cultural safety initiatives,</p> <p>i. Finalise and implement the 2023 Reconciliation Action Plan with monitoring and evaluation mechanisms and</p> | 2024 |

| Standard | Conditions | To be met by |
|------------|---|--------------|
| | <p>accountability for actions to both internal and external stakeholders. (1.6.4 and 2.1)</p> <p>ii. Ensure effective monitoring and evaluation mechanisms are in place to meaningfully progress the College Māori Health Strategy. (1.6.4, 6.1 and 6.2)</p> <p>iii. Ensure cultural safety training is regular and mandated for all fellows, trainees, and staff. (1.7)</p> | |
| Standard 2 | 2 Define the College's educational purpose, within a systematic approach to external stakeholder engagement, to explicitly address the health and equity of Aboriginal and/or Torres Strait Islander and Māori peoples. To address for the Māori peoples of Aotearoa New Zealand, reflect the principles of Te Tiriti O Waitangi for women's health equity. (2.1.2) | 2025 |
| | 3 Within program and graduate outcomes and competencies: <p>i. Explicitly define culturally safe practice in relation to Aboriginal and/or Torres Strait Islander and Māori Peoples. (2.2 and 2.3)</p> <p>ii. Embed the needs of regional, rural, and remote communities, and transgender and non-binary communities. (2.1, 2.2 and 2.3)</p> | 2024 |
| Standard 3 | 4 Provide implementation outcomes and timelines of the FRANZCOG training program and curriculum review aligned with the CanMEDS framework. Evidence of appropriate stakeholder consultation should be included (3.1 and 3.2). The outcomes should include: <p>i. Enhancing commitment to leadership and advancement of women's health and wellbeing for communities in a range of settings across Australia and Aotearoa New Zealand. This should include appropriate experience in community health environments. (3.2.4. 3.2.5. 3.2.6)</p> <p>ii. Acquiring appropriate skills and knowledge for screening and management of patients facing domestic violence issues. (3.2.6)</p> <p>iii. Reviewing the requirements and support provided for the acquisition of research literacy. (3.2.8)</p> <p>iv. Embedding robust cultural safety curriculum content of the culture, health and history of Aboriginal and/or Torres Strait Islander and Māori peoples, including clinically specific scenarios related to women's health. (3.2.9 and 3.2.10)</p> | 2024 |
| | 5 Document and make available to trainees and training supervisors: <p>i. Detailed curriculum for each existing and new advanced training pathway.</p> <p>ii. Examination syllabus to assist trainees with written examination preparation. (3.2 and 5.2)</p> | 2025 |

| Standard | Conditions | To be met by |
|------------|---|--------------|
| Standard 4 | 6 Review and revise requirements for practical experience and volume of practice to address contemporary surgical practice and shortfalls in access to gynaecological surgical procedures. (4.2 and 3.2) | 2025 |
| Standard 5 | 7 Review processes to ensure consistent implementation of the special consideration policy. (5.1.3) | 2024 |
| | 8 Provide evidence of assessment and learning outcomes aligned with the implementation of the CanMEDs framework. (5.2, 3.2 and 2.2) | 2024 |
| | 9 Develop and implement calibration of workplace-based assessment, through standardised training of assessors, documenting of processes and guidance, and evaluation of outcomes to ensure consistent assessment of competence across all training locations. (5.4 and 8.1) | 2026 |
| Standard 6 | 10 Develop and implement systemic ways to monitor patient reported outcomes and evaluation measures, working with representatives of health consumers and Aboriginal and/or Torres Strait Islander and Māori women, and experts in that field. (6.2) | 2026 |
| Standard 7 | 11 Develop and implement enhancements to existing selection policies and procedures with: <ul style="list-style-type: none"> i. An evidence-based guideline on Institutional Rankings to ensure consistent and transparent selection across health services in Australia and Aotearoa New Zealand. ii. Active recruitment and retention strategies of Aboriginal and Torres Strait Islander and Māori trainees with appropriate cultural safety supports. iii. Specific selection policy guided by equity for Aboriginal and Torres Strait Islander and Māori Peoples, gender diversity, and applicants from rural and remote communities, mapped to the roles of specialist practice. (7.1) | 2025 |
| | 12 Acknowledge and address trainee concerns around training costs by providing increased transparency and justification for fee components in relation to the administration of the training program. (7.3 and 7.4) | 2024 |
| Standard 8 | 13 Develop and implement mechanisms to routinely evaluate and provide feedback on training supervisor and assessor effectiveness. (8.1.4 and 8.1.6) | 2025 |
| | 14 To demonstrate commitment to the health and wellbeing of Aboriginal and/or Torres Strait Islander and Māori peoples: <ul style="list-style-type: none"> i. Ensure appropriate cultural safety training and relevant upskilling provided for supervisors and assessors. (8.1) | 2025 |

| Standard | Conditions | To be met by |
|------------|---|--------------|
| | ii. Include relevant criterion in the guidelines and protocols for the accreditation of FRANZCOG training sites. (8.2.2) | |
| Standard 9 | 15 In relation to equity of the assessment of comparability for practice in Australia and Aotearoa New Zealand: <ul style="list-style-type: none"> i. Evaluate assessment methods to determine fitness for purpose of subspecialty and clinical assessment requirements. ii. Provide access to cultural safety training, pre and post interview, to determine increasing attainment of knowledge and skills of the culture and health needs of Aboriginal and/Torres Strait Islander and Māori peoples. | 2025 |

A separate accreditation report documents the findings against the *Criteria for AMC Accreditation of CPD Homes*, including any conditions to be addressed. This report can be accessed on the [AMC website](#).

Next Steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the standards and addressing conditions on its accreditation through annual monitoring submissions.

In **2029**, before this period of accreditation ends, the College may submit an accreditation extension submission for extension of accreditation. The submission should address the accreditation standards and outline the College's development plans for the next four years. See section 4.3 of the accreditation procedures for a description of the review of the accreditation extension submission.

The AMC will consider this submission and, if it decides the College is continuing to meet the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years until **2034**, taking accreditation to the full period which the AMC may grant between assessments, which is ten years. At the end of this extension, the College and its programs will undergo a reaccreditation assessment by an AMC team.

Overview of findings

The findings against the ten accreditation standards are summarised below.

Conditions imposed by the AMC to enable the College to meet the accreditation standards are listed in the accreditation decision (pages 3 to 7). The team's commendations of areas of strength and recommendations for improvement are listed under each standard in the body of the report (pages 44 to 103).

In the tables below, M indicates a standard is met, SM indicates a standard is substantially met and NM indicates a standard is not met.

| 1. The context of training and education | | | | This set of standards is Substantially Met |
|--|---|---------------------------------------|----|--|
| <i>governance</i> | M | <i>educational resources</i> | M | |
| <i>program management</i> | M | <i>interaction with health sector</i> | SM | |
| <i>reconsideration, review appeals</i> | M | <i>continuous renewal</i> | SM | |
| <i>educational expertise</i> | M | | | |

| 2. The outcomes of specialist training and education | | | | This set of standards is Substantially Met |
|--|----|--------------------------|----|--|
| <i>educational purpose</i> | SM | <i>graduate outcomes</i> | SM | |
| <i>program outcomes</i> | SM | | | |

| 3. The specialist medical training and education framework | | | | This set of standards is Substantially Met |
|--|----|------------------------------------|---|--|
| <i>curriculum framework</i> | M | <i>continuum of training</i> | M | |
| <i>content</i> | SM | <i>structure of the curriculum</i> | M | |

| 4. Teaching and learning | | | | This set of standards is Substantially Met |
|--------------------------|---|----------------|----|--|
| <i>approach</i> | M | <i>methods</i> | SM | |

| 5. Assessment of learning | | | | This set of standards is Substantially Met |
|---------------------------|----|--------------------|---|--|
| <i>approach</i> | SM | <i>performance</i> | M | |

| | | | | |
|----------------|----|----------------|----|--|
| <i>methods</i> | SM | <i>quality</i> | SM | |
|----------------|----|----------------|----|--|

| 6. Monitoring and evaluation | | | | This set of standards is Substantially Met |
|------------------------------|----|---------------------------------------|----|--|
| <i>monitoring</i> | M | <i>feedback, reporting and action</i> | SM | |
| <i>evaluation</i> | SM | | | |

| 7. Trainees | | | | This set of standards is Substantially Met |
|---|----|---|----|--|
| <i>admission policy and selection</i> | SM | <i>trainee wellbeing</i> | SM | |
| <i>trainee participation in provider governance</i> | M | <i>resolution of training problems and disputes</i> | M | |
| <i>communication with trainees</i> | SM | | | |

| 8. Implementing the program – delivery of educational and accreditation of training sites | | | | This set of standards is Substantially Met |
|---|----|---------------------------------|----|--|
| <i>supervisory and educational roles</i> | SM | <i>training sites and posts</i> | SM | |

| 9. Assessment of specialist international medical graduates | | | | This set of standards is Substantially Met |
|---|----|--------------------------------------|---|--|
| <i>assessment framework</i> | M | <i>assessment decision</i> | M | |
| <i>assessment methods</i> | SM | <i>communication with applicants</i> | M | |

Introduction: The AMC accreditation process

Responsible accreditation organisation

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 15 health professions, including medicine.

Accreditation of specialist medical programs is required before the Board established for the profession, in medicine's case the Medical Board of Australia, can consider whether to approve a program of study for the purposes of specialist registration.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

Accreditation standards applicable to the accreditation of specialist medical programs

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs by the Australian Medical Council 2023*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia.

In 2015, following a period of consultation, the AMC completed a review of the accreditation standards for specialist medical programs and continuing professional development programs. The Medical Board of Australia approved new accreditation standards which apply to AMC assessments conducted from 1 January 2016. The relevant standards are included in each section of this report.

In 2023, following the implementation of the AMC Accreditation Criteria for CPD Homes, the AMC has revised its Standards for Assessment to encompass nine standards, instead of ten. The assessment of continuing professional development is now assessed with separate criteria for Australia and New Zealand respectively.

The following table shows the structure of the *AMC Standards for Assessment and Accreditation of Specialist Medical Programs*:

| Standards | Areas covered by the standards |
|---|---|
| 1: The context of training and education | Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal. |
| 2: Outcomes of specialist training and education | Educational purpose of the provider; and program and graduate outcomes |
| 3: Specialist medical training and education framework | Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure |
| 4: Teaching and learning | Teaching and learning approaches and methods |
| 5: Assessment of learning | Assessment approach; assessment methods; performance feedback; assessment quality |
| 6: Monitoring and evaluation | Program monitoring; evaluation; feedback, reporting and action |
| 7: Trainees | Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes |
| 8: Implementing the program – delivery of educational and accreditation of training sites | Supervisory and educational roles and training sites and posts |
| 9: Assessment of specialist international medical graduates | Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants |

Assessment of the programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

In 2023, the AMC began preparations for the reaccreditation assessment of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) programs. On the advice of the Specialist Education Accreditation Committee, the AMC Directors appointed Professor Jane Dahlstrom OAM to chair the 2023 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training using a standard set of procedures.

A summary of the steps followed in this assessment follows:

- The AMC asked the College to lodge an accreditation submission encompassing the areas covered by AMC accreditation standards: the training pathways to achieving fellowship of Royal Australian and New Zealand College of Obstetricians and Gynaecologists; College processes to assess the qualifications and experience of overseas-trained specialists; and the College processes and programs.

- The AMC appointed an assessment team (called ‘the team’ in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the team is provided as Appendix One.
- The team met in May 2023 to consider the College’s accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the team’s preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training of the College. The AMC also surveyed specialist international medical graduates whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College’s programs.
- The team met by videoconference on 2 June 2023 to finalise arrangements for the assessment.
- The team conducted virtual meetings with training sites in Queensland, Northern Territory, South Australia and Western Australia in between 7 and 14 July. Both face-to-face and virtual meetings were conducted in Australian Capital Territory, New South Wales, Victoria and New Zealand on 7 July and 17 July 2023.

The assessment concluded with a series of meetings with the College office bearers and committees from 17 – 21 July 2023. On the final day, the team presented its preliminary findings to College representatives.

Appreciation

The team is grateful to the fellows and staff who prepared the accreditation submission and managed the preparations for the assessment. It acknowledges with thanks the support of fellows and staff in Australia and Aotearoa New Zealand who coordinated the site visits, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission to the AMC on the College’s training programs. These are listed at Appendix Two.

Summaries of the program of meetings and visits for this assessment are provided at Appendix Three.

Section A Summary description of the education and training programs of RANZCOG

A.1 History and management of its programs

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) was established in 1998 with the amalgamation of the Australian College (established in 1978) and the Aotearoa College (established in 1982). It is a not-for-profit organisation that conducts the education and training programs and continuing professional development programs for specialist obstetricians and gynaecologists in Australia and Aotearoa New Zealand. The College also provides programs required for registration in the following fields of subspecialty practice:

- gynaecological oncology
- maternal fetal medicine
- obstetrical and gynaecological ultrasound
- reproductive endocrinology and infertility
- urogynaecology.

AMC accreditation

The College's specialist education and training programs and continuing professional development programs in obstetrics and gynaecology are accredited by the Australian Medical Council (AMC) with previous accreditation reviews conducted in 2003 and 2013. Completion of the College's education and training programs leads to the Fellowship of RANZCOG (FRANZCOG) and since the last AMC accreditation in 2013, the College has made a number of significant changes to its governance structure and training programs.

The College is a company limited by guarantee with a Constitution, last updated in November 2022, defining the composition of governing bodies and membership of the College. Guiding the management and conduct of the College are the RANZCOG Regulations which provide procedures and references to relevant policies in the following areas:

- Governance
- Membership/Fellowship Training
- Subspecialty Training
- Assessment of Specialist International Medical Graduates
- Diploma Training Programs
- Continuing Professional Development (CPD).

The RANZCOG Constitution and Regulations are available on the College website.

The College's vision, mission and strategic priorities

The College's vision is 'Excellence and equity in women's health' and its mission is 'To continue to lead in education and training in obstetrics and gynaecology, and advocacy in women's health'. Its strategic priorities are:

- Education and Training
- Member Engagement
- People and Wellbeing

- Sustainable Organisation
- Stakeholder Engagement
- Community, Equity and Advocacy.

The RANZCOG 2022–2024 Strategic Plan identifies its key objectives aligned with the strategic priorities and organisational values of *Advocacy/He Māngai, Education/Mātauranga, Excellence/Kairangi, Integrity/Ngākau Pono, Kindness/Manaakitanga and Respect/Whakamana Tangata*. These values were established in 2021 and have also been translated to Te Reo Māori.

Fellowship and membership categories

The College has four membership categories: Fellows, Members, Diplomates and Honorary Fellows, with 7512 members in the FRANZCOG training program, DRANZCOG training program and subspecialty training programs:

Table 1: Number of members in each training program and category

| Training Program | Category | Australia | Aotearoa New Zealand | Other | Total |
|---|------------------------------------|-----------|----------------------|-------|-------|
| FRANZCOG Training Program | Fellows (including Subspecialists) | 2063 | 340 | 71 | 2474 |
| | Retired Fellows | 504 | 87 | 42 | 633 |
| | Trainees | 684 | 149 | 8 | 841 |
| DRANZCOG Training Program (including DRANZCOG Advanced) | Diplomates and Advanced Diplomates | 2401 | 6 | 15 | 2422 |
| | Trainees | 902 | 2 | 17 | 921 |
| Subspecialty Training Programs | Trainees | 72 | 13 | 3 | 88 |
| | Associate Members (Pacific) | 2 | 0 | 65 | 67 |
| | Honorary Fellows | 25 | 7 | 31 | 63 |
| Total | | 6653 | 604 | 252 | 7509 |

Governance structure

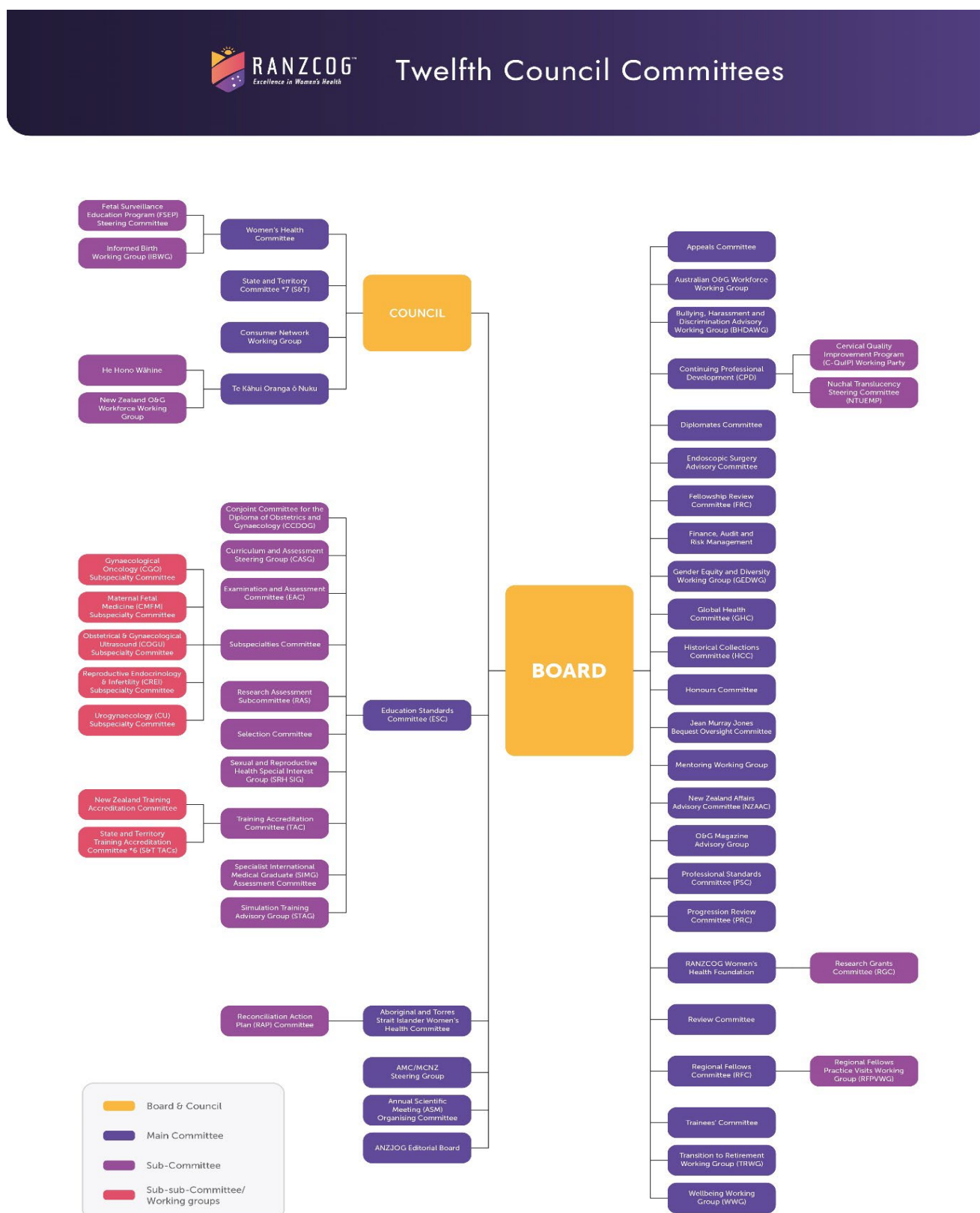
Under the Constitution, the Board and the Council are the overarching governing bodies of the College with the respective key functions:

Table 2: Key functions of the Board and Council

| Board | Council |
|--|---|
| <ul style="list-style-type: none">• sets RANZCOG's strategic direction• ensures financial management through its governance, finance and risk management policies• employs and manages the CEO• assesses RANZCOG's performance against the strategic plan, annual business plan and budget• ensures risk management systems are in place• approves policy framework under the College and must operate to meet organisational objectives• ensures compliance with relevant laws and manages identified risk. | <ul style="list-style-type: none">• approves the College's strategic plan, as recommended by the Board• approves regulations and the amendment of regulations pertaining to the broad structure of the training program leading to the award of Fellowship of the College• elects Elected Board Directors in accordance with the Constitution and any applicable Regulations• appoints the Community Representative on Council• approves Women's Health Committee Statements. |

The Board, supported by the Council, oversees all strategic and operational functions, with 76 committees that report to it; the publicly available [RANZCOG Regulations](#) guide the conduct and management of the College.

Figure 1: Committee and board structure



Australian State and Territory and Aotearoa New Zealand Training Accreditation Committees

The Australian State and Territory and Aotearoa New Zealand Training Accreditation Committees (TACs) are responsible for overseeing local training and assessment matters, discussing trainees' ability to progress in training, and contributing to trainee support and access to meet their training requirements.

Educational governance restructure

The College underwent an educational governance review and restructure in 2020 with proposed changes approved by the Education Standards Committee (ESC) and the Board. As delegated by the Board, the ESC is responsible for the ongoing development and implementation of educational standards across all education, training, assessment and accreditation, including regular monitoring and evaluation.

Since November 2020, all education, training, assessment and accreditation committees report through the ESC to ensure consistent and proactive continuous improvement to education standards and curriculum reviews with alignment to AMC and Medical Council of New Zealand (MCNZ) accreditation standards. Each subspecialty committee reports to the ESC through the Subspecialties Committee. Newly established committees or groups formed include:

- Curriculum and Assessment Steering Group
- Selection Committee
- Recognition of Prior Learning Panel

Management of conflicts of interest and confidentiality

The College has a Conflicts of Interest Policy to provide guidance for identifying, declaring and managing real or perceived conflicts of interest involving the College and its activities. Updated in 2021, this policy is publicly available on the College website and has been a standing agenda item for all committees, the Board and Council since November 2018.

Reconsideration, review and appeals and complaints management framework

To reflect contemporary decision-making processes undertaken by other medical colleges, the College merged existing processes in the Exceptional Circumstances, Special Consideration and Reconsideration Policy and Procedure, and Regulations. This replaced content in RANZCOG Regulations. The new Reconsideration, Review and Appeal of Decisions Policy, available since August 2022, is publicly available and serves the following purposes:

- College decisions are disputed via Reconsideration, Review and Appeals in a phased manner.
- separate policies addressing Special Consideration and Reconsideration clarify they are different avenues.

Through this new policy, the College aims to ensure procedural fairness where conflicts of interest arise in decision making, enable transparency through the annual publication of deidentified reports and provide clearer pathways for applicants to navigate the College's decision-making process.

Complaints management framework

The College's publicly available Complaints Policy aims to support a process that demands professional and social behaviours expected of the membership and College staff when undertaking College work and outlined in the RANZCOG Code of Conduct. The Professional Standards Committee revised the policy in August 2022, which encompassed amendments to:

- detail a high-level complaint management framework to deal with all complaints received by the College
- align with a victim-centred approach and with the College's organisational values
- aim to increase transparency through a deidentified annual report made publicly available to include the number and nature of the complaints and outcomes.

A.2 Outcomes of RANZCOG'S fellowship training programs

The College's educational purpose is articulated through its strategic plan, vision and mission statements, and constitution. The College's strategic plan was implemented in December 2021 and includes vision and mission statements as well as six strategic priorities to support ongoing improvements in the College's educational purpose, and program and graduate outcomes.

The College addresses Aboriginal and Torres Strait Islander women's health through the Aboriginal and Torres Strait Islander Women's Health Committee and He Hono Wāhine to address Māori health. A new Reconciliation Action Plan (RAP) is under development for 2023–2025, following the original RAP in 2018. There are 18 action points that have been developed. The Māori strategy and action plan, Te Rautaki Māori me Te Ara Whakamua, was established in 2021 and outlines the goals and actions for 2022–2026.

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

The College awards Aboriginal and Torres Strait Islander and Māori applicants an additional 10 points on their CV when applying for the training program.

The College consults with staff, members and trainees, as well as external stakeholders for input and feedback on the College's educational purpose. Below are the key items about which internal and external stakeholders are consulted on.

Table 3: Key items internal and external stakeholders are consulted on

| | Internal Stakeholders | External Stakeholders |
|--|--|---|
| Strategic Plan, Vision and Mission statements | All College staff Members Trainees | Consumer representatives Various external organisations |
| RANZCOG Constitution | All College staff Members Trainees | Consumer representatives |
| Purpose of the College – Aboriginal and Torres Strait Islander Health | Aboriginal and Torres Strait Islander Women's Health Committee RAP Working Group RANZCOG Indigenous Network Group Cultural Safety Steering Group Selection Committee All College staff Members Trainees | Consumer representatives Various external organisations such as Reconciliation Australia, The Australian Indigenous Doctors' Association (AIDA), Leaders in Indigenous Medical Education (LIME) Network, The National Aboriginal Community Control Organisation (NACCHO) |

| | | |
|--|---|--|
| <p>Purpose of the College –</p> <p>Māori Health:</p> <p>Te Rautaki Māori me Te Ara Whakamua, RANZCOG’s Māori strategy and action plan</p> | <p>Developed by He Hono Wāhine with involvement of all RANZCOG Māori Fellows and trainees and representatives from Te Kāhui Oranga ō Nuku.</p> <p>The Aotearoa New Zealand staff, RANZCOG ELT and Te Kāhui Oranga ō Nuku were consulted in the development of the strategy.</p> <p>Te Rautaki Māori me Te Ara Whakamua was approved by He Hono Wāhine, Te Kāhui Oranga ō Nuku, and the RANZCOG Board.</p> | <p>Te Rautaki Māori me Te Ara Whakamua strategy development day was based on Whakamua: Manatu Hauora Ministry of Health’s Māori Health Action Plan 2020–2025.</p> <p>It was also drawn from the findings of the 2019–2020 Health and Disability System Review and the 2021 Te ORA and CMC cultural safety review completed by Allen+Clarke.</p> <p>The development of Te Rautaki Māori me Te Ara Whakamua was guided by RANZCOG Kaumātua and external consultant Ria Earp.</p> |
|--|---|--|

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

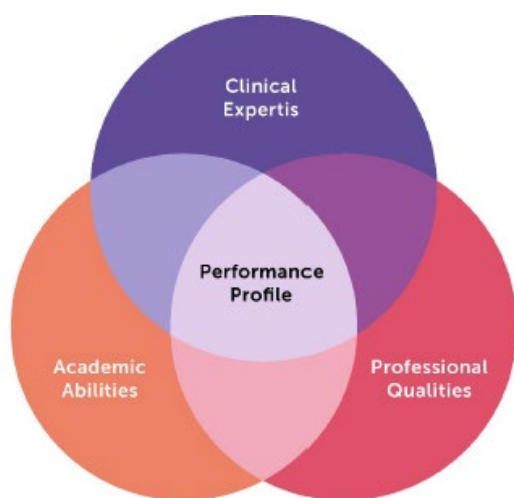
Subspecialty Program curricula feature in their respective Training Handbooks:

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

The [FRANZCOG Training Program Handbook](#) outlines the requirements and competency levels expected for basic and advanced training. The goal is to provide flexible and comprehensive training options for obstetrics and gynaecology trainees, catering to their diverse interests and career paths.

The FRANZCOG Curriculum is currently arranged around three key domains of specialist practice:

Figure 2: Key domains of specialist practice



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

The Curriculum Review Expert Advisory Panel (CREAP) recommends adopting the CanMEDS framework, which has broader recognition and application in various countries.

The CanMEDS framework consists of seven roles: Medical Expert, Communicator, Collaborator, Leader, Health Advocate, Scholar and Professional. The College plans to include an eighth role related to Cultural Safety. This framework will enhance the definition of practitioner roles and guide curriculum development.

Graduate Outcomes Statements are being revised for each training program to align with CanMEDS roles and accommodate specific program needs. The development involves multiple stages of drafting, refinement and feedback from various committees. The inclusion of the Cultural Safety domain in the framework will be reflected in these statements and the corresponding curriculum learning outcomes.

A.3 The fellowship of RANZCOG training program

The College's training program is a 276-week or six-year structured postgraduate program leading to Fellowship of RANZCOG (FRANZCOG) and qualifies fellows for recognition as specialist obstetricians and gynaecologists in Australia and Aotearoa New Zealand. The FRANZCOG training program comprises:

- 184 weeks (four years) basic training
- 92 weeks (two years) advanced training.

Basic training must be completed within a maximum of six years in training and advanced training within a maximum of three years in training.

The [FRANZCOG Training Program Handbook](#) and [Curriculum](#) are publicly available on the College website and both documents were last updated in July 2022. The Training Program Handbook is an information resource for trainees describing the framework of the training program, requirements, regulations and training policies. The Curriculum provides the educational framework and plan for attaining the requirements and characteristics of a specialist obstetrician and gynaecologist.

The Learning Model describes the environments and contexts in which trainees will attain proficiency; namely, these are hospital based, college based, community based and literature.

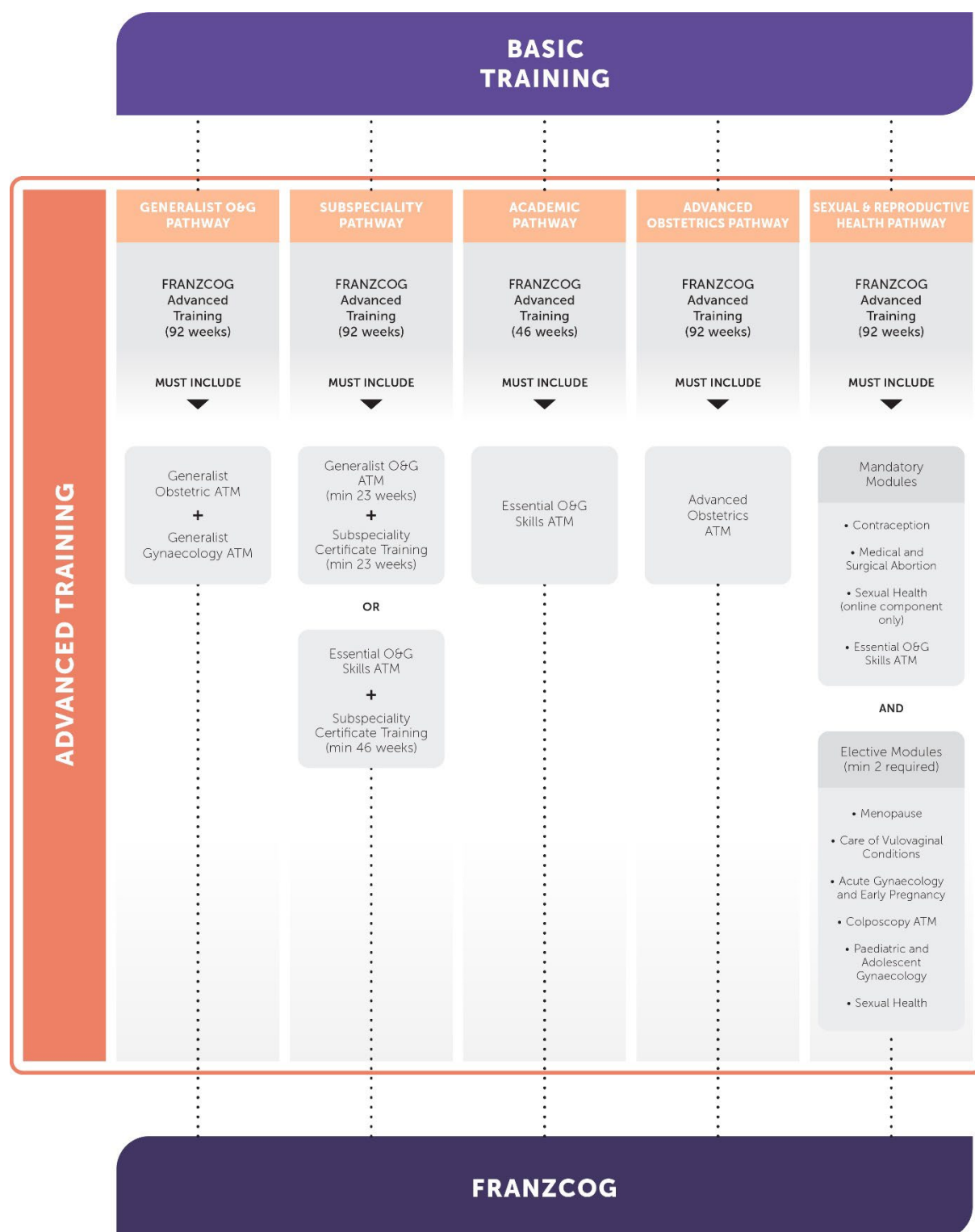
Pathways to fellowship

Since 2018, there have been four pathways to fellowship:

- the Generalist Pathway
- the Academic Pathway
- the Advanced Obstetrics Pathway (since 2021)
- the Subspecialty Pathway.

The Board approved a fifth training pathway, Sexual and Reproductive Health, in December 2022 for implementation in the 2023 training year.

Figure 3: Pathways to fellowship of RANZCOG training program



Basic training

Trainees in basic training receive defined clinical and educational experience in training hospitals with rotations in two or more hospitals with a minimum of:

- 46 weeks in a tertiary hospital
- 23 weeks in a rural hospital
- 46 weeks in a non-base hospital (can include rural rotation).

The College accredits a group of hospitals to provide basic training through an Integrated Training Program (ITP), which incorporates a home-base hospital with several peripheral and rural hospitals through which trainees rotate. Where possible, trainees are advised of their rotations at least 12 months in advance.

From December 2016, in addition to a range of courses and workshops, trainees are required to complete:

- a basic obstetric skills workshop
- an ultrasound course/workshop
- three ultrasound modules on Acquire, the College's eLearning hub.

From December 2018, trainees are required to complete cultural competency training and from December 2019, the Acquire abortion module.

Trainees also undertake three-monthly formative and six-monthly summative assessments by their training supervisor and must pass the FRANZCOG written examination and oral examination. Trainees must also achieve competency in Assessments of Procedural and Surgical Skills (APSSs) and are required to complete a recommended minimum number of procedures.

On completion of basic training, trainees should be competent in the common scope of practice of obstetricians and gynaecologists in Australia and Aotearoa New Zealand, which includes:

- functioning at Senior Registrar level (or equivalent) in obstetrics and gynaecology
- the ability to perform complex obstetrics, gynaecology and common office gynaecology procedures within scope of practice. The degree of supervision depends on the complexity of the procedure and scope of practice.
- performing procedures under supervision beyond the scope of practice.

Trainees will then be eligible to undertake advanced training in a selected pathway.

Advanced training

Advanced training posts are approved on the merit of the position and are an opportunity given to trainees to advance in practice from senior registrar to consultant across the intended scope of practice. This involves developing higher professional maturity, professionalism and a high level of independence in the performance of procedures. Trainees who commence after December 2013 must complete all basic training requirements to commence and receive credit for advanced training. Trainees are required to submit a learning plan to the relevant state/territory/Aotearoa New Zealand TAC and prospective approval is only given after discussion with the trainee, considering their assessment history to date. Advanced training posts are similarly approved on the merit of the position.

Training can be tailored to meet the needs and interests of the trainee, and training goals and outcomes can vary between trainees. All trainees, however, must undertake one of the approved

advanced training pathways to satisfy the common scope of practice (as shown in Figure 3 on page 8).

Generalist O&G Pathway

Advanced trainees in this pathway must complete the Generalist Obstetrics and Generalist Gynaecology Advanced Training Modules (ATMs) which provide a framework for trainees to enhance clinical skills and knowledge to provide high level services in urban or rural-area settings across the Generalist scope of practice.

Academic Pathway

For trainees wishing to undertake a PhD, up to three years (156 weeks) of continuous research leave is given and upon completion, trainees are granted one year of advanced training credit to meet the research requirement of the training program. In addition, trainees must also complete the Essential Obstetrics and Gynaecology Skills ATM and trainees commencing after 31 January 2025 must complete the Medical Education ATM.

Advanced Obstetrics Pathway

Trainees from the 2022 training year must complete the Advanced Obstetrics ATM which has the same standing as the Generalist O&G pathway. The ATM is designed to equip trainees with knowledge, skills and professional attributes to independently manage complex obstetric patients.

Sexual and Reproductive Health Pathway

Trainees in this pathway will build expert knowledge, clinical skills and professionalism to provide comprehensive sexual and reproductive health services. Trainees complete mandatory training modules in contraception, medical and surgical abortion, sexual health and the Essential Obstetrics and Gynaecology Skills ATM and a minimum of two elective modules in:

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

Subspecialty Pathway

Trainees may commence subspecialty training post-fellowship or from year six of FRANZCOG training in any of the following: gynaecological oncology, maternal fetal medicine, obstetrical and gynaecological ultrasound, reproductive endocrinology, and infertility, and urogynaecology. Each of these subspecialty pathways are offered as certificate programs with relevant training program handbooks – all publicly available.

Trainees must also complete one of the following:

- Essential Obstetrics and Gynaecology Skills ATM
- Generalist Obstetrics ATM and Generalist Gynaecology ATM.

Special interest ATMs

Trainees may also undertake ATMs in special interest areas of pelvic floor disorders, hysteroscopic and laparoscopic surgery, contraception, abortion, sexual health, colposcopy and medical education.

A.4 Teaching and learning

FRANZCOG training program

The FRANZCOG training program continues to use a range of learning and teaching approaches including access to eLearning modules, online education programs, workshops, hospital-based education sessions, hospital-based clinical experience and simulation-based learning. Standard 5 of the RANZCOG Accreditation Standards aims to provide comprehensive education for trainees, including various teaching sessions, rounds, lectures, case presentations, ultrasound teaching and discussions.

The curriculum is guided by outcomes defined in the training curriculum, aligned with competency domains (Clinical Expertise, Academic Abilities and Professional Qualities) covering 18 main topic areas. Various strategies such as eLearning modules, supervised training, workshops, hospital education programs and research projects are used to offer learning opportunities.

Gynaecological training: Hospital training sites are expected to provide trainees with the opportunity to undertake a minimum number of major gynaecological procedures as primary operators every six months during Basic Training. The College monitors procedure numbers across different contexts and regions.

Simulation activities: An online logbook has been updated to include simulation activity records. Trainees are encouraged to engage in and log simulation activities, and there are efforts to expand simulation equipment availability.

The training program is structured around a practice-based approach, spanning 276 weeks (six years) of hospital-based training and assessment, divided into basic training and advanced training components.

Basic training:

- consists of 184 weeks (four years) and involves training through an ITP network
- includes components of weeks in tertiary, rural, and non-base hospitals
- requires attaining competency levels in specified procedures, access to eLearning resources (Acquire platform), mandatory education and regular assessments
- includes experience in gynaecological oncology.

Advanced training:

- spans 92 weeks (two years) and focuses on extending expertise in obstetrics and gynaecology, research projects and areas of special interest
- involves essential completion of relevant ATMs.

Rural training:

- involves mandatory rural rotation to enhance core operative skills, independence and exposure to different patient care models
- offers insight into rural hospital challenges and involvement in outreach clinics.

The College offers various opportunities to support hospital-based training for trainees. Training Supervisors and ITP Coordinators play a crucial role in guiding and supporting trainees. Mandatory programs within the first two years include courses such as Foundations of Surgery, Neonatal Resuscitation, Basic Obstetric Skills, Fetal Surveillance Program, Ultrasound and Communication Skills Workshop. The College has implemented the Acquire eLearning platform and updated mandatory eLearning modules. Trainees have access to curriculum support resources and Surgical Skills Companion Resources, and can engage in RANZCOG scholarships, research toolkit/webinars, wellbeing webinars and consumer webinars.

Respectful Workplace Training focuses on bullying, discrimination and harassment (BHD), while Emotional Intelligence and Compassion workshops address stress and emotional wellbeing. The Mentoring Program facilitates guidance and support, and the Obstetrics and Gynaecology Education and Training (OGET) Project delivers obstetrics and gynaecology education. College events include Annual Scientific Meetings, Symposia, and Regional Symposia, featuring diverse topics. Pre-examination courses help prepare trainees for written and oral examinations through the FRANZCOG Online Pre-Examination Course and mock Objective Structured Clinical Examination (OSCE).

The training program employs various teaching and learning methods, including self-directed learning, peer-to-peer learning, role modelling and interdisciplinary collaboration. Standard 5 of the RANZCOG Accreditation Standards provides various teaching opportunities, such as hospital teaching, rounds, lectures and case presentations.

Trainees gain increasing independence as they develop skills and knowledge through the curriculum, which outlines essential attributes, educational objectives, teaching strategies and assessment formats. Completion of basic training allows trainees to function at a 'Senior Registrar' level (or equivalent). Advanced training in the Generalist or Non-Generalist Pathway follows, with a focus on career preparation and leadership skills.

Cultural competence is emphasised in the Aotearoa New Zealand context. Trainees undertake the Application of the Hui Process/Meihana Model to Clinical Practice course to enhance cultural safety and address unconscious bias. The curriculum is under review to include cultural safety, and the College collaborates with the CMC/Te ORA Cultural Safety Training Plan for Vocational Medicine in Aotearoa.

A.5 Program assessment

The College's obstetrics and gynaecology training program is assessed through a portfolio of written and oral examinations, and workplace-based assessments (WBAs). All trainees have a program of assessment comprising examinations, APSSs, six-monthly summative assessments and WBAs. Examinations such as the OSCE is relied upon as a hurdle requirement for trainees to progress to advanced training.

Governance

The Examination and Assessment Committee, reporting to the Education Standards Committee, is responsible for delivering assessments and ensuring the integrity, validity and reliability of individual and collective examination and assessment components and related programs.

The Board of Examiners contribute to all RANZCOG examinations and each member is appointed to a specific category of membership within their specialty or subspecialty. They are appointed by the Board following recommendation by the Examination and Assessment Committee and the process of appointment is defined by the Board of Examiners policy.

All examinations are led by Examination Directors, who are experienced examiners and are appointed by the Examinations and Assessment Committee, following a provisional examiner process.

Collaborating with the Examination and Assessment Committee on subspecialty written and oral examinations are the five subspecialty committees:

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

Additional assessments for subspecialty programs include the In-Hospital Clinical Examinations and In-Hospital Clinical Assessments.

Assessment methods

The FRANZCOG training program has a range of assessment methods to assess knowledge and competence over the six-year training program. The FRANZCOG Training Program Handbook details the assessments and requirements with learning outcomes listed in the FRANZCOG Curriculum.

The assessments used to assess trainee performance include:

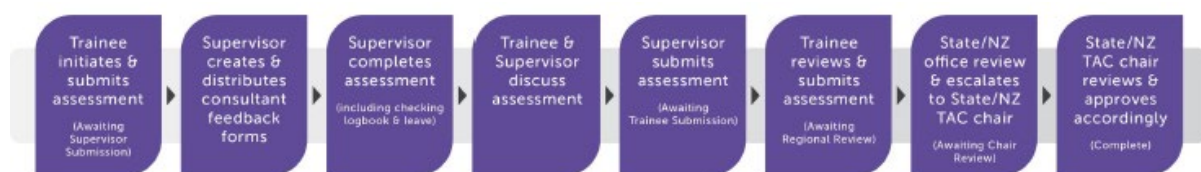
- Assessment of Procedural and Surgical Skills (APSSs)
- two three-monthly formative appraisals per year – a self-reflection by trainees of their performance across all areas of competency within the three domains

Figure 4: Formative appraisal process to assess trainee performance



- two six-monthly summative assessments per year – reassesses trainee progress where the training supervisor and trainee review progress, including a consultant feedback survey over the six-month period

Figure 5: Summative assessment process to assess trainee performance



- written and oral examinations
- six mini-CEX per year in years 1 and 2 (commencing second semester 2023)
- one mini-MSF in years one and three (commencing 2024)
- Ultrasound APSS

- Colposcopy APSS
- educational workshops
- research project
 - points-based research activities (post-2017 cohort)
 - research proposal and project (pre-2017 cohort)

Similarly, assessment requirements are outlined in the five subspecialty training program handbooks and the various assessments are:

- written examinations
- oral examinations (except for Urogynaecology)
- In-Hospital Clinical Examination (Maternal Fetal Medicine)
- workplace-based assessments
 - Formative Appraisal Reports (self-appraisal)
 - Training Assessment Records (includes six-monthly Consultant Assessment, Training Supervisor feedback, review of logbook and trainee progress)
 - In-hospital Clinical Assessment (Obstetrical and Gynaecological Ultrasound)
 - Assessment of Procedural Skills (Maternal Fetal Medicine and Reproductive Endocrinology and Infertility)
 - Directly Observed Procedural Skills (Urogynaecology)
 - Surgical Skills Assessment (Gynaecological Oncology)
 - Multi-source Feedback (Obstetrical and Gynaecological Ultrasound, Reproductive Endocrinology and Infertility and Urogynaecology)
 - Research-based Discussions (Urogynaecology and Obstetrical and Gynaecological Ultrasound)

Table 4: Summary of examinations and structure for FRANZCOG and subspecialty training programs

| Program | Assessment Task | Eligibility | Structure |
|----------|---------------------|--|---|
| FRANZCOG | Written Examination | A minimum of 46 weeks FTE of prospectively approved and satisfactory basic training. | 12 short answer questions (SAQs) 100 multichoice questions (MCQs) 7 hours & 30 minutes examination time |
| | Oral Examination | A minimum of 66 weeks FTE of prospectively approved and satisfactory basic training | 10 stations each with 4 minutes reading time and 12 minutes examination time |
| CMFM | Written Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory | 10 SAQs 3 hours & 15 minutes examination time |

| Program | Assessment Task | Eligibility | Structure |
|---------|---------------------|--|---|
| | | training in a subspecialty training program | |
| | Oral Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the subspecialty training program | 8-9 stations 5 minutes reading time and 15 minutes examination time |
| CREI | Written Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a subspecialty training program | 10 SAQs 3 hours & 15 minutes examination time |
| | Oral Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the subspecialty training program | 8-9 stations. 5 minutes reading time and 15 minutes examination time |
| CGO | Written Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a subspecialty training program | 10 SAQs 3 hours & 15 minutes examination time |
| | Oral Examination | Must have completed at least 92 weeks FTE of prospectively approved and satisfactory training in the subspecialty training program | 8-9 stations 5 minutes reading time and 15 minutes examination time |
| COGU | Written Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a subspecialty training program | 10 SAQs 3 hours & 15 minutes examination time |
| | Oral Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in the subspecialty training program | 8-9 stations 5 minutes reading time and 15 minutes examination time |
| CU | Written Examination | Must have completed at least 46 weeks FTE of prospectively approved and satisfactory training in a subspecialty training program | 10 SAQs 3 hours & 15 minutes examination time |

Each examination may be attempted a maximum of three times and all trainees can access the Exceptional Circumstances and Special Consideration Policy and Procedures for all assessments

undertaken during their training. Trainees may also access the Reconsideration, Review and Appeals of Decisions Policy.

A.6 Monitoring and evaluation

The College has multiple mechanisms for evaluating its education and training programs and these have recently been consolidated into the RANZCOG Evaluation Framework. The framework includes:

An introductory section outlining:

- principles of evaluation
- techniques and mechanisms used in evaluation
- evaluation models
- barriers to or challenges of evaluation.
- stakeholder engagement

A tabular breakdown of evaluation data relating to the College's education and training programs, detailing for each activity:

- its purpose
- those responsible for delivery and analysis
- who provides input
- committees that receive evaluation reports
- frequency of activity
- how the activity feeds into continuous improvement and reporting back to those being evaluated.

Oversight of the RANZCOG Evaluation Framework, analysis of qualitative and quantitative data, and improvements to evaluation mechanisms are provided by the College's Evaluation Researcher, who sits within the Selection, Evaluation and Accreditation Unit in the Education Directorate. Specific functions that relate to the delivery of evaluation mechanisms outside of education are managed by the relevant directorate.

Trainees

The FRANZCOG Trainee Six-Monthly Survey is used to obtain feedback on trainee experience across four domains: general support, training opportunities, training supervision and support from consultants. Responses are provided on a rating scale and there are also opportunities for free text responses to obtain qualitative data. The FRANZCOG Trainee Exit Survey is also used to obtain feedback on trainee experience and is completed by all trainees elevating to fellowship. Completion is a prerequisite for elevation.

A formal report of the outcomes of both surveys is provided to the Education Standards Committee and the Board at their July meeting each year. The report also provides deidentified data in relation to special considerations, reconsiderations, reviews and appeals for the identification of systemic issues.

Subspecialty trainees are also expected to complete a six-monthly survey to obtain feedback on their experience. Until 2023, the survey was delivered and completed manually but there is now a new online version available for trainees.

Training supervisors

The FRANZCOG training program supervisors/coordinators surveys are site-specific surveys undertaken for accreditation purposes prior to an accreditation visit to identify any background

issues. Feedback on training supervisor performance is received through the FRANZCOG Trainee Six-Monthly Survey and during the College's accreditation process and visit.

College members

The annual Membership Engagement/Satisfaction Survey is used to obtain feedback on member engagement and satisfaction across all College services and does not include trainees.

A.7 Trainee selection and support

FRANZCOG training program

The training program application process requires applicants to provide details about their training, clinical experience, academic achievements, research, and more. Applicants specify preferences for training locations in Phase 1 and Phase 2. Applications are reviewed, scored based on CV/Application Scoring Guidelines (Points Allocation for Selection CV Scoring below), and referees are contacted for reports.

Table 5: Points allocation for application into training program in Australia and Aotearoa New Zealand

| Points allocation per section | Aotearoa New Zealand | Australia |
|--|-------------------------|-----------|
| 1. Clinical Experience (O&G and outside of O&G) | 15 | 18 |
| 2. Academic (Excellence and Awards) | 8 | 8 |
| 3. Research (PhD, publications, presentations) | 3 | 3 |
| 4. Professional (related qualifications, PVP and PD courses) | 6 | 5 |
| 5. Rurality and Indigenous identity* | 15 | 15 |
| 6. Outstanding Leadership and Altruism | 11 | 11 |
| TOTAL | 58 | 60 |

Shortlisted applicants are interviewed via Zoom. Interview panels consist of Fellows, trainee representatives, and hospital or consumer representatives. Panel members ask questions, score applicants, and the average scores determine selection into the program. Institutional Ranking in Australia considers prevocational O&G experience, and referee reports provide additional insights. Tables 5 and 6 below show the number of FRANZCOG training program application attempts for Australian and New Zealand candidates from 2020 to 2022.

Table 6 & 7: Number of FRANZCOG training program application attempts for Australian and New Zealand candidates from 2020 to 2022

| Selection Cycle | 2022 | | | 2021 | | | 2020 | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Application Attempt | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd |
| Applicants | 97 | 62 | 17 | 118 | 67 | 12 | 126 | 55 | 13 |
| Interviewed | 97 | 62 | 16 | 118 | 67 | 12 | 126 | 55 | 13 |
| Selected | 40 | 40 | 8 | 48 | 35 | 7 | 48 | 28 | 9 |
| Not Selected | 57 | 21 | 8 | 70 | 32 | 5 | 78 | 27 | 4 |
| Selected % | 42.10 | 65.57 | 50.00 | 40.68 | 52.24 | 58.33 | 38.1 | 50.91 | 69.23 |

| Selection Cycle | 2022 | | | 2021 | | | 2020 | | |
|---------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Application Attempt | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd | 1 st | 2 nd | 3 rd |
| Applicants | 21 | 7 | 2 | 37 | 6 | 0 | 24 | 4 | 0 |
| Interviewed | 17 | 7 | 2 | 23 | 6 | 0 | 24 | 4 | 0 |
| Selected | 16 | 6 | 2 | 19 | 3 | 0 | 18 | 4 | 0 |
| Not Selected | 1 | 1 | 0 | 4 | 3 | 0 | 6 | 0 | 0 |
| Selected % | 76.19 | 85.71 | 100 | 51.35 | 50 | 0 | 75 | 100 | 0 |

The interview process has been adapted for COVID-19, with Australian interviews held simultaneously across states and territories, and Aotearoa New Zealand interviews held separately over two days.

Subspecialty training programs

Subspecialty training programs are available for Fellows, specialist international medical graduates (SIMGs), and advanced FRANZCOG trainees who meet the criteria. Applicants address selection criteria in their written application, covering education, employment, professional development, teaching, research, and references. If an applicant is shortlisted for an interview, the selection panel formulates questions based on subspecialty-specific elements. Shortlisting is done using a scoring system from 0 to 3, with a minimum score of 2 in all criteria domains required for interview eligibility. Subspecialty interview selection criteria is listed in table 7 below.

Table 8: Subspecialty interview selection criteria

| CU | CGO |
|---|---|
| <ul style="list-style-type: none"> • Surgical skills • Drive and initiative • Resilience • Ethics • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Self-awareness • Psychosocial medical experience | <ul style="list-style-type: none"> • Surgical skills • Drive and initiative • Ability to manage conflict/difficult situations • Patient management • Teamwork/working in a multidisciplinary team • Grief and counselling • Self-awareness • Dealing with appraisal |

- Academic performance/aptitude to training
- Current issues/challenges facing the CU Subspecialty

- Academic performance/aptitude to training
- Current issues/challenges facing the CGO subspecialty

CMFM

- Ability to manage conflict/difficult situations
- Patient management
- Teamwork/working in a multidisciplinary team
- Grief and counselling
- Self-awareness
- Dealing with appraisal
- Psychosocial medical experience
- Academic performance/aptitude to training
- Current issues/challenges facing the CMFM Subspecialty

COGU

- Drive and initiative
- Resilience
- Ethics
- Ability to manage conflict/difficult situations
- Patient management
- Teamwork/working in a multidisciplinary team
- Grief and counselling
- Self-awareness
- Dealing with appraisal
- Academic performance/aptitude to training
- Current issues/challenges facing the COGU Subspecialty

CREI

- Drive and initiative
- Resilience
- Ethics
- Teamwork/working in a multidisciplinary team
- Academic performance/aptitude to training
- Personal insight and understanding into the issues involved in current practice
- Current issues/challenges facing the CREI Subspecialty

Interviews are conducted via Zoom and scored based on answers to written application selection criteria and subspecialty-specific elements. Applicants receive outcome letters within two weeks after the interview. Unsuccessful applicants are informed about the reconsideration/review and appeal process. Selection criteria and descriptors for the five subspecialties are available on the website.

The Selection Committee has oversight of selection processes across both Australia and Aotearoa New Zealand and selection processes are managed by the selection team in the Education Directorate to maintain a consistent approach. The Selection Committee also oversees the operation of selection processes in Australia to ensure consistency. In Aotearoa New Zealand, the New Zealand Training Accreditation Committee oversees the operation of selection.

Trainee representation

Trainee representation is present on various training- and education-related committees, with members having the ability to raise agenda items for discussion. The Trainees' Committee serves as a representative body for trainees and SIMGs, addressing training, assessment, and broader obstetrics and gynaecology issues. The committee reports to the Board and relevant councils and committees.

The committee is supported by the Training Programs team, which assists in organising meetings and addressing issues raised. Membership includes 10 FRANZCOG trainees from Australian states and territories, Aotearoa New Zealand, subspecialty trainees, Certificate of Women's Health/DRANZCOG/DRANZCOG Advanced representatives, and a SIMG. The committee chair becomes a voting member of the Council during their two-year term.

Various RANZCOG committees have Trainees' Committee representatives, and representatives also participate in selection interview panels and training-site accreditation visits. Elections for the Trainees' Committee are conducted independently with trainees from relevant regions electing representatives for different programs. Trainees also have representation on Council Committees, including the Jean Murray Jones Committee and the Subspecialties Committee. Trainee representation on College committees is listed in table 8 below.

Table 9: Trainee representation on College committees

| Name of Committee, Subcommittee or working group | Functions of the Committee, Subcommittee or working group | Number of trainees | Meeting frequency |
|--|--|--|--|
| Accreditation Steering Group (ASG) | To approve FRANZCOG training site reaccreditation Visit Reports. To provide guidance regarding FRANZCOG training site Progress Reports where conditions remain. To provide advice relating to RANZCOG Accreditor recruitment, oversight, training and support. | 2 – Trainees' Committee Representative (Australia) and Trainees' Committee Representative (Aotearoa New Zealand) | 6–8 weeks |
| Annual Scientific Meeting (ASM) Organising Committee | To assist with the planning and coordination of the ASM. | 1 – Trainee Representative | 3-monthly: 1–3 years prior to ASM Monthly: 6–12 months prior to ASM Fortnightly: 2–6 months prior to ASM Weekly: 1 month prior to ASM |
| Australian O&G Workforce Working Group | To support future workforce planning initiatives by the College. | 1 – FRANZCOG Trainee Representative | 4 times/year |
| Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) | To define and oversee all aspects of education, training and recertification in relation to qualifications awarded jointly by RANZCOG, ACRRM and RACGP, including, but not limited to the Diplomas known as the DRANZCOG and DRANZCOG Advanced, and the Certificate of Women's Health. | 1 – DRANZCOG Trainee Representative | 3 times/year |

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| | <p>The development, implementation and ongoing review of the curricula for qualifications offered by RANZCOG, in conjunction with the RACGP and ACRRM, through the CCDOG.</p> <p>To formulate and review the processes for accreditation and re-accreditation of the CWH, DRANZCOG and DRANZCOG Advanced Training Programs leading to those qualifications, as well as any other relevant courses that may be the responsibility of the CCDOG.</p> | | |
| Consumer Network Working Group | To act as a source of information for the College, providing an independent patient and public perspective from a diverse range of women's health consumers in Australia and Aotearoa New Zealand. | 1 – Trainee Representative | 4 times/year |
| Continuing Professional Development (CPD) Committee | To advise the RANZCOG Board on matters concerning the CPD programs for Fellows, Diplomates, Associate Members, Australia and Aotearoa New Zealand and Educational Affiliates (Non-SIMG). Development, maintenance and ongoing evaluation of the College's CPD Program. | 1 – Trainee Representative | 3 times/year |
| Cultural Safety Steering Group (CSSG) | To embed cultural safety in RANZCOG training programs, codes of conduct and professional standards and suggest ways in which culturally safe practice can be best included in RANZCOG activities such as through the development of revisions of existing RANZCOG statements, guidelines and other documents. | 1 – Trainee Representative | As required (to achieve outcomes within 2 years) |
| Curriculum and Assessment Steering Group (CASG) | <p>To provide advice to the ESC and RANZCOG Board on the following:</p> <ul style="list-style-type: none"> - Developments to RANZCOG's curricula and assessment practices that are necessary to meet AMC/MCNZ requirements. | 2 – Chair of the Trainees' Committee (or nominee) and Diploma Trainee Representative (CCDOG Trainee Representative or | 5 times/year |

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| | <ul style="list-style-type: none"> - Review, development and alignment of all curricula. - Progression frameworks across and between all RANZCOG training programs. - Contemporary best practice assessment methods across all RANZCOG training programs. | other nominated Trainee/recent graduate) | |
| Cervical Quality Improvement Program (C-QulP) Working Party | <p>To provide a supportive process to enable to colposcopist to practice at the highest standards.</p> <p>To address the gap in the Quality Assurance pathway by bringing together key stakeholders to formulate and recommend a robust process to close the gap.</p> | 1 – RANZCOG Trainee Representative | 2 times/year |
| Education Standards Committee (ESC) | To oversee the ongoing development and implementation of educational standards across all RANZCOG education, training, assessment and accreditation. | 1 – Chair of the Trainees’ Committee or their nominee | 3 times/year |
| Event Strategy Working Group | To develop a College-wide strategy that serves RANZCOG’s strategic, educational and financial goals. | 1 – Trainees’ Committee Representative | 4 times/year |
| Gender Equity and Diversity Working Group | Tasked with the broad goal of achieving appropriate representation of gender equity, diversity and leadership engagement across the College. | 1 – Trainee Representative | 3 times/year |
| Gynaecology Oncology Subspecialty Committee (CGO) | Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Gynaecological Oncology subspecialty certification of the College. | 1 – CGO Trainee Representative, elected by CGO Trainees | 3 times/year |
| He Hono Wāhine | To provide a Māori voice to advise Te Kāhui Oranga ō Nuku, the Aotearoa New Zealand Training and Accreditation Committee, the Women’s Health Committee, and the Board and Council on matters relating to the health and welfare of wāhine Māori. | 2 – Māori Trainees | 4 times/year |

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| Informed Birth Working Group | To oversee the development of a guidance document for clinicians on informed birth for planned vaginal and caesarean deliveries across Australia. | 1 – RANZCOG Trainee Representative | 3 times/year |
| Jean Murray Jones Bequest Oversight Committee | The oversight and framing of recommendations regarding the use of funds generated through activities associated with assets bequeathed to the College through the Estate of the late Dr Jean Murray Jones. | 1 – A RANZCOG Trainee who is a registered Trainee undertaking training in Western Australia | As required |
| Maternal Fetal Medicine Subspecialty Committee (CMFM) | Overseeing the formulation and review of the training and accreditation policies leading towards the attainment of Maternal Fetal Medicine subspecialty certification of the College. | 1 – CMFM Trainee Representative, elected by CMFM Trainees | 3 times/year |
| New Zealand OG Workforce Working Group | To support future workforce planning initiatives by the College. | 1 – FRANZCOG Trainee Representative | 4 times/year |
| New Zealand Training Accreditation Committee (NZTAC) | To oversee and coordinate FRANZCOG trainees and Basic and Advanced Training posts within and across Integrated Training Programs (ITPs) in Aotearoa New Zealand. | 3 – Trainee Representative/s on the Trainees' Committee (one from North Island and one from South Island), Trainee to represent the North Island ITP which is not represented by the North Island Trainee Representative elected to the Trainees' Committee | 4 times/year |
| O&G Magazine Advisory Committee | To guide the direction of O&G Magazine within overall College policy relating to publications and plan the content of every issue, including the selection of themes, topics and authors for commissioned articles. | 1 – Trainee Representative | 3 times/year |

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| Obstetrics and Gynaecology Education and Training (OGET) Resource Development Working Group | To develop and deliver a set of resources to be used as part of the OGET pilot, with a focus on developing scalable resources that can be customised and replicated across a diverse range of health settings. | 1 – Senior Trainee | 1 time/month for duration of pilot |
| Obstetrical & Gynaecological Ultrasound Subspecialty Subcommittee (COGU) | Overseeing the formulation and review of training and accreditation policies leading towards the attainment of Obstetrical and Gynaecological Ultrasound subspecialty certification of the College. | 1 – COGU Trainee Representative, elected by COGU Trainees | 3 times/year |
| Professional Standards Committee | Lead and champion the work and implementation of the College's Organisational Values that will have a lasting positive impact on the College. Develop a list of key themes to form the basis of a proposed set of organisation values. | 1 – Trainee Representative | As required |
| Progression Review Committee | The consideration of trainees and other individuals who have been referred by the appropriate responsible body for possible removal from their pathway to Fellowship or subspecialty certification subject to relevant RANZCOG regulations. | 1 – Trainee Representative appointed to Council (Chair of the Trainees' Committee) | As required |
| RANZCOG Indigenous Network Group (RING) | The objective of RING is to facilitate a safe and informal space for all Indigenous Fellows, trainees and Diplomates to discuss issues they face as First Nations people, both related to their chosen field of medicine, and more widely. The group will provide support and knowledge to one another available through their shared experience and culture. | Not limited – All Aboriginal and Torres Strait Islander Trainees within RANZCOG | 3 times/year |

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| RANZCOG Mentoring Working Group | To develop a RANZCOG mentoring framework. To identify existing learning resources and develop new learning resources for mentorship, for mentors, mentees and mentoring providers. | Up to 4 – 2 Trainee Representatives (Australia and Aotearoa New Zealand) Subspecialist trainee <i>or</i> Fellow Representative Indigenous trainee <i>or</i> Fellow Representative | Regularly until project deliverables are complete |
| RANZCOG Women's Health Foundation | Oversee philanthropic activities on behalf of RANZCOG. | 1 – FRANZCOG Trainee | 4 times/year |
| Recognition of Prior Learning (RPL) Panel | The RPL Panel is charged with the responsibility of assessing applicants who are prospectively approved to commence the FRANZCOG training program and seek to obtain recognition for significant training which predates the commencement of their FRANZCOG training. | 1 – Chair of the Trainees' Committee or their nominee | As required |
| Reproductive Endocrinology and Infertility Subspecialty Committee (CREI) | Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Reproductive Endocrinology and Infertility subspecialty certification of the College. | 1 – CREI Trainee Representative, elected by CREI Trainees | 3 times/year |
| Research Assessment Subcommittee | Oversee the conduct of the research component of the FRANZCOG training program. | 2 – Trainee Representatives | 2 times/year |
| Selection Committee | Approve the formation of Selection Assessment Scoring Panels. | 1 – Trainees' Committee Chair or nominee | 3 times/year |
| Simulation Training Advisory Group (STAG) | Provide advice on the direction for simulated training within the RANZCOG training programs. | 1 – FRANZCOG Trainee | 5 times/year |

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| Specialist IMG (SIMG) Committee | <p>Development and implementation of regulations and policy regarding assessment mechanisms and processes as they pertain to SIMG and Area of Need (AON) applicants. Oversee the work of the assessment panels in Australia and Aotearoa New Zealand that assess the qualifications, training and experience of SIMG and AON applicants. The appointment of members of the panel of assessors shall be recommended by the SIMG Assessment Committee to the RANZCOG Board.</p> <p>Oversee the application and assessment of Short-Term Training (STT) pathway in Australia including applications for extension.</p> | 1 – One member who has completed the SIMG pathway to Fellowship of RANZCOG | 3 times/year |
| State and Territory Committees x 7 | <p>To discuss and act upon any matter of local interest to obstetricians and gynaecologists practising in each State and Territory (S&T) and, provided it does not conflict with existing College policies, to act upon determinations arising from the discussions.</p> <p>To discuss any matters referred to the S&T Committee by the RANZCOG Board and/or Council.</p> <p>In line with the RANZCOG ASM Guidelines and other relevant College policies and procedures, assist with the organisation of College Annual Scientific Meetings (ASMs) being held in a particular State or Territory.</p> | <p>1 – Trainee Representative(s) elected onto the Trainees' Committee from the applicable State or Territory*</p> <p>*NB: For each State and Territory Committee, therefore up to 7 Trainee Representatives</p> | 3 times/year |
| Australian State and Territory TAC Committee x 7 | Oversee and coordinate FRANZCOG Trainees AND Core and Advanced Training posts within and across Integrated Training Programs (ITPs) in the relevant State or Territory. | <p>1 – Trainee Representative(s) elected onto the RANZCOG Trainees' Committee from the applicable State or Territory*</p> <p>*NB: For each State and Territory Committee, therefore up to 7 Trainee Representatives</p> | 4 times/year |

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| Subspecialties Committee | Oversee the formulation and review of the training, assessment and accreditation policies leading towards the attainment of subspecialty certification of the College. | 1 – Subspecialties Trainee Representative, who is a registered Trainee in one of the 5 subspecialty training programs | 3 times/year |
| Te Kāhui Oranga ō Nuku | To implement the strategic direction of RANZCOG in Aotearoa New Zealand while considering the differences between the contexts in Aotearoa New Zealand and Australia, as well as ensuring policies give consideration to Māori as tangata whenua and foster relationships with Government departments. | 1 – the elected NZ Trainee Representative(s) on the RANZCOG Trainees' Committee who is the Deputy Chair of the Trainees Committee | 4 times/year |
| Trainees' Committee | Represent interests and concerns of RANZCOG Trainees and SIMGs in discussion and decision making relating to training and assessment, as well as broader issues relating to the discipline of obstetrics and gynaecology. | 12 | 3 times/year |
| Training Accreditation Committee (TAC) | Responsible for the ongoing development, coordination and administration of the FRANZCOG training program in cooperation with the State/Territory/Aotearoa New Zealand TACs, and for reviewing the processes for accreditation and reaccreditation of training sites leading towards the attainment of Fellowship of the College. | 2 – Trainees' Committee Representatives, one from Australia and one from Aotearoa New Zealand | 3 times/year |
| Urogynaecology Subspecialty Subcommittee (CU) | Overseeing the formulation and review of training, accreditation and assessment policies leading towards the attainment of Urogynaecology subspecialty certification of the College. | 1 – CU Trainee Representatives, elected by CU Trainees | 3 times/year |

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| Wellbeing Working Group | To consult on, determine and establish a range of appropriate wellbeing initiatives and functions that provide ongoing support and assistance for trainees and members throughout their training lifecycle and working life. | Up to 4 – 2 Trainee Representatives (one from Australia and one from Aotearoa New Zealand), A member <i>or</i> trainee who shall be Deputy Chair, A member <i>or</i> trainee with recent experience of return to work after extended leave | 4 times/year |
| Women's Health Committee | Advise the Board and Council on all matters concerning the provision of women's health services, with particular reference to obstetrical and gynaecological patient care. Respond on behalf of the College to enquiries regarding women's health issues, the reproductive health of the Australian and Aotearoa New Zealand community and the provision of services in obstetrics and gynaecology. Review existing and develop new statements, guidelines and other types of advice (e.g. College Communiqués) on the provision of obstetrical and gynaecological patient care. | 1 – Trainee Representative | 3 times/year |

Trainees are informed in multiple ways regarding College decisions, with significant efforts made to ensure trainees receive information in a timely manner. This is done firstly through the weekly newsletter *Connect*, which is sent out to all Fellows, trainees, Diplomates, Certificants, consumer representatives and staff. It provides information on important topics, including news, events, workshops, people, support and wellbeing, mentoring, selection, and job vacancies. All information regarding the specialist and subspecialist training programs, including the selection process, how to apply, fees associated with applying and training, training handbooks, curriculum and assessment requirements, are available on the [FRANZCOG training program page](#) and [subspecialty training program page](#) on the website.

Trainee wellbeing

The College has implemented various strategies and initiatives to promote respectful workplaces, ensure trainee wellbeing and prevent mistreatment. In 2021, the College established a Bullying, Harassment and Discrimination (BHD) Advisory Working Group, which provided recommendations for addressing these issues. These recommendations were accepted by the RANZCOG Board, leading to the launch of the Fostering Respect Action Plan in August 2022. This plan outlines actions in areas such as culture, training, complaint handling and monitoring. The college also supports wellbeing through initiatives like the Wellbeing Working Group, Wellbeing Awards and Wellbeing webinars.

The college offers workshops and training programs, such as the Respectful Workplaces Workshop, Training Supervisor Workshop and RACS Operating with Respect Module. The College ensures availability of confidential support services, and its Complaints Policy was updated in 2020 to better handle complaints related to mistreatment. The Training Support Unit assists trainees who have experienced mistreatment, offering emotional support, complaint guidance and collaboration with colleagues to provide solutions.

Trainees can raise issues through various informal and formal channels, with jurisdictions and Aotearoa New Zealand offices being the initial point of contact. College staff follow appropriate processes to provide support, including information on special consideration, involving local TAC Chairs, and referring to the Training Support Unit. The Training Support Unit offers trainees a platform to discuss and seek guidance on issues they face. Trainees can also raise concerns through the six-monthly assessment survey, addressing domains like general support, training opportunities, supervision and consultant support. Formal resolution of disputes involves mechanisms such as formal complaints, reconsideration, review, appeal policies and the Accreditation Interventions Framework.

The Accreditation Interventions Framework helps address concerns about accredited sites while protecting trainees' confidentiality. The College recognises the need to handle issues related to bullying, harassment and discrimination (BHD) and emphasises preserving the trainee's experience in cases where unprofessional behaviour affects their training environment. The College continues to work on procedures to manage BHD-related trainee matters, focusing on the trainee's wellbeing and professional growth.

A.8 Supervisory and training roles and training post-accreditation

Supervisory and training roles

FRANZCOG training program

To ensure trainees have appropriate clinical supervision, the College enforces that there is at least one training supervisor per four trainees. Training supervisors are required to work a minimum 0.2 FTE at their training site and are expected to have paid and protected time calculated on the basis of at least 10 hours annually per trainee supervised. The training supervisor position description outlines the roles and responsibilities that training supervisors must adhere to and is publicly available on the College's website.

Consultants are also involved in the supervision of trainees. Training sites are required to have a minimum of two fellows as senior staff specialists to provide additional supervision and support for trainees. The consultant's position description must stipulate the requirement to teach and supervise trainees and a sample of the position description from the employer (i.e. training site) is to be reviewed during accreditation visits.

Integrated Training Program coordinators

ITP coordinators are College fellows and are employed at one of the ITP sites (usually the base hospital) as a full-time or part-time staff specialist. The ITP coordinator is responsible for the coordination of the training program across participating hospitals within that ITP for the duration of basic training. The College has a position description outlining the roles and responsibilities of ITP coordinators.

Medical practitioners, FRANZCOG advanced trainees, senior midwives, senior radiologists and senior sonographers also contribute to the supervision and assessment of trainees.

Subspecialty training programs

Subspecialty trainees across the five programs are supported by approved training supervisors and the program director of their training unit. The program director must be involved in the training process, monitoring assessment of trainee performance, and learning outcomes, and promoting clinical and educational development of trainees. The roles and responsibilities of training supervisors and program directors are outlined in position descriptions, and these are publicly available on the College's website.

Supervisor training and evaluation

New training supervisors must complete a Training Supervisor Workshop within the first 12 months of their appointment. The workshop educates training supervisors about how to support and educate trainees.

Training supervisors are expected to undertake professional development activities relating to training supervision annually as part of their CPD requirements and are supported through College-based webinars and workshops to do so. Training supervisors can claim CPD points for each trainee they are responsible for and for completing clinical educator training modules and attending the Training Supervisor Workshop.

Trainees can provide feedback on training supervisor performance through a variety of methods including:

- to the State/Territory/Aotearoa New Zealand or Training Programs teams after a three-monthly formative appraisal or six-monthly summative assessment is submitted to the College
- anonymously through the six-monthly assessment of trainee survey
- by direct contact to their local office, ITP Coordinator or TAC Chair
- confidentially by contacting the Training Support Unit
- through the Complaints Policy and Guideline.

Trainees, staff specialists and other practitioners are also surveyed to seek feedback on training supervisor effectiveness and performance prior to accreditation visits.

Examiners

College fellows, subspecialists, diplomates and advanced diplomates are eligible to apply for membership of the RANZCOG Board of Examiners. Written and oral examiners are appointed via the Board of Examiners Policy and applications are submitted to the Examination and Assessment Committee for consideration, with application forms available on the College's website. Subspecialty examiners are approved by the relevant subspecialty committee.

Examiners are appointed for a period of six years. Examiners are required to attend a new examiner workshop once appointed. They are also required to participate in regular examiner workshops and education/information sessions during their term.

Assessment of examiners is done via observation, collection of qualitative and quantitative data for each examination and comparative data as related to other examiner performance. Examiners are provided with feedback on their performance following each examination.

Training site and unit accreditation

Accreditation standards, criteria, and the processes by which these are applied for all College training programs are available on the College's website, along with information on accredited training sites and units.

FRANZCOG training program

The College accredits all training sites offering FRANZCOG basic training throughout Australia and Aotearoa New Zealand. Accredited training sites include major public teaching hospitals, outer suburban/peripheral hospitals, and rural/provincial hospitals.

For the purposes of basic training, a combination of these different training sites forms a consortium, each known as an Integrated Training Program (ITP). 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, these hospitals must be able to provide trainees with the range of experiences in obstetrics and gynaecology necessary to meet all FRANZCOG training and assessment requirements for basic training.

Training sites are accredited on a five-yearly cycle and may be granted provisional accreditation for a period of six months to three years or full accreditation for five years. Sites undergoing initial accreditation have a return accreditation visit 12–24 months after the commencement of the first trainee at the site.

The College considers the below standards necessary for the provision of effective training and support for trainees in the FRANZCOG training program.

Table 10: FRANZCOG accreditation standards

| FRANZCOG Accreditation Standards | |
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| 1 | Support for RANZCOG officers and engagement with hospital accreditation process |
| 2 | Appointment and support for Training Supervisors |
| 3 | Consultant involvement with and support for FRANZCOG trainees |
| 4 | Provision of clinical supervision and experience |
| 5 | Provision of structured education programs, teaching sessions and learning opportunities |
| 6 | Workplace culture, registrar staffing, safe working hours, leave arrangements and assistance for rural rotations |

Subspecialty training programs

The College accredits all training units offering subspecialty training throughout Australia and Aotearoa New Zealand. A training unit may comprise of one or multiple sites. Each unit must nominate a subspecialist program director who will be responsible for overseeing the training program.

Units are accredited on a five-yearly cycle and may be granted provisional accreditation for 12–24 months or full accreditation for five years. An initial site visit is conducted six to 12 months after the first subspecialty trainee commences prospectively approved training at the newly accredited training unit. Subspecialty accreditation is based on an application process and units must reapply every five years.

The College has developed Standards for Assessment and Accreditation of Subspecialty Training Units, which apply to all five subspecialty training programs.

Table 11: Subspecialty accreditation standards

| Subspecialty Accreditation Standards | |
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| 1 | Support for RANZCOG officers and engagement with unit accreditation process |
| 2 | Supervision |
| 3 | Clinical experience |
| 4 | Education programs and activities |
| 5 | Facilities |
| 6 | Research, publications and presentations |
| 7 | Quality assurance |
| 8 | Workplace culture, safe working hours and leave arrangements |

In 2020, the College introduced the Accreditation Interventions Framework to identify the different approaches that could be used to address issues of concern raised outside of normal accreditation procedures and timelines.

A.9 Assessment of specialist international medical graduates

The College undertakes processes of assessment of specialist international medical graduates (SIMGs) for the purposes of specialist recognition by the MBA and MCNZ. In Australia, the College provides four assessment pathways for SIMGs. Information on assessment processes is publicly available on the College website.

General Obstetrics and Gynaecology Pathway

The General Obstetrics and Gynaecology Pathway leads to Fellowship of RANZCOG. Applicants are required to have a broad base of skills suitable for practice in an urban or provincial setting and knowledge and skills at a consultant level in antenatal clinicals, gynaecology outpatient clinics, emergency obstetrics and gynaecology, caesarean section lists and gynaecological theatre lists.

Academic and Common Scope Pathway

The Academic and Common Scope Pathway leads to Fellowship of RANZCOG. Applicants are required to have experience in research, teaching and academic leadership as well as knowledge and skills at a consultant level in obstetrics, emergency gynaecology, and common office gynaecology.

Subspecialist and Common Scope Pathway

The Subspecialist and Common Scope Pathway does not lead to Fellowship of RANZCOG. Applicants applying for subspecialist assessment will be eligible to apply for certification in their assessed subspecialist scope of practice upon successful completion of requirements. Applicants are required to deliver comprehensive care across the scope of practice in one of the following subspecialty areas: Gynaecological Oncology, Maternal Fetal Medicine, Obstetrical and Gynaecological Ultrasound, Reproductive Endocrinology and Infertility, and Urogynaecology. Applicants are also required to have knowledge and skills at a consultant level in antenatal clinicals, gynaecology outpatient clinics, emergency obstetrics and gynaecology, 'back-up' in more complex surgical cases and caesarean section lists.

Area of need

The area of need (AON) process applies to Australia only and does not lead to Fellowship of RANZCOG but addresses medical workforce shortages in designated areas. Applicants are only eligible to apply for the AON Pathway if they have already secured a position that has been

declared as an area of need by the health department in the state or territory the position is located. The assessment process assesses whether the applicant is suitable for the position and not comparable to an Australian-trained specialist. The applicant must apply for the AON Pathway and Generalist Pathway, and the College will complete a combined assessment. The applicant will receive their comparability assessment outcome as well as an AON outcome outlining whether the applicant is or is not suitable for the AON position.

Assessment and outcomes

The assessment process commences with a paper-based assessment and considers a combination of training, assessment, experience, recency, and scope of practice, and CPD outlined by the applicant to determine whether these components together will enable them to practise at a level comparable to the standard expected of an Australian-trained specialist commencing in the same field of practice.

In line with the MBA's standards, applicants are provided with a Summary of Preliminary Review (SPR) before an interim decision is made. The SPR addresses procedural fairness and aims to ensure applicants have seen the information the College will use to make their decision. The applicant is given an opportunity to add to or correct the information before an interim decision is made.

Following the paper-based assessment, eligible applicants are invited to attend an interview to explore in greater detail the information provided in their written documentation and set out in the SPR, and, if necessary, to seek additional information. Interviews conclude with up to four vignettes that cover a range of scenarios. The intent of the vignettes is to determine an applicant's focus on patient care, and communication with patients, consultants, and colleagues. The interview determines the applicant's comparability and suitability to commence a period of supervised practice or further training (under supervision) with associated assessment.

Not comparable

Applicants assessed as not comparable are not eligible to continue on the SIMG pathway and are notified that they can apply to the FRANZCOG training program at Year 1 and may be eligible to also apply for recognition of prior learning. Applicants are also advised they may be eligible to apply for medical registration via alternative pathways and to contact Ahpra for further advice.

Partially comparable requirements

Applicants assessed as partially comparable are assessed as suitable to undertake their intended scope of practice under the supervision of a College-approved Supervisor. They are required to complete the following requirements:

- a minimum period of six months FTE and a maximum of 24 months FTE of prospectively approved, supervised training whereby the SIMG is certified as possessing the competencies expected of an Australian-trained specialist in obstetrics and gynaecology in the generalist obstetrics and gynaecology scope of practice or the academic and common scope of practice
- APSS: Ultrasound B
- APSS: Colposcopy
- FRANZCOG Communication Skills Workshop
- FRANZCOG written and oral examination.

Substantially comparable requirements

Applicants assessed as substantially comparable have been assessed as suitable to undertake their intended scope of practice, taking full responsibility for individual patient care with

oversight of their practice by a Training Supervisor. They are required to complete the following requirements:

- a minimum period of three months FTE and up to 12 months FTE of supervised specialist clinical practice in the field of obstetrics and gynaecology in the generalist obstetrics and gynaecology scope of practice or the academic and common scope of practice in a position in Australia prospectively approved by the SIMG Assessment Committee
- completion of the requisite number of three-monthly formative reports
- a multi-source feedback assessment, completed to the satisfaction of the SIMG Assessment Committee
- completion of the equivalent number of months of CPD activities in the relevant College CPD program as an Educational Affiliate of RANZCOG.

Aotearoa New Zealand

In Aotearoa New Zealand, the College undertakes assessments on behalf of MCNZ in keeping with the Memorandum of Understanding and makes recommendations to MCNZ on suitability for registration in the obstetrics and gynaecology scope of practice. Information on assessment processes is publicly available on the College website.

Reconsideration, review and appeals

The College's Reconsideration, Review and Appeal of Decisions Policy is available to applicants and information can be found on the College's website.

Section B Assessment against specialist medical program accreditation standards

B.1 The context of training and education

1.1 Governance

The accreditation standards are as follows:

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

1.1.1 Team findings

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a not-for-profit organisation committed to achieving and maintaining high standards of practice in obstetrics and gynaecology. It has a vision for excellence and equity in women's health and seeks to lead in education and training in obstetrics and gynaecology as well as advocacy in women's health. Its constitution, charter, regulations, and membership categories support these functions.

RANZCOG is organised at various levels: RANZCOG members and trainees (i.e. Fellows, Trainees, Diplomates and Affiliates including those who may have retired); the RANZCOG Board; the RANZCOG Council; Council Committees; and College Directorates under the CEO. These organisational layers have functional relationships with each other, and these relationships are set out within the governance structures.

Governance structures and functions for the Board and Council are set out in the RANZCOG Constitution and Council Charter. The membership of the Board and Council are set out in the Constitution, and this was amended in 2022 to include representation of Diplomates on the Board. Board Directors and Councillors have two-year terms, although they are able to seek re-election for up to two further terms. Board Directors and Councillors are offered professional development and given orientation and induction training about critical issues for the College including the Code of Conduct, cultural safety and mandatory training on discrimination, bullying, sexual harassment and harassment (DBSH), which is the Royal Australasian College of Surgeons 'Operating with Respect' module.

The governance structures ensure representation with College members, regionally across different states, territories and binationally, and in different roles from Diplomates, Trainees and Fellows. There are 573 College members who sit on 76 College committees demonstrating their commitment to the College and to the speciality. Each RANZCOG Committee also has defined terms of reference, which include membership, decision-making powers and reporting lines.

The RANZCOG Strategic Plan centres the role of education and training to the mission of the College. This is reflected in the College governance structures where all facets of the College business, such as finance and risk, IT, legal, advocacy and communications, can all be seen to contribute to this central mission.

The Board and Council

The **RANZCOG Board**, with nine elected members, oversees the strategic and operational functions of the College. The Board is responsible for setting the strategic direction of the College as well as managing legal and financial risks, approving policy frameworks and ensuring compliance. It has a wide range of powers that are outlined in the RANZCOG Constitution.

Board members include the four senior College Office Bearers, the President and three Vice-Presidents; three Directors elected by the Council; the Diplomat representative appointed to Council; and an Independent Board Director appointed by the Board with required skills to complement the composition of the Board. There is a clear commitment to the governance of education and training and evidence of focus on the sustainability of financial resources to ensure the continuity of College business.

While the Board holds decision-making functions, there is a comprehensive structure of committees that make recommendations in line with their own committee's governance responsibilities. The College is governed by the RANZCOG Board but works in parallel with the RANZCOG Council.

The **RANZCOG Council** is a large committee made up of 22 elected members plus the Board Directors, the immediate Past-President, chairs of the College Diplomates and Trainees Committees, Indigenous committees and a Community Representative. Senior College officials and other committee chairs participate in Council meetings as non-voting representatives. The 22 elected members represent states, territories, and regions, including Aotearoa New Zealand, ensuring that the Council hears across the geographic diversity of the speciality.

Aboriginal and Torres Strait Islander representation

The Aboriginal and Torres Strait Islander Women's Health Committee provides advice directly to the Board on matters relating to the health of Aboriginal and Torres Strait Islander women. The inclusion of the Chair of the Aboriginal and Torres Strait Islander Women's Health Committee on Council ensures these perspectives are embedded in the College's strategic plans and implementation of regulations pertaining to the RANZCOG training program. The work of the Aboriginal and Torres Strait Islander Women's Health Committee is supported by the RANZCOG Indigenous Network Group (RING) and the Reconciliation Action Plan (RAP) Committee.

At the time of the assessment, the team understood the formation of the RING and the RAP Committee was in its infancy to support developing work, and the AMC will be interested in how these groups have contributed to embedding initiatives related to Aboriginal and Torres Strait Islander peoples, including cultural safety, and how the College has supported their development. The team also notes apart from the Chair of the Aboriginal and Torres Strait Islander Women's Health Committee included on Council, there is no other specific role dedicated to First Nations Australian persons on the Council or Board. As there are diverse perspectives and needs in First Nations communities across Australia, the College is strongly encouraged to consider ways to

expand the voice of Aboriginal and Torres Strait Islander peoples in its strategic direction and value setting from the top level of College governance.

Aotearoa New Zealand and Māori representation

The team found there is a strong representation and investment in the ongoing development of the FRANZCOG training program and focus on women's health needs in Aotearoa New Zealand. Te Kāhui Oranga ō Nuku is charged with implementing the College's strategic direction and He Hono Wāhine provides a Māori advisory voice on the health of Māori women to Te Kāhui Oranga ō Nuku and other College governance bodies, including the Board and Council. The College has similarly included the Chair of He Hono Wāhine as well as a Māori Fellow on Council, in addition to two fellow residents in Aotearoa New Zealand. There is no specific Māori representation on the Board; however, there is scope for the inclusion of a maximum of two representatives from Aotearoa New Zealand. The College may wish to expand the scope to include specific Māori representation as a direct voice to the Board's responsibilities and activities.

Trainee representation

Trainee representation is also evident across the governance committees of the College with trainees included formally in 51 of 76 committees. Trainees are represented on the College Council with full voting rights. The importance of trainee feedback was demonstrated as it led to concerted Council action on DBSH that included the establishment of a working group, the development and implementation of an action plan, mandated training for Directors and Councillors, and various supports for trainee wellbeing.

The Trainees' Committee reports directly to the Board on the interests and concerns of RANZCOG trainees, in addition to Council, the Education Standards Committee and other committees. The inclusion of the Chair of the Trainees' Committee on Council with the same voting rights as other Councillors is a contemporary view of the important role trainees have in the College's development as key providers of specialist medical education. The team also notes the deputy chairs of the Trainees' Committee from Australia and Aotearoa New Zealand are also included as non-voting representatives on Council and this supports business continuity as well as further developmental opportunities for trainees.

The evident inclusion of trainee representation across numerous governance and education and training committees is commendable and speaks clearly to the College's commitment to developing trainees into leadership positions. The team considers this to be critical to ensure the sustainability of the College and renewal of key leadership roles in the governance of the organisation and education and training programs. There is currently no direct representation by trainees on the Board and the College may wish to consider this as the next iteration of expanding trainee involvement in governance. Trainee representation in governance will be expanded upon under Standard 7.2.

Community and consumer representatives

The College also demonstrates a strong focus on collaboration with external stakeholders. It has built relationships with consumers, communities and other external representatives with specific experience, networks, expertise and perspectives that can inform College policy and procedures and improve accountability. Currently there are consumer and community representatives on 16 College committees, and they also contribute to College guidelines and statements. There is an independent Board Director, who currently chairs the Consumer Network Working Group, diversifies the skills on the Board, and the College is encouraged to ensure there is a consistent role for consumer representation on the Board. Council similarly appoints a community representative, who is a non-voting member, however, the College has advised they will be enabling voting rights for the community representative by the end of 2023. There is notable

representation by consumers on various key College education and training committees, and the development of the Consumer Network Working Group reflects the value of the voice of patients and consumers, their lived experience, and priorities of the community.

The Consumer, Community and Other External Representatives Policy guides the appointment and remuneration of these representatives when participating in College activities and a structured induction supports a consumer representative's role in the improvement of women's health and College activities. These are excellent initiatives and giving consideration towards an overarching Consumer Engagement Framework would assist with ensuring safe and sustainable consumer representation across all committees. The development of such a framework with an external expertise and lens would contribute to improved processes and requirements for consumer participation.

Conflicts of Interest Policy

The College has an appropriate Conflict of Interest (COI) Policy to guide College activities. COI is a standing agenda item for College committees; new committee members are required to complete a declaration of interest form and the Register of Interests is updated and any changes noted at each meeting. A particular focus on transparency in respect of COI is noted in the development of RANZCOG resources (webinars, presentations, guidelines, and statements) and in progression decisions about trainees as well as processes for review and appeals of decisions. The policy for review and appeals of decisions is publicly available.

1.2 Program management

The accreditation standards are as follows:

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

1.2.1 Team findings

Education and training is a priority for the College and this priority is supported by a significant structure of committees. The Education Standards Committee (ESC) reports directly to the Board and 24 committees serve the complex needs of training programs across all jurisdictions, from basic to advanced trainees, including those of the subspecialties, as well as selection, curricula, assessments, the training and support of supervisors, accreditation of training sites, continuing professional development (CPD) and the assessment of specialist international medical graduates (SIMGs). In turn, these committees are supported by the staff of the Education Directorate. Fellows, members and trainees also contribute significantly as members of these committees, contributing their time, knowledge and experience to ensure all facets of the College's responsibilities for specialist medical training, CPD and assessment of SIMGs are carried out to standard.

These committees are formally constituted with terms of reference, key roles and responsibilities and reporting structures to the RANZCOG Board, usually through the ESC. The Education Directorate has undergone a process of restructuring in recent years and there is a need to

continue to keep under review the management of these programs to maximise economies of scale and align with College strategy, priorities and resources.

There is a dedicated Diplomates Committee as well as a Conjoint Committee for the Diploma of Obstetrics and Gynaecology overseeing all aspects of education and training in relation to qualifications jointly awarded by the College, the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP), including its Advanced Diploma, Diploma and Certificate in Women's Health Training Programs. The inclusion of the chair of the Diplomates Committee on the College Board is a significant governance improvement to ensure oversight and sharing of information and resources between the FRANZCOG, Diploma and Certificate training programs.

1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

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

1.3.1 Team findings

In mid-2022, the College reviewed its policy and processes associated with appeals and updated them to align with contemporary mechanisms like those used in other specialist medical colleges. The new policy seeks to ensure procedural fairness, manage conflicts of interest and improve transparency by providing a clear pathway for applicants. The policy was further reviewed to consider feedback in relation to DBSH and flowcharts and guidelines were developed.

The new Reconsideration, Review and Appeal of Decisions Policy, implemented from August 2022, is underpinned by a Complaints Management Framework that aims to reinforce professional and social behaviours of College members and staff and reflect the College Code of Conduct. The revisions to the policy aim to address the management of conflicts of interest, increase transparency and create clearer paths through College decision making. The documents related to the Reconsideration, Review and Appeal of Decisions Policy include the:

- RANZCOG Constitution
- RANZCOG Code of Conduct
- RANZCOG Organisational Values
- Exceptional Circumstances and Special Consideration Policy and Procedures
- Complaints Policy
- Conflicts of Interest Policy
- Bullying, Harassment and Discrimination Policy
- Privacy Policy.

These documents are generally comprehensive and publicly available on the College website.

The College's Reconsideration, Review and Appeal of Decisions Policy applies to requests of examination results, selection, and any other matters. It would be beneficial to potential applicants to define the other circumstances or matters under which this policy applies to. The

College has generally low number of requests for reconsideration, review and appeals, except for a higher number of SIMGs requesting review of their assessments in 2021. There are no fees for reconsideration processes, \$6766 (including GST) for appeals processes, and a fee of \$900 (including GST) was applied for review processes from 1 July 2023. The cost involved, particularly for the appeals process, may be a deterrent and ways to ensure equitable access for all groups of potential applicants may need to be considered.

The Complaints Policy was also reviewed in August 2022 and another document – the Guideline for managing complaints against RANZCOG members, covering the process of formal complaints made against fellows – was simultaneously developed. The College’s victim-centred approach in the application of its Complaints Management Framework is described in the Complaints Policy and could benefit from clearer links made to the principles and organisational values described.

To improve transparency, de-identified data relating to appeals and complaints are now reported annually through the ESC to the College Board. The data reports on the source of appeals or complaints, the number and nature of cases and whether they were upheld or overturned. The Independent External Reviewer, who reports to the Board, can review a sample of these complaints. The ESC or Board can ask for further investigation to support quality improvement and ask staff or a committee to undertake remediation.

1.4 Educational expertise and exchange

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

1.4.1 Team findings

In the last four years, coinciding with review of educational structures and resources, the College has employed consultants with educational expertise in key roles. A key appointment was the Dean of Education, introduced in 2019, who engages with the Executive Director of Education and other staff in the Education Directorate and convenes weekly meetings in relation to operational aspects including: curriculum development, examinations and assessment, any training program or trainee issues, selection, and evaluation and accreditation. The Dean is an ex-officio member on all education committees and chairs the Curriculum and Assessment Steering Group. The Dean also liaises with other teams across the College who engage with educational work such as CPD homes and Learning Resource Development.

Other educational specialists who are consultants for the College include Specialist Advisor: Assessment, Specialist Advisor: Accreditation and Clinical Advisor: SIMG. In addition to these specific roles, the College relies on a large number of volunteers, both fellows and trainees, who are involved as committee members across a range of College functions.

The work of the Simulation Training Advisory Group (STAG) has become more important both in general and as volumes of elective major gynaecological surgery reduce. This trend is expected to continue, and the STAG is likely to become more prominent within the Education portfolio.

In regard to Indigenous health education expertise, the College seeks advice from the He Hono Wāhine Committee and the Aboriginal and Torres Strait Islander Women’s Health Committee on the needs of Indigenous trainees and prospective trainees in regard to cultural safety, cultural competence and equity. The Chairs of these committees are also on the RANZCOG Council. While

the Hauora Wāhine Māori Advisor and the Cultural Sustainability Projects Lead provide advice to improve staff cultural capability, the College acknowledges the cultural load this requires.

The College is proactive in collaboration with other educational institutions, with other specialist medical colleges through the Council of Presidents of Medical Colleges and with the parallel organisation for CEOs of those organisations, and in Aotearoa New Zealand with the Council of Medical Colleges and the informal network of New Zealand managers. There is engagement with the College of Midwives in both Australia and Aotearoa New Zealand as well as Medical Deans. There is collaboration with the network of medical college educators and those developing CPD homes. There is also networking with other colleges of obstetrics and gynaecology internationally.

1.5 Educational resources

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

1.5.1 Team findings

The College has done significant work reviewing, restructuring and refining the education network over the last four years into the Education Directorate. This restructuring was necessitated by the COVID-19 pandemic, but it was also timely and followed several phases during which some functional groupings were tried and then reassessed. The outcome is the Education Directorate is organised into different teams; for example, curriculum development; selection, evaluation and accreditation; examinations; training programs, each with their own lead or head; and reporting pathways that have been assessed as the best functionality.

The restructuring has led to a team within the Directorate that the College recognises as relatively new with some challenges in terms of the retention of corporate knowledge. However, the College believes that this risk is offset by the retention of some staff with very long experience in the College. This outcome of restructuring reinforces the need for robust mechanisms for induction and handover, and clear policies and procedures across College operations.

While the Education Directorate team lead much of the education and training work of the College, this work intersects with that of other teams within the College. Examples include complementary work being done within CPD homes, learning resources, IT, advocacy, engagement with state and local offices, and so on. Some of the functionality of the education and training work is supported by staff in other teams.

While the Education Directorate has a significant number of staff and enjoys support from other teams, as part of a staff resourcing strategy – and noting the 'cultural load' on existing Indigenous staff – the College could consider engaging further educational expertise of Aboriginal and/or Torres Strait Islander and Māori medical and teaching experts into senior staff positions to support the development of training tools.

1.6 Interaction with the health sector

The accreditation standards are as follows:

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

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

1.6.1 Team findings

In its vision, the College seeks to lead in education and training in obstetrics and gynaecology as well as advocacy in women's health. In order to fulfill this vision, the College acknowledges the need to build and maintain effective relationships across multiple sectors. The size of this challenge is not underestimated.

The College has shown significant leadership in making numerous submissions and leading consultation about issues pertinent to women's health. A further aspect of the College's commitment to advocacy in women's health has been their leadership and support of the Women's Health Summits both in Australia and Aotearoa New Zealand, which have influenced strategy development and focus. The College is to be congratulated for achieving recognition as a WORK180 Endorsed Employer for Women and the team looks forward to other ways the College continues to develop its leadership in women's health.

While the College demonstrates a level of engagement as a leader in women's health, there is scope to develop more meaningful engagement and partnerships with other specialist medical colleges and interdisciplinary health professionals to provide multifaceted stakeholder input to further program development. An example of this is engaging with professional organisations well versed in community-based approaches in the care of women's health to incorporate into its training program or with Aboriginal and/or Torres Strait Islander community-based organisations for culturally specific and safe practice.

Engagement with Government

The senior leadership of the College has invested in building strong relationships with health sector leaders, especially with the Commonwealth Department of Health and Aged Care and the state and territorial health departments in Australia. The health system in Aotearoa New Zealand is in the midst of change from a locality-based governance system to a national health service. Engagement with specific office holders is in development, but there is a receptiveness by Te Whatu Ora for dialogue with the College.

The team heard from state and regional health departments in both Australia and Aotearoa New Zealand that regular contact with the College was desirable to support the work of policy development, workforce planning and early identification of accredited training sites or hospitals at risk of losing accreditation. Better engagement with regional and local health departments in both Australia and Aotearoa New Zealand will support trainees and strengthen training opportunities, as well as improve collaboration on resolving issues at accredited training sites to avoid loss of accreditation where avoidable. The accreditation of training sites is further discussed under Standard 8.2.

Clinical training sites

The College has accreditation standards and guidelines for sites involved in training. These are comprehensive regarding expectations of training experience and clinical supervision. The

College has educational resources to support the professional development of training supervisors and other fellows. A training supervision workshop is mandatory for all new supervisors and other resources are available to support the development of good supervision. The quality of training supervisors is overseen within the College governance structures.

RANZCOG training sites are accredited, and there are regular scheduled visits to hospitals and training sites as part of the five-year accreditation cycle. In addition to these formal accreditation visits, there are also opportunities for informal out-of-cycle visits, which are not accreditation related. Both types of visit visits provide opportunities to discuss matters of mutual interest. In addition, in Aotearoa New Zealand, RANZCOG facilitates a meeting of the O&G Clinical Directors network up to four times a year to exchange information and share concerns. These processes are part of a mechanism of support and advocacy and a process whereby issues can be raised and escalated. Policies and processes for site accreditation are overseen within the College governance structures.

College activities related to clinical training sites, supervisors and assessors are covered in detail under Standard 8.1 and 8.2.

Community engagement

Authentic engagement with communities is also necessary for education and training providers and is integrated into governance structures. The College is building relationships with peak consumer and community organisations through its external engagement in national and bi-national advocacy activities, to increase opportunities to listen to and engage with the voices of diverse health service users. The College has taken important proactive steps to initiate and host the Consumer Network Working Groups and Women's Health Summits to hear from and understand the experience of consumers and communities.

The College has expressed its commitment to achieving greater diversity of health consumer representatives across the College. Consumer and community representatives associated with RANZCOG expressed pride in their work and a sense of goodwill towards RANZCOG for establishing the Consumer Network Working Group over the past two years. However, there was still some concern and confusion around roles, purpose, and expectations. The development of a Consumer Engagement Framework might be useful to optimise safe and effective processes moving forward. External expertise in this task might help ensuring the processes and requirements of consumer participation and representation are safe and sustainable.

First Nations health

While the College has been actively developing its framework for Aboriginal and/or Torres Strait Islander peoples' health, it requires ongoing commitment to ensure the framework leads to meaningful change in health outcomes. The Memorandum of Understanding with the Australian Indigenous Doctors' Association (AIDA) is acknowledged as an important step and the College will need to continue to develop strong and mutual relationships with key Aboriginal and Torres Strait Islander organisations and communities. These relationships will help inform program development within the College as well as the RAP.

In this regard, the College needs to finalise and implement the 2023 RAP and ensure an appropriate focus on monitoring, evaluation functions and accountability mechanisms for internal and external stakeholders.

In Aotearoa New Zealand, the College has built significant partnerships with Māori health groups who have a similar focus advocating for women's health. The development of the Māori Health

Strategy and Action Plan is acknowledged. However, the focus moving forward will be on how progress will be monitored and reported, along with its accountability mechanisms.

1.7 Continuous renewal

The accreditation standards are as follows:

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

1.7.1 Team findings

The College demonstrates a strong commitment to continuous improvement and renewal of its governance structures, education and training programs, and related policies. While some changes were necessitated by COVID-19, these changes exposed other needs as well as opportunities for further development. As a result, the College has been open to changing some usual practice and adopting new ways of working. The use of online technologies is an example of this. Further, as part of the Operational Plan, developed from the Strategic Plan, key tasks, timelines and resource implications have been identified and these are reviewed every six months.

The College also has a program of review and development for its curriculum and a program of review for evidence that supports its portfolios of clinical statements and practice guidelines, which are usually reviewed every two years. Other suggestions for review come from surveys of College membership, working groups and public consultation.

Cultural safety

Currently, most Colleges in Australia and Aotearoa New Zealand are giving significant attention to embedding cultural safety into training programs, policies, processes, and governance. One of the challenges for bi-national colleges like RANZCOG is the differences in terminology between the two countries and the need to review College documents to update and harmonise terminology.

Currently, cultural safety training is mandated for all trainees in Australia and Aotearoa New Zealand and included in training of some College staff and governance committees. It is planned to roll out this training to all training supervisors in 2024 and the Fostering Respect Action Plan mandates training for all fellows from 2025 as part of CPD. The rollout should be comprehensive and extend across all training programs, including those for SIMGs, and include all staff and members of governance committees. The College should report on how the rollout progresses and any lessons learned. As an early adopter of mandatory cultural safety training, the College has the opportunity to contribute to important learnings under its review functions. A concerted and strong response would encourage the employment of Aboriginal and/or Torres Strait Islander and Māori staff as well as cascade to selection and retention.

Financial viability and the cost of training

There is ongoing need to ensure financial viability for the continuity of College business and sustainability of its education and training programs. At the time of the assessment, this is an ongoing concern for many specialist medical colleges with education and training programs in Australia and Aotearoa New Zealand, partly due to economic effects post COVID-19. The College has implemented sensible budgeting, costing and fee-setting systems as well as leveraged on government funding mechanisms to ensure education and training programs and corporate functions remain operational and viable. A significant delivery requiring substantial financial resources in the last two years is the Integrate Portal, which is a major IT project to support the

administration of the College transition to CPD homes. Feedback from users as well as the team has been largely positive, and the College again is to be congratulated.

The strong focus on the sustainability of financial resources has been observed and supported; however, concerns over the various fees required of trainees and SIMGs may require further consideration by the College. Issues related to fees are discussed in more detail in Standards 1.3, 5.1.3, 7.4 and 9.2.

2023 Commendations, conditions and recommendations

Commendations

- A The strong leadership in the College has ensured an educationally functional and financially sustainable organisation resilient in the face of ongoing challenges.
- B National, state and territory Training Accreditation Committees (TACs) are effective in managing the challenges of bi-national training and operations.
- C The appointment of Aboriginal and/or Torres Strait Islander and Māori representatives on Council, and the mandatory requirements for Board and Council members to complete cultural safety training.
- D Strong and active trainee representation is evident across many education and training governance committees, including on the Trainees' Committee and on Council with voting rights.
- E The actions taken to respond to trainee feedback on DBSH, which:
 - mandated Directors and Councillors complete required training
 - formed an Advisory Working Group in 2021
 - launched the Fostering Respect Action Plan in 2022.
- F The Consumer Network and representation by consumers on various key College education and training committees reflects the value of their voice, lived experience and community priorities.

Conditions to satisfy accreditation standards

- 1 To meaningfully progress College strategies to improve health outcomes and equity of Aboriginal and Torres Strait Islander and Māori peoples, and cultural safety initiatives:
 - i. Finalise and implement the 2023 RAP with monitoring and evaluation mechanisms and accountability for actions to both internal and external stakeholders (1.6.4 and 2.1)
 - ii. Ensure effective monitoring and evaluation mechanisms are in place to meaningfully progress the College Māori Health Strategy (1.6.4, 6.1 and 6.2)
 - iii. Ensure cultural safety training is regular and mandated for all fellows, trainees, and staff (1.7).

Recommendations for improvement

- AA Explore ways for accountability and resources of the governance and management of the FRANZCOG training program, subspecialties, diploma, and certificate programs to be effectively shared (1.2).
- BB Identify specific ways for the College to strengthen ongoing engagement with national and state/territory government health departments, and regional and local hospitals in Australia and Aotearoa New Zealand (1.6.1, 2.2.1, 1.6.3 and 8.2).
- CC In relation to developing plans for Aboriginal and/or Torres Strait Islander and Māori peoples, their health and equity, consider ways to:
- i. Include specific Māori representation on the College Board (1.1)
 - ii. Engage the expertise of Aboriginal and/or Torres Strait Islander and Māori medical and teaching experts in senior staff positions to support development of training tools (1.5.1)
 - iii. Continue developing meaningful and regular partnerships with key Aboriginal and Torres Strait Islander organisations and communities (1.6.4)
 - iv. Update and harmonise terminology for cultural safety in College documents, noting differences between Australia and Aotearoa New Zealand (1.7).
- DD Consider the development of a Consumer Engagement Framework to support safe and sustainable consumer participation and representation (1.1, 1.6.4 and 6.2.1).

B.2 Outcomes of specialist training and education

2.1 Educational purpose

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

2.1.1 Team findings

The College's education and training programs deliver high quality training in obstetrics and gynaecology in Australia and Aotearoa New Zealand and equip graduating fellows with skills for independent practice. The College defines its educational processes thorough extensive consultation, especially with internal stakeholders, and aims to be a leader in women's health, setting high standards for education, training and medical practice.

Women's health leadership

The College's strategic plan 2022–2024 was launched in 2021 with a change of the vision to 'excellence and equity in women's health'. This recognises that the College is not only responsible for delivery of training and health care but also has an advocacy role in addressing health inequities, improving access to care, and influencing policy and system change.

The change in mission to 'to continue to lead in education and training in obstetrics and gynaecology and advocacy in women's health' recognises the College's role as an established champion of women's health and the broader role of advocacy across the women's health space. The team noticed this wider advocacy role was substantial and expressed some concern that this may take finance and focus away from the College's education and training activities. It is noted the College's has an advocacy stream that supports its fellows or members, whose fees help fund education and training streams.

The College has put substantial efforts into its various equity initiatives including its work on gender parity and equity through the Gender Equity and Diversity Working Group, with a literature review completed in 2023 and consultation phase in progress. The team noted that there was considerable variability in the extent and penetration of those in different locations and particularly between Australia and Aotearoa New Zealand. In the context of community responsibilities for women's health, the College must give due consideration of the need for a regional, rural and remote specialist workforce, and complexities around transgender and non-binary communities in the FRANZCOG training program.

The team notes there are existing trainee rotations to regional, rural and remote locations and a Rural Training Pathway is being developed. The mechanisms to embed the College's role as a leader and advocate in all settings should include specific consideration for selection of trainees for rurality, noting points are currently already provided for rurality in selection. Trainee selection is discussed in Standard 7.1.

Aboriginal and Torres Strait Islander and Māori peoples' health

The team found the College's educational purpose does not explicitly address Aboriginal, Torres Strait Islander and Māori peoples' health. The College's educational purpose must also reflect and address the principles of Te Tiriti o Waitangi. As further development, the team recommends the College consider the way its constitution addresses Aboriginal and/or Torres Strait Islander and Māori health as a reflection of its educational purpose. The College is encouraged to embed within its constitution at the next opportunity to harmonise the College's vision of equity for Indigenous health in Australia and Aotearoa New Zealand.

The College has several committees within its structure that specifically focus on Aboriginal and/or Torres Strait Islander and Māori health and wellbeing with continuing work in progress in this area. The Aboriginal and Torres Strait Islander Women's Health Committee was established in 2009 (initially as the Indigenous Women's Health Committee) and acts as an advocate and provides advice to the Board regarding matters relating to the health and wellbeing of Aboriginal and Torres Strait Islander women. Te Kāhui Oranga ō Nuku has a significant focus on equity of health outcomes and the subcommittee, He Hono Wāhine, focuses specifically on providing advice and advocating for the health and welfare of wāhine Māori (Māori women).

The College is commended for the development of the College's organisational values, translated to Te Reo Māori, which demonstrates support for Māori culture. The College developed Te Rautaki Māori me Te Ara Whakamua (Māori strategy and action plan) and this was approved by the Board in October 2021. It is also undertaking development of a new RAP in Australia for 2023–2025 and the team looks forward to its implementation.

2.2 Program outcomes

The accreditation standards are as follows:

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

2.2.1 Team findings

The program outcomes for each of the College's training programs are found on the College website with subspecialty program outcomes and curricula found in the respective training handbooks.

The adoption of the Canadian Medical Education Directives for Specialists (CanMEDS) competency framework and modification of these roles to fully represent the competencies required by the College is a welcome development. The team looks forward to the way these are implemented in the training program in due course. Given the challenges in developing competence in the non-clinical aspects of training, consideration should be given to adding this specifically into the CanMEDS list.

Relationships with the jurisdictional providers of health care are complex and diverse. The College has a range of relationships, some of which are very productive and conducive to furthering the educational goals of the College. In some jurisdictions, however, the relationship appears challenging, and the College should work systematically to improve relationships in both the public and private sectors to ensure training and education outcomes relate to the healthcare needs of the community.

2.3 Graduate outcomes

The accreditation standards are as follows:

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

2.3.1 Team findings

The various graduate outcomes are well defined and clearly articulated across the current three competency domains. At the time of the assessment, the College's *C-Gen 20 Attribute of a Trainee on Satisfactory Completion of Core and Attributes of a Trainee on Satisfactory Completion of Core and Advanced FRANZCOG Training* graduate outcome document was removed from the College website and have now been replaced by graduate outcomes published in the revised version of the curriculum. The graduate outcomes have been aligned to the CanMEDS framework, including the eight outcome of culturally safe practice. .

The move to the CanMEDS framework facilitates an update of graduate outcomes to reflect contemporary obstetrics and gynaecology practice. It will be important for these revised graduate outcomes to continue to be made publicly available and the team recommends the College consider applying the adopted CanMEDS framework to its certificate, diploma, and advanced diploma programs to ensure continuity in graduate outcomes.

2023 Commendations, conditions and recommendations

Commendations

- G The College's educational purpose sets high standards for education and training with delivery of safe and quality obstetrics and gynaecology training and practice.
- H The development of the College's organisational values, translated to Te Reo Māori, which demonstrates support for Māori culture.
- I Graduate outcomes are clearly defined, comprehensively articulated. and publicly available.

Conditions to satisfy accreditation standards

- 2 Define the College's educational purpose, within a systematic approach to external stakeholder engagement, to explicitly address the health and equity of Aboriginal and/or Torres Strait Islander and Māori peoples. To address the Māori peoples of Aotearoa New Zealand, reflect the principles of Te Tiriti o Waitangi for women's health equity (2.1.2).
- 3 Within program and graduate outcomes and competencies:
 - (i) Explicitly define culturally safe practice in relation to Aboriginal and/or Torres Strait Islander and Māori peoples (2.2 and 2.3)
 - (ii) Embed the needs of regional, rural and remote communities, as well as transgender and non-binary communities (2.1, 2.2 and 2.3).

Recommendations for improvement

- EE In relation to the implementation of the CanMEDS framework:

| | |
|------|--|
| (i) | Consider ways to effectively include non-clinical aspects of training (2.2.1) |
| (ii) | Consider applying the framework to certificate, diploma and advanced diploma training programs (2.2 and 2.3). |
| FF | Build systematic approach to structured community engagement and consultation with external stakeholders, especially groups who experience health inequities, to inform the College's educational purpose (2.1.3). |

B.3 Specialist medical training and education framework

3.1 Curriculum framework

The accreditation standards are as follows:

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

3.1.1 Team findings

The FRANZCOG training program framework is a six-year postgraduate specialist medical program with basic and advanced training pathways clearly defined and well understood by trainees. The team found the FRANZCOG training program and curriculum mapped to the specialist training program and graduate outcomes through its three domains of competencies. A number of predefined advanced training pathways, each with learning outcomes and assessment activities, are available to meet the needs and interests of the individual trainee. All relevant documents (curriculum, training program handbook and regulations) are publicly available and accessible to the trainees, those involved in training and the general public.

The Education Standards Committee approved adaptation of the CanMEDS framework in July 2020 with the aim of enhancing the representation of the roles and attributes required of specialist obstetrician and gynaecologist training, as well as better integration between basic, advanced and subspecialty training. Curriculum review has been ongoing throughout this period, though the focus has not solely been on implementation on the CanMEDs framework as this is only one component. However, since 2022, the College has ramped up its the review and update of its curriculum along, with mapping to the CanMEDS framework with eight domains, including cultural safety. Following the assessment in July 2023, the revised [FRANZCOG Curriculum \(4th Edition\)](#) was published on the College website in late October 2023.

Tangentially, the interim report, *Independent review of overseas health practitioner regulatory settings* by Ms Robyn Kruk AO, identified a disparity in the workforce need for obstetricians and gynaecologists in Australia. The College's stance is the need to train to a certain level of competence in both obstetrics and gynaecology and this is reflected in the "common" Basic Training and then the development of different Advanced Training Pathways, with the need to develop generalists who can potentially work anywhere. SIMG comparability to an Australian and Aotearoa New Zealand trained fellow is considered separately and this is discussed under Standard 9. The team observes this is a challenge for the College as it only offers concurrent obstetrics and gynaecology training. In addition, the number of advanced training pathways, subspecialties, and special interest advanced training modules, while meeting a broad range of interests, is potentially contributing to an over fragmentation of care of women's health. The College should consider how basic and advanced training can be better integrated across the continuum of care from the perspective of the patient.

The finalisation and implementation of a new curriculum aligned with the CanMEDS framework with relevant learning outcomes will be of continuing interest to the AMC.

3.2 The content of the curriculum

The accreditation standards are as follows:

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

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

3.2.1 Team findings

The current FRANZCOG training program articulates learning outcomes mapped to learning opportunities and assessment. Trainees and training supervisors the team spoke with were able to clearly articulate the requirements needed to complete the training program within the prescribed time. The team observed the FRANZCOG curriculum has a strong focus on achieving competence in clinical and procedural obstetrics and gynaecology with robust medical and scientific foundations and this is supported by the five subspecialty areas in advanced training.

Basic and advanced training

There have been regular reviews noted for advanced training curricula; however, this has not been observed to be the case for basic training curricula. Prior to the October 2023 publication of the latest version of the curriculum, the last major review and implementation of the curriculum was in 2013 and more systematic processes to evolve basic training obstetrics and gynaecology curricula with learning outcomes, in response to the changing needs in women's health, will ensure currency of practice early in training. An example of this is the recommended minimum

level of experience for certain procedures such as vaginal hysterectomies, which are less widely performed in the present day; however, the curriculum maintains a recommended minimum of 20 procedures to be completed. The global reduction of gynaecological procedures being performed further threatens the achievement of required volume of practice and the attainment of surgical proficiencies during training.

The team notes there is a degree of flexibility applied to completion of requirements; however, in light of present-day concerns related to surgical access and workforce, implementing systematic review, in consultation with relevant internal and external stakeholder groups, would support continued evolution of the training program. The anxieties and concerns raised by trainees over the course of the assessment around not being fully proficient in a number of surgical procedures needs to be addressed and this aspect is further explored under Standard 4.2.

Subspecialty pathways and special-interest modules

There are various pathways trainees can undertake following the four years of basic training before elevation to Fellowship. Some of these Advanced Training Pathways count as one year (sometimes 1.5 years) towards a subspecialist qualification. Noting the workplace requirement for general obstetric and gynaecological skills in Australia and Aotearoa New Zealand, the degree to which subspecialty pathways other than generalist obstetric and gynaecological streams result in trainees and fellows potentially moving to areas where there is a demand (usually in metro settings) is a workforce concern. There appears to be a disparity between interest in gynaecology and subspecialty gynaecology compared with obstetrics, and how the College training program addresses this to meet workforce needs. The team would be interested in changes the College can make to curriculum design and educational delivery to cultivate ongoing interest in obstetric and gynaecological training specifically to meet workforce demand. One potential mechanism is through development of Rural O&G Specialist Training Pathway.

There are several advanced training pathways, subspecialties, and special-interest advanced training modules to cover the breadth of women's health, which could benefit from better integration within the curriculum. The team has noted some subspecialty pathways (e.g. Certification in Gynaecological Oncology [CGO]) are managed by a small pool of fellows and therefore there is a risk of workload implications. Risks such as workload implications and benchmarking of standards need to be recognised and actively managed.

Notable endeavours by the College to evolve the FRANZCOG training program include developing:

- the Sexual and Reproductive Health Pathway
- the Rural O&G Specialist Advanced Training Pathway
- medical education special-interest advanced training modules
- medical and surgical abortion
- evidence-based medicine (development from 2024).

These pathways and modules respond to identified areas of need and interest. In particular, the Rural O&G Specialist Advanced Training Pathway, funded by the Australian Government Department of Health and Aged Care and scheduled to pilot in 2025, is being developed to support trainees to return to rural, regional and remote areas in Australia. This pathway will be an advanced training pathway; however, the College is encouraged to consider how such a pathway may be aligned across the training continuum, noting there are mandatory training arrangements to rural, regional and remote sites in the six-year program.

The further development of subspecialty pathways and modules should involve finalising and implementing a detailed curriculum, including syllabuses, for each subspecialty pathway with consideration for community needs. This would ensure trainees and training supervisors are clear

on the requirements and learning outcomes, as well as being well prepared for assessment. Given the College's attention to detail in many areas of its training program, the team is confident these actions will be undertaken along with clear implementation timelines and strategies for communication to trainees and training supervisors.

Research requirement challenges

The requirement for trainees to undertake scientific research can be challenging. The current framework indicates assessment for research commences in basic training and continues into advanced training, with a requirement for trainees to complete assessment by the end of the first year of advanced training (and prior to commencing subspecialty training if this occurs earlier). In some cases, this has been a significant barrier to completing the FRANZCOG training program, especially in scenarios where trainees are unable to obtain the appropriate supervisory support in their training location. The College should consider mechanisms to provide the necessary support to trainees who require it, and this may be through existing systems such as the College mentor program.

Syllabus and exam preparation

The training program includes hurdle requirements of a written and oral examination, which must be successfully completed by the end of the fourth year, the final year of basic training. The team understands there are exam preparation resources available for trainees as well as SIMGs undertaking examinations to access through the College website. The team heard a number of these resources may need to be brought up to date with clearer communication of the assessment of scientific foundations that will assist with preparation for written examinations. Collating this information into an examination syllabus may be a more straightforward resource for trainees to access. Assessment and examination will be further discussed under Standard 5.

Curriculum review

As indicated under Standard 3.1, the team acknowledges the College has undertaken a review of its curriculum with the intention to implement the CanMEDS framework across all training programs, including its diploma, advanced diploma and certificate programs. The implementation of these actions will:

- enable clearer articulation of learning objectives and graduate outcomes; in particular non-technical skills such as communication, patient advocacy, promoting health literacy and leadership
- provide a blueprint for mapping assessment methodology
- facilitate integration of training between the various education streams, e.g. subspecialty training pathways.

With the CanMEDS framework implementation, there is scope to articulate the training program requirements and curriculum more clearly for the acquisition of non-clinical skills and knowledge appropriately aligned with assessment tools. While these areas are touched upon in the current curriculum, bringing these aspects to a similar importance and value as scientific and medical knowledge will require significant focus to attain.

Professional and leadership skills

The current training program has learning outcomes in this area under Management and Professional Skills; however, the content does not explicitly address the need for leadership skills to be developed nor articulate the difference between management and leadership. Noting the College has provided numerous opportunities for trainees to be in governance positions within the College, more could be done within the training program and curriculum to allow the full cohort of trainees to further develop and be assessed in leadership skills. Articulating leadership

skills development in the training will also support future proofing and widening the fellow pool to support the governance of the College and the delivery its training programs.

Women's health and community focus

Additionally, providing holistic care for all women in all community groups should be a priority for all trainees and graduates of the FRANZCOG training program. The current training program also addresses this through Management and Professional Skills; however, the team notes there is a lack of robust content and articulation of the role of obstetricians and gynaecologists, including subspecialists, in advancing community wellbeing and contribution to high quality delivery of women's health in Australia and Aotearoa New Zealand. As a leader in women's health, two contemporary areas in particular require articulation in the curriculum review:

- the identification and management of the problem of domestic violence, which is a significant safety issue for many women
- the emerging concerns within lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual (or allies) (LGBTQIA+) communities.

Cultural safety

The current learning outcomes articulate the need for culture of the patient, community, health service and providers to be taken into account in the care of women and their health. While this is notable, the curriculum must specifically address women's health in Aboriginal and Torres Strait Islander and Māori communities with relevant learning outcomes, resources and meaningful assessment developed. In addition, the need for cultural safety is distinct for Indigenous communities in Australia and Aotearoa New Zealand, and further curriculum developments must undergo consultation with experts (both internal and external) to identify resources and appropriate terminology to support learning as planned.

The team understands the College intends to have a dedicated cultural safety domain as the eighth domain in the new CanMEDS framework. This development is supported; however, it is important for the College not to silo cultural safety requirements under a single domain and find opportunities for alignment across all domains, both clinical and non-clinical. The team considers the need to fully develop cultural safety components in the care of Aboriginal and Torres Strait Islander and Māori women as well as deepening knowledge of issues about health inequities an educational priority for the College. The team notes the MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice has been a mandated requirement for all Aotearoa New Zealand trainees and SIMGs to complete.

The College is encouraged to recognise the importance of acknowledging and supporting the lived experience of Aboriginal and Torres Strait Islander trainees and recognise a variety of cultural and community engagement activities as being important activities for First Nations trainees and specialists. These activities may include engagement with AIDA, Te Ora or the Pacific Region Indigenous Doctors Congress (PRIDoC) and other community engagement activities.

3.3 Continuum of training, education and practice

The accreditation standards are as follows:

- There is evidence of purposeful curriculum design which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

3.3.1 Team findings

The curriculum articulates the advancement of skills in basic and advanced training phases into independent obstetrician and gynaecologist practice. The team notes there is distinct and continued engagement and leadership by the College to develop the Certificate of Women's Health (CWH), Diploma of RANZCOG (DRANZCOG) and Advanced Diploma of RANZCOG (DRANZCOG Advanced) and these are important adjuncts to providing critical care for women in community settings. The integrated understanding of the experience of general practice obstetric care is central to provision of high quality and much needed care for women across Australia and Aotearoa New Zealand.

There is significant focus on skills development in basic training and the flexibility of choice offered in advanced training is appreciated by many trainees. The team observed there is a gap for trainees unable to progress beyond the basic training phase and more formal strategies or pathways should be developed to ensure the skills and knowledge gained can continue to be used in community settings, i.e., through certificate or diploma pathways.

There is a clear policy and process for assessing recognition of prior learning towards completion of training requirements as outlined in the RANZCOG Recognition of Prior Learning (RPL) Policy for FRANZCOG Training.

3.4 Structure of the curriculum

The accreditation standards are as follows:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

3.4.1 Team findings

As indicated under Standard 3.1, the expectations of trainees at each stage of specialist medical training for obstetricians and gynaecologists is clearly articulated and there is significant breadth in the curriculum structure in advanced training for trainees to pursue areas of interest. An example of this is trainees with an interest in research are enabled to intermit training up to a period of three years to pursue a separate course leading to a PhD. The team were also pleased to hear that trainees were made aware of their rotations throughout the four years of basic training from the start of the training program. This enabled trainees to maintain control of their professional and personal lives and was greatly appreciated by the trainees the team spoke with.

There is notable flexibility in training towards the award of FRANZCOG, in particular for part-time training, that has been accepted across all stages of training. There are policies and procedures to support trainees to apply for leave over the course of the training program, including for extended periods for a maximum of 156 weeks (three years) since July 2022, and trainees the team spoke with welcomed this flexibility that enabled them to plan for families and other circumstances.

There is specific policy to be developed, in consultation with the Trainees' Committee, to support pregnant trainees to minimise any negative impacts on FRANZCOG training. The College's

leadership in the support of pregnant women in the workforce will signify an important benchmark for female trainees in specialist medical training as well as in other aspects of medical training. The AMC looks forward to updates in this area with future monitoring submissions.

2023 Commendations, conditions and recommendations

Commendations

- J The FRANZCOG training program framework and curriculum is clearly articulated, with strong dedication to clinical and scientific elements of obstetrics and gynaecology.
- K The curriculum is mapped to learning outcomes and assessment activities in publicly accessible documentation.
- L The advanced training subspecialties, pathways and modules have evolved, with flexibility offered to trainees to pursue areas of interest.
- M The Rural O&G Specialist Advanced Training Pathway is developing in response to the needs of rural, regional and remote communities in Australia.
- N The forward planning of rotations in basic training, provision of extended leave periods and support for pregnant trainees enhances professional development and personal wellbeing.

Conditions to satisfy accreditation standards

- 4 Provide implementation outcomes and timelines of the FRANZCOG training program and curriculum review aligned with the CanMEDS framework. Evidence of appropriate stakeholder consultation should be included (3.1 and 3.2). The outcomes should include:
 - (i) Enhancing commitment to leadership and advancement of women's health and wellbeing for communities in a range of settings across Australia and Aotearoa New Zealand. This should include appropriate experience in community health environments (3.2.4, 3.2.5 and 3.2.6)
 - (ii) Acquiring appropriate skills and knowledge for screening and management of patients facing domestic violence issues (3.2.6)
 - (iii) Reviewing the requirements and support provided for the acquisition of research literacy (3.3.8)
 - (iv) Embedding robust cultural safety curriculum content of the culture, health and history of Aboriginal and Torres Strait Islander and Māori peoples, including clinically specific scenarios related to women's health (3.2.9 and 3.2.10).
- 5 Document and make available to trainees and training supervisors:
 - (i) Detailed curricula for each existing and new advanced training pathway
 - (ii) Examination syllabuses to assist trainees with written examination preparation (3.2 and 5.2).

Recommendations for improvement

- GG Implement systematic processes to regularly review the FRANZCOG basic training curriculum, responsive to changes in obstetrics and gynaecology practice and women's health (3.2).

HH Consider developing formal exit pathways for trainees identified as unable to progress in the training program to satisfactory completion (3.4).

II Consider the lived experience of Aboriginal and Torres Strait Islander and Māori trainees with alternative methods for culturally specific training to be developed (3.2.9 and 3.2.10).

B.4 Teaching and learning

4.1 Teaching and learning approach

The accreditation standards are as follows:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

4.1.1 Team findings

The FRANZCOG training program employs a wide range of teaching and learning approaches mapped to the content of the current curriculum. Multimodal delivery of curriculum content includes:

- clinical teaching and learning – recognising the decline in surgical procedural numbers, there has been an increasing focus on optimising every surgical training opportunity with coaching and case discussion to support the acquisition of procedural skills
- small group teaching at training sites
- formal courses
- scientific meetings
- simulation – there is variable trainee exposure, depending on facilities available at the training site
- inter-professional training, e.g. Practical Obstetric Multi-Professional Training (PROMPT).

Trainees can access a number of resources from Acquire eLearning hub and widely report ease of access to the systems. The examples of eLearning resources, also provided in the RANZCOG Training Program Handbook, include:

- modules that map key texts, resources and learning activities to the RANZCOG curriculum
- training support modules such as Operating with Respect, mentoring and feedback
- Surgical Skills Companion Resources mapped against the Assessments of Procedural and Surgical Skills (APSS)
- Landmark Clinical Trials as recommended by RANZCOG Education and Assessment Committee
- MCQs drawn from the RANZCOG Examination Bank (answers not provided)
- research modules to guide trainees through the completion of their Research Project
- the Clinical Educator Training Program to support training supervisors and senior registrars
- webcast presentations from recent RANZCOG Annual Scientific Meetings.

4.2 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.

- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.2.1 Team findings

All trainees and SIMGs have access to the online learning system, Acquire, and examination preparation resources. This is extremely positive and contributes to equity of learning for both groups who require learning resources. Two areas have been identified by the team that may require further consideration.

Past examination questions used to be available online; however, these have been withdrawn as they were no longer relevant or useful with recent changes in the examination process. The team also heard there was a fee to access past examination papers and preparation support, which is a barrier for those unable to afford the expense. The College is encouraged to identify ways to ensure equitable access for examination preparation – this may include the development of a syllabus as discussed in Standard 3.2.

Feedback from multiple trainees identified a number of the online learning resources require updating; however, the College has developed an eLearning framework document which outlines the review and development of online learning resources. The Board has also recently approved the purchase of a number of online resources from the Royal College of Obstetricians and Gynaecologists (UK). A more systematic process for reviewing the currency and application of online learning modules to local contexts should be part of the framework and ongoing monitoring.

In Standard 3.4, it was identified that trainees appreciated the forward planning of the Integrated Training Program Model over four years in basic training which ensures trainees achieve exposure in a minimum of two different hospital settings, including a rural hospital. This program also ensures trainees attain a breadth of experience and learning in different hospital settings in Australia and Aotearoa New Zealand. However, as women's health is largely community based, the FRANZCOG training program should evolve to include community experience as well as enable opportunities to develop skills to work collaboratively with other health providers (e.g. primary care physicians, pain medicine specialists and allied healthcare professionals). The team acknowledges the College's diploma and certificate in women's health aims to support women's health in more community settings; however, incorporating community-based exposure in the flagship FRANZCOG training program increases its prominence in obstetrics and gynaecology training for all of Australia and Aotearoa New Zealand.

The team observed the College has started to have an increased focus on optimising every surgical training opportunity with coaching and discussion around cases in addition to procedural skills. Given the global reduction in the volume of gynaecological procedures being performed as well as limited access to elective surgical procedures as a result of the COVID-19 pandemic, new fellows have reported they have less confidence to perform these independently on commencing independent specialist practice and a majority of trainees commented on their lack of gynaecological experience. The current lack of gynaecological surgical experience and workload is simply not enough to train confident surgeons and reducing the volume required should not be the only option. Accessing public surgery procedures in private practice settings (outplacing), assisting in private practice settings (outsourcing) or using simulation opportunities need to be continually sought to ensure graduates are surgically safe for independent operating on common gynaecological conditions.

The College needs to review and update the requirements for practical experience to match the scope of current surgical practice; for example, it is challenging for trainees to perform sufficient vaginal hysterectomy operations during their training to attain competence because this operation is now rarely performed. The College should also explore supporting the use of technological innovations (e.g. simulation) in addressing the acquisition of surgical skills. Trainees reported variable exposure and experience with simulation, which is very much dependent on facilities and the availability of relevant training supervisors at their training sites.

2023 Commendations, conditions and recommendations

Commendations

- O The user-friendly eLearning platform, Acquire, has a wide range of teaching and learning mechanisms and is available to all trainees and SIMGs.
- P The basic training Integrated Program Model is well organised and ensures all FRANZCOG trainees are exposed to a minimum of two different hospital settings, including in rural areas.

Conditions to satisfy accreditation standards

- 6 Review and revise requirements for practical experience and volume of practice to address contemporary surgical practice and shortfalls in access to gynaecological surgical procedures (4.2 and 3.2).

Recommendations for improvement

- JJ As part of the eLearning Framework and update of learning resources, include trainees, training supervisors and specialist international medical graduates as part of the consultation process (4.2).
- KK Consider ways to enhance access to past examination papers and ensure standard examination preparation resources to make them equitably available for all trainees and SIMGs (4.2 and 7.4.3).

B.5 Assessment of learning

5.1 Assessment approach

The accreditation standards are as follows:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

5.1.1 Team findings

The College has a strong and comprehensive program of assessment leading to the RANZCOG Fellowship with a mixture of formal examination, both written and oral in the Objective Structured Clinical Examination (OSCE), and workplace-based assessments (WBAs). The written examination covers a mix of clinical and basic science topics (such as anatomy related to obstetrics and gynaecology). The OSCE is considered to be robust and fair by trainees and training supervisors, more closely blueprinted to the FRANZCOG curriculum, and representative of clinical practice.

The FRANZCOG Training Program Handbook details the various assessment requirements including the three-monthly formative appraisal and six-monthly summative assessment report while the curriculum document lists the expected competencies to be achieved with the relevant learning strategies and assessment. The requirements for procedural and surgical skills for trainees to attain in order to practice as an obstetrician and gynaecologist is especially thorough, enabling trainees to develop their skills for independent practice with adequate supervision. Many trainees and supervisors the team spoke with were able to speak clearly and knowledgeably to the requirements needed to complete the training program. The College facilitates this by enabling the training program and curriculum documentation to be accessible on its website and the implementation of the online training log supports the ease of recording of completed assessments.

Move to CanMEDS and cultural safety

As described in Standards 2 and 3, the move to the CanMEDS framework may necessitate changes needed to the program of assessment; however, the College has indicated there will not be significant amendment to the program of assessment in the interim but rather alignment to the CanMEDS framework. There is scope for the College to improve on assessment for non-clinical or professional skills and knowledge for trainees and SIMGs to demonstrate increasing levels of competence. This would align with implementation of the new curriculum and developments to expand on requirements on cultural safety, professional skills and involvement in community practice. It is important that the assessment of cultural safety, and ongoing development, be integrated into the curriculum and training program.

Another area for WBA development the College may wish to consider is introducing an assessment of non-clinical skills in leadership; for example, to observe how a trainee runs a gynaecological operating list or manages the team during a session on labour ward with a clinically varied patient mix.

Special consideration

The team heard disquiet from trainees and fellows about the fees attached to requests for special consideration (both in assessment and progression through the training program) and in some cases when applied, caused significant distress to trainees with already significant personal circumstances. The team recognises the policy indicates 'a fee may be applied'; however, the way fees were applied – in some cases, trainees were charged and reimbursed later on – and understood by administrators is uncertain. To ensure the wellbeing of trainees and SIMGs, the College is strongly encouraged to clarify any inconsistent application of this policy and ensure this is communicated clearly to all trainees and SIMGs as well as relevant fellows (especially supervisors) and staff charged with applying the policy. Following the assessment, the team has been advised that the fee for special considerations has been removed. This has been updated in the Exceptional Circumstances and Special Consideration Policy available on the College website.

5.2 Assessment methods

The accreditation standards are as follows:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

5.2.1 Team findings

The team found many experienced senior clinicians and professional staff governing, leading and delivering the College's examination and assessment methods to be skilled and motivated. Senior clinicians graciously give their time in an honorary manner, demonstrating leadership and dedication to the excellence of FRANZCOG training. The good working relationship between fellows and professional staff ensures College examinations and assessment methods are delivered to a high standard and are competently run – this is commendable, especially when pivoting the examinations to online format with minimal interruption throughout the COVID-19 pandemic.

Written and oral examinations

The team noted the College replaced two examinations (basic sciences and clinical) with a single examination many years ago, though the rationale for this decision is unclear to the AMC team during the 2023 assessment. Trainees who are a long way into their training path are examined on basic sciences many years after they have studied these topics, and this differs from other Colleges who have a 'Part 1' and a 'Part 2' exam. The College might consider whether a basic sciences examination, taken early in a trainee's career, could form part of the selection process, replacing the situational awareness test, available from 2016 – 2019 selection years, which was thought not to be as discriminatory. The College may consider recognising prior examinations from another College in the basic sciences to be equivalent.

Some trainees described finding it difficult to identify a syllabus for the written examination and said that they therefore rely on past papers and looking at the curriculum to guide their revision. Whilst the assessments applied to different parts of the curriculum are clear, it would be helpful to publish a detailed syllabus on the College website to facilitate study.

There is more information about the OSCE concerning the domains being assessed and it seems as though the content of that examination is restricted to clinical practice. Trainees who have

undertaken the OSCE indicate it matches the curriculum more closely and was easier to prepare for compared to the written examination. The team found the pass mark for both examinations to be reasonable and comparable to other postgraduate examinations.

There is also an examination within each subspecialty training program, which is unusual amongst training programs at this level because of the small number of trainees, training supervisors and examiners involved. The team accepts there may be varied views about the use of this assessment modality in similar settings internationally, however, the subspecialty exam pass rate is very high, and the team considers that this may not be significantly related to the reliability of the assessment process. In line with the overall College move to a more programmatic approach and improve robustness of the process, the team encourages the College to consider if replacing the subspecialty exam with WBAs, to be reviewed at the annual assessment by a panel comprising assessors not directly related to conducting the WBA (i.e., not the people doing the WBAs) may be a suitable alternative.

From a practical perspective, there is also significant financial cost to running formal examinations and while the College is building its own exam centre to support mitigation of these costs, serious consideration should be given to whether running large-scale examinations, particularly for subspecialty training, continues to be viable from a governance perspective. The evolution of the FRANZCOG training program is an opportunity to review assessment methods with the view replacing formal examinations, where appropriate, with more programmatic and workplace-based assessments as both an educationally effective and resource-efficient approach.

Standard setting: examinations

Both written examinations and OSCEs are standard set – the written examination is standard set using the Angoff method while the OSCE is standard set using borderline regression. There is a substantial amount of rehearsing and marking calibration for each station in the OSCE and this renders the examination very robust. Examiners are given individual feedback on their performance as an examiner, following an exam diet.

The team notes there is a crossover of the cohort of fellows undertaking standard setting with those setting the questions. While understanding there are a limited number of fellows currently involved in the examination process, the College needs to ensure conflicts of interest are properly managed with requisite checks and balances to continue to support the integrity of the process. In addition, the College may wish to explore ways to encourage more fellows to be involved in examination processes to expand the current pool of examiners and assessors, and to appropriately delineate the work of standard setting and question setting.

Workplace-based assessments

The College has demonstrated commitment to the development and improvement of competency-based assessment with programmatic assessment approaches. This has resulted in a varied program of formative and summative assessment methods incorporated into the training program to ensure robust testing of skill development. The WBAs rely on consistent engagement and input by clinical supervisors in trainee development, supplemented by a large number of different observers having a view on trainee performance in various domains. This strengthens the execution of WBAs, along with the requirement for a minimum number for trainees to complete them per annum.

The formative assessment of trainees of the FRANZCOG training program is largely based on direct observation in the workplace in the form of mini-Clinical Evaluation Exercise (mini-CEX) and direct observation of procedural skills (DOPs). There is instruction available for both trainees and observers on the College website. Summative assessment in the form of multi-source feedback is robust as half of the assessors are chosen by the trainee and half by the education

supervisor. The introduction of new formative assessments, particularly case-based discussion (CBD), from 2025, will add value to the program of assessment and the team anticipates that this will be supported by training offered to educational and clinical supervisors by the College to ensure a smooth rollout.

An area of concern for the team was hearing that WBAs were unfortunate avenues for bullying behaviour to take place, particularly for more specialised or smaller training sites. The team heard where trainees may be more identifiable, it was easier to tolerate a problematic supervisor until the next rotation than raise issues with training. Through the MBA's Medical Training Survey, the College has self-identified bullying, discrimination, and harassment to be an issue in training and is putting in place measures for training supervisors and assessors to undergo training to mitigate these behaviours. Further discussion on trainee wellbeing and managing training disputes is discussed under Standard 7, and Standard 8.1 discusses the appointment and training of training supervisors and assessors.

5.3 Performance feedback

The accreditation standards are as follows:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

5.3.1 Team findings

Examinations

All trainees undertaking written and oral examinations receive written feedback on their performance. Verbal feedback is provided on request for unsuccessful exam candidates in both examinations. The Verbal Feedback Policy, revised in 2021, supports this process. The team heard from some trainees there were historical instances in which fees were applied for receiving exam feedback when the candidate failed, and the team considers charging for exam feedback disincentivises effort for improvement. However, the College clarified there may have been a lack of clarity around the type of fees applied at the time and has communicated to trainees in various policy documents. As there is still widespread misconception and unhappiness about the fees applied at a point in time, the College is encouraged to make it clear to all trainees that this is not the practice.

The team notes that although in the submission the College 'provides educational supervisors with access to the letter sent to the trainee', some training supervisors told the team that they were unaware that their trainee had failed the examination. The team understands this information is now cascaded to training supervisors via the TAC rather than directly, at the request of the trainees' representatives. While this is a method of conveying feedback to training supervisors, the apparent reluctance by some trainees for their exam results to be shared directly may signal a wellbeing issue which the College may wish to look into.

Workplace-based assessment

WBAs and the trainee online logbook are reviewed by training supervisors, who are consulted by trainees when completing two three-monthly formative appraisals and two six-monthly summative assessments per training year. The areas for trainees to reflect on their performance is based on the current three domains of competency: Clinical Expertise, Academic Abilities and Professional Qualities. However, the team expect that both the formative and summative appraisal will align to the CanMEDS domains in due course.

The frequency of the conduct of both formative and summative appraisal is laudable as it allows early identification and remediation if a trainee is falling behind or experiencing difficulties. The summative appraisal is particularly robust as training supervisors are able to escalate trainees who are struggling to the Chair of the TAC to be discussed at the relevant local TAC with any formal communication also sent to the trainee. These measures appear to be satisfactorily robust and transparent. Both trainees and training supervisors were positive about the appraisal process as it enables consistent engagement between training supervisors and trainees about performance.

5.4 Assessment quality

The accreditation standards are as follows:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

5.4.1 Team findings

Examinations

The College has a process of annually reviewing examination results by the Examination Assessment Committee, and the Curriculum and Assessment Steering Group has responsibility for recommending development to examination and assessment methods. The team is reasonably assured that this process has ensured quality and fairness of examination methods, though as noted in Standard 5.2, more may need to be done to ensure a similar process for subspecialty examinations. The team also noted there was little evidence of the College seeking external views of its examination processes, which may support an independent view to verify the quality of its examinations.

Workplace-based assessments

There is currently no fixed way that standards for assessing WBAs are set or reviewed in Australia and Aotearoa New Zealand, though there is an assumption that they are being conducted and assessed in similar ways. In addition, the team heard that some assessment in advanced training modules were being completed with a lack of documented evidence of trainee competence tested or ascertained. Such instances, while perhaps not widespread, indicate that there are inconsistencies in the quality of assessment and accurate assessment of trainee competence.

With increasing reliance on WBAs, and new assessments being introduced over the next few years, it is an opportune time for the College to implement strategies to ensure more structured assessment standards are utilised by all assessors. The College should incorporate best practice in the current and planned workplace-based assessments with clearly documented guidance, such as marking rubrics, for all clinical and training supervisors and assessors to adopt. Engagement with training resources on the College website should be also encouraged, as some training supervisors and assessors report a lack of understanding how to undertake an assessment, which

will result in a lack of consistency. Following the assessment in July 2023, the College has introduced the mini-CEX with significant communication with comprehensive support in place to assist with facilitating the assessment. Similar approaches should be undertaken for all assessment approaches.

2023 Commendations, conditions and recommendations

Commendations

- Q The comprehensive program of formal examinations with an evolving suite of workplace-based assessment clearly documented and aligned to current learning outcomes.
- R The dedicated and skilled senior clinicians and professional staff who deliver College examinations to a high standard and are committed to continuous quality improvement in assessment methods.
- S The successful pivot and delivery of online examinations during the COVID-19 pandemic enabled trainees to progress satisfactorily through the training program.
- T Regular engagement between trainees, training supervisors and training accreditation committees through three-monthly and six-monthly appraisals ensures early identification and management of necessary remediation.

Conditions to satisfy accreditation standards

- 7 Review processes to ensure consistent implementation of the special consideration policy. (5.1.3).
- 8 Provide evidence of assessment and learning outcomes aligned with the implementation of the CanMEDS framework (5.2, 3.2 and 2.2).
- 9 Develop and implement calibration of workplace-based assessment, through standardised training of assessors, documenting of processes and guidance, and evaluation of outcomes to ensure consistent assessment of competence across all training locations. (5.4 and 8.1).

Recommendations for improvement

- LL In view of a more programmatic assessment approach by the College, review volume of assessment and use of high stakes examinations for subspecialty pathways (Standard 5.1 and 5.2)
- MM Consider ways to manage the workload and conflicts of interests of fellows involved in examination standard setting and question setting (5.4).

B.6 Monitoring and evaluation

6.1 Monitoring

The accreditation standards are as follows:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

6.1.1 Team findings

Data collection and monitoring methods

The College has strong and well established internal processes for collecting and monitoring data for its education and training programs. It has recently developed a high-level Evaluation Framework which articulates the scope, frequency and reporting of training outcomes to a wide range of internal College committees. The College has also employed an Evaluation Researcher to assist in the analysis of the data collected through the Framework.

The data regularly collected and monitored includes the:

- trainee six-monthly feedback survey
- trainee exit survey
- supervisor/coordinator survey (primarily through accreditation processes)
- hospital stakeholder survey
- examination feedback from candidates and examiners
- new fellows survey (commencing in 2024)
- biennial membership engagement/satisfaction survey.

The reference above to trainees includes those in subspeciality programs. The College has logbook data that collects and monitors data on all O&G surgery including major gynaecological procedure numbers, ultrasounds and trainee procedures. The outcomes of the development and implementation of the new fellow survey will be of interest to the AMC.

SIMGs and participants in College selection processes are invited to provide feedback on their application experiences, while workshop and CPD participants are invited to provide feedback on their training experiences.

The data collected through the Medical Training Survey and the College's DBSH Survey are critical sources of information that inform the College's monitoring of training and workplace culture which trainees and fellows are experiencing.

The team notes the caution the College should use when interpreting some of the data collected because the trainee's six-monthly feedback survey has a low response rate and the Evaluation Framework has limited inclusion of indicators regarding patient safety and experience.

To improve the response rate, the team encourages the College to consider how it can better communicate the changes and improvements that have been implemented as a result of feedback previously provided to trainees and fellows. Trainees are not currently mandated to respond to the six-monthly survey; however, if compulsory response was pursued, care should be taken to communicate that respondents are not required to disclose concerning events or behaviours that may cause further distress. Information on access to support, such as the Training Support Unit or Complaints Framework, should be provided in any case.

The College advised that it does monitor patient safety trends reported through other agencies such as the Australian Commission on Safety and Quality in Health Care and makes changes to its guidelines as appropriate. Measures of patient experience are discussed in Standard 6.2.

Trainee and supervisor participation in monitoring

Trainees and supervisors have the opportunity to be represented on College committees, and to be involved in the collection, monitoring and evaluation of data.

The TACs for each of the state/territory/Aotearoa New Zealand regions is comprised of local training supervisors. The Chairs of those Committees then form the College's TAC and training supervisors are able to provide feedback on the training program through either local or national accreditation committees. The team understands there is currently no formal way for all training supervisors to provide feedback directly to the College, and a more systematic method enabling them to do so may need to be considered.

Trainees also have their own committee, which comprises representation from each the state/territory/Aotearoa New Zealand regions. The Trainees' Committee reports directly to the College Board and trainee representatives also sit on regional TACs, as well as a number of other College committees. There is at least one trainee representative on 51 of the College's 76 committees. The College ensures that any changes to its program that may disadvantage existing trainees are only introduced for future trainees with a minimum of six months' notice.

6.2 Evaluation

The accreditation standards are as follows:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

6.2.1 Team findings

The standards against which the College evaluates program and graduate outcomes are discussed under Standard 2.

At the time of the assessment, the team notes there is significant review occurring as the College moves to introduce the CanMEDS framework, which will have implications for outcomes listed in the curriculum and teaching and learning. Further information is provided under Standard 3. The College must ensure wide consultation (such as diverse consumer groups, Aboriginal and/or

Torres Strait Islander and Māori peoples and health jurisdictions) in their curriculum review, noting the College has already commenced this following the assessment and will be able to provide a comprehensive update with the next monitoring report.

Accreditation processes include the evaluation of significant quantitative and qualitative data. The College's accreditation process for training sites is critical to evaluating the appropriateness of those workplaces for trainees' needs and is discussed in Standard 8.2.

Evaluating trainees' access to procedures

With regard to whether training outcomes reflect modern health practice, the College should evaluate trainee's access to sufficient procedures to ensure safe and competent practice. In particular, trainees' opportunities to perform some gynaecological surgeries and ultrasounds are of concern to the College, and steps have been taken to better evaluate trainee logged data in this area.

As more innovative methods are introduced to better meet women's needs, trainees are having difficulty accessing the number of major gynaecological procedures that are required of them as part of demonstrating competence. The team discusses this issue under Standard 4.2, including whether the College should update the requirements for practical experience to match the scope of current surgical practice.

Hospital Stakeholder Survey

The College has recently initiated a Hospital Stakeholder Survey. The purpose of the survey is to evaluate whether recently qualified fellows are considered competent and obtain feedback from hospital O&G departments and private practices about what the College's stakeholders consider to be priorities for the training program in forthcoming years. The results from this work are not yet available as surveys were being undertaken at the time of team's visit. The results and evaluation of this survey will be of interest to the AMC in future monitoring submissions.

Inclusion of Aboriginal and/or Torres Strait Islander, Māori and health consumer representatives in evaluation processes

If the health outcomes of Aboriginal and/or Torres Strait Islander and Māori women are to be improved, as well as other communities experiencing poorer health outcomes across Australia and Aotearoa New Zealand, it is important that their voices are included in the College's setting of standards and evaluation processes.

Under Standard 1, the team notes the College's commitment to achieving greater representation of health consumers in their diversity across the College. However, before the College moves any further along this pathway, the team again encourages the College to take the time to reflect and consider the development of a Consumer Engagement Framework with the assistance of external expertise to ensure its future work in this area is safe and effective for consumer participants.

While the College is observed to attempt greater representation of Aboriginal and/or Torres Strait Islander and Māori women as trainees and fellows, and their membership on College committees, the inclusion of non-practitioner Aboriginal and/or Torres Strait Islander and Māori women who can speak as health consumer representatives is also critically important. The team understands the College has been unable to recruit Aboriginal and/or Torres Strait Islander consumer representation to date. Through He Hono Wahine, two Māori consumer representatives have been recruited to join two kaumatua and other external representatives on the committee.

The team encourages the College to continue to build stronger relationships with consumer and community organisations so as to gain their assistance in identifying possible health consumer representatives to join committees.

During the team's site visits, representatives of both health consumers and Aboriginal and/or Torres Strait Islander and Māori women highlighted the significant benefits of the College considering the inclusion and evaluation of patient reported outcomes and evaluation measures in assessing the performance of its programs. The team encourages the College to work with these representatives and experts in the field of patient reported outcomes and evaluation measures to consider if and how such a change could be achieved. Such a step could be taken irrespective of a Consumer Engagement Framework.

6.3 Feedback, reporting and action

The accreditation standards are as follows:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

6.3.1 Team findings

Internal stakeholders

The College's Evaluation Framework clearly articulates the manner in which data is collected, monitored, evaluated and then shared with a wide range of internal committees. Members of those committees, which include trainee and supervisor representatives, appear to have good opportunity to comment on the data and its implications.

External stakeholders

The team considered the extent to which the College makes evaluation results available to external stakeholders with an interest in program and graduate outcomes or considers their views in the continuous renewal of its programs. The issue of stakeholder engagement is further discussed under Standard 1.6.

While reports about College engagement with national health departments was positive, there was a consistent tone across state and territory health departments about a lack of information and engagement despite their jurisdictional responsibility for hospitals and health practitioners. The team encourages the College to build stronger relationships with state and territory health departments through ongoing and regular connection and provide them with early and advanced documented advice about any concerns for accreditation.

With regards to external stakeholders that represent consumers and communities, the team notes the College does provide for consultation with the public on key documents and guidelines and can at times be lobbied for improvements and change. An example of this is the development of the [Endometriosis Clinical Practice Guideline](#), which was guided by consultation with women's groups. This guideline is available on the College website and the appendix indicates contributors to the guidelines, including College members, physiotherapists, representatives from other medical Colleges, nurses, researchers, and consumers.

The team was advised of positive work the College has sponsored through the undertaking of yarning groups with Aboriginal and/or Torres Strait Islander women in Victoria about their experiences. The team values the College's work towards producing monitoring and evaluation reports that reference lived experience and actions taken and encourages the College to make

reports such as these available to stakeholders (internal and external) as a means of transparent communication.

Discrimination, Bullying, Sexual Harassment and Harassment Survey

The team notes the College's work to monitor, evaluate and respond to the DBSH experienced by trainees and fellows. This is a significant and vital topic, and is discussed under Standard 7.

2023 Commendations, conditions and recommendations

Commendations

- U The Evaluation Framework and reporting of training outcomes to a wide range of internal College committees was clearly articulated and supported by the engagement of an Evaluation Researcher.
- V Trainees and supervisors have significant opportunity to be involved in the collection, monitoring and evaluation of data through various mechanisms.
- W The recently initiated Hospital Stakeholder Survey and planned New Fellows Survey expands the suite of monitoring and evaluation practice contributing to the improvement of the RANZCOG training program.
- X The processes for the sharing of program data with internal College committees are well established, with opportunity for comment.

Conditions to satisfy accreditation standards

- 10 Develop and implement systematic ways to monitor patient reported outcomes and evaluation measures, working with representatives of health consumers and Aboriginal and/or Torres Strait Islander and Māori women, and experts in that field (6.2).

Recommendations for improvement

- NN Implement the Hospital Stakeholder Survey with report feedback and action mechanisms circulated to relevant internal and external stakeholders. This may include evaluation reports referencing lived experiences and actions taken (6.2 and 6.3).
- OO Consider systematic ways to better communicate improvements implemented as a result of feedback from trainees, training supervisors and other stakeholders (6.3).

B.7 Trainees

7.1 Admission policy and selection

The accreditation standards are as follows:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
 - use the published criteria and weightings (if relevant) based on the education provider's selection principles
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

7.1.1 Team findings

The College has clear and publicly available principles and policies for selection into the training program with selection criteria and weighting of components clearly established. The selection process is merit-based and determined through curriculum vitae (CV) scoring, four applicant-nominated referees (Australia and Aotearoa New Zealand) and institutional ranking (Australia only) with those shortlisted being interviewed. This is clearly documented in 2023 FRANZCOG Trainee Selection Process – Guidelines and policy for selection of FRANZCOG trainees, which is publicly available on the College website. Selection into the training program is highly competitive, with applications capped at three attempts to ensure applicants are not burdened with repeated financial and emotional investment.

The subspecialty selection process involves a written application for shortlisting and a videoconference interview. There are publicly available 'Information for Applicants' documents for each subspecialty which include the selection criteria and marking guides.

The application process for the FRANZCOG training program is conducted online, and outlines the applicant's postgraduate training and clinical experience, academic excellence, qualifications, research, publications and presentations, professional development, rurality, leadership and altruism. Applicants are selected for interview after the weightings of their CV/application score, referee reports and institutional ranking scores (Australia only) are scaled and combined to create a ranked shortlist.

Institutional ranking in Australia

Implemented by the College in 2016, the institutional ranking system (only in Australia) identifies applicants suitable for selection by providing hospitals with a list of relevant applicants at the site and giving hospital contacts who are familiar with the applicants the opportunity to rank them. These contacts are a combination of Heads of Unit, ITP Coordinators and Senior Training Supervisors and/or RANZCOG Fellows and are confirmed by the College's state/territory offices. This selection methodology is infrequently used in Australia and the team sees it has the potential to result in inconsistent application of selection policies and criteria between Australia and Aotearoa New Zealand. Consideration should be given to the implication and unintended consequence of increased competitiveness amongst prevocational doctors as well as potential impediment for applicants in rural and remote areas.

Selection of trainees is a challenge and with the demonstrated demand for FRANZCOG training by junior doctors beyond the numbers able to be trained and exacerbated by the workforce demand for obstetricians and gynaecologists in Australia and Aotearoa New Zealand, the use of institutional rankings is also viewed with concern by trainees. While the College has data which suggests that selected trainees perform well in training in a direct relationship to their selection ranking, the system may exclude other capable potential trainees. Ongoing review of the selection methodology should be appropriately considered.

The College Selection Committee are working on clearer communication to health services for more consistent application of the institutional ranking system and are due to review the process in the next six months. The College should continue to evaluate against evidence-based, best practice selection processes, and ensure that the process stands up to external scrutiny.

There are points awarded for rurality and Indigenous identity in the selection process for both Australia and Aotearoa New Zealand. No extra points are currently awarded in the subspecialty selection process for rurality or Indigenous status within the FRANZCOG training program. While this is notable, the College may wish to separate these categories to avoid the conflation of rural and Indigenous origin in a single group as it suggests they are one and the same. While the development of the Rural O&G Specialist Advanced Training Pathway should provide a better scope for defining rural practice and selection, the recruitment of Aboriginal and Torres Strait Islander and Māori trainees should occur from all settings, and not only from rural and remote areas.

Recruitment of Aboriginal and Torres Strait Islander and Māori trainees

The College's current CV scoring awards 10 points for Indigenous status as part of plans to recruit Aboriginal and/or Torres Strait Islander and Māori trainees. While it is noted in Aotearoa New Zealand, the College has a number of approaches including the Māori medical student/PGY network and scholarships for Aboriginal and/or Torres Strait Islander trainees, the College does not yet have a program to actively recruit and retain Aboriginal and/or Torres Strait Islander and Māori trainees; this includes the subspecialty program. It is noted the College is researching to identify more mechanisms and is encouraged to review its processes for a structured approach.

The College's Te Rautaki Māori me Te Ara Whakamua (Māori strategy) goals focus on increasing the cultural safety of the organisation and increasing the Māori obstetrics and gynaecology workforce in Aotearoa New Zealand. More work is underway to research the barriers to recruitment of Māori peoples into the training program. He Hono Wāhine recommended revised criteria recognising contributions to Māori health (or local marae, hapu, iwi or wananga) and that cultural safety activities score higher on the CV scoring system; this was implemented by the College in 2022.

There is currently little research into the barriers to recruitment of Aboriginal or Torres Strait Islander trainees in Australia; however, the College plans to develop similar work following the research around Māori trainees and implementing cultural safety activities into the CV in Aotearoa New Zealand. There is an Aboriginal and Torres Strait Islander Health Program which allows funding for financial assistance (with membership fees, training fees and exam fees) for trainees identifying as Aboriginal and/or Torres Strait Islander.

Aboriginal and/or Torres Strait Islander and Māori medical students and prevocational doctors would benefit from improved recruitment strategies and selection processes from the College to actively encourage Indigenous applicants in applying to the program.

7.2 Trainee participation in education provider governance

The accreditation standards are as follows:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

7.2.1 Team findings

Trainees are given a voice on many of the College's committees and on Council, supporting the involvement of trainees in the governance of their training as outlined in Standard 1.1.1. Core membership of the Trainees' Committee is elected by an independent election process. There is evidence that trainee voices are listened to and acted upon.

As is often the way with committee memberships, some dedicated trainees appear to be on multiple committees, while many trainees seem to prefer not to get further involved with the College other than being a trainee. The trainee representatives obviously work closely with and have a more intimate understanding of the workings of the College, whereas the average trainee is not involved in the governance of their training. This does place a higher burden and time commitment on the fewer trainee representatives to attend multiple hours of committee meetings. The College might look at other avenues of trainee engagement as well as committee representation and should continue to monitor trainee involvement in College governance to ensure diversity and inclusion.

In meeting with the trainees and the trainee representatives, the team found that there was a general trend of trainees feeling listened to and supported by the College. Submissions made by trainees tended to be well received, and trainees felt that the College usually took action and implemented changes in the trainees' best interest.

7.3 Communication with trainees

The accreditation standards are as follows:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

7.3.1 Team findings

The College has multiple mechanisms to communicate information and changes about the training program to the trainees. The activities of the decision-making structures are communicated in a timely manner primarily via a weekly newsletter, *Connect*, which is sent out to all fellows, trainees, Diplomates, Certificants, consumer representatives and College staff.

Quarterly newsletters and emails are sent out by the state and territory offices. In Aotearoa New Zealand the College office has a monthly member and trainee newsletter, *Pānui*. There is direct correspondence from the CEO and President of relevant changes or significant impacts on training.

The trainee update page on the College website, launched in April 2023, is used as a single point of information access regarding changes in requirements, training deadlines and other important information.

The College has made available on its website a list of fees associated with training. The College might help trainees by effectively addressing concerns over the cost of training through fee transparency in relation to the administration of the training program. The team heard many trainees report the cost of training to be prohibitive and this experience was also consistent with feedback by some SIMGs, who also indicated a lack of awareness of all the costs involved in their assessment. The assessment of SIMGs is further explored in Standard 9.

Trainees have access to their training status with a traffic light system in the my.RANZCOG portal to facilitate progression through training requirements, notifying them of completed and outstanding requirements.

7.4 Trainee wellbeing

The accreditation standards are as follows:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

7.4.1 Team findings

The College is active in advocating for its trainees with employers, hospital executives and health ministers. There are support services available to trainees, and the College Member wellbeing page has information on the provision of an employee assistance program through Converge, trainee and supervisor supports, available workshops and CPD, and video resources.

Managing bullying, harassment and discrimination

There has been a focus on trainee wellbeing in recent years, particularly around the College's efforts to address the high rates of reported DBSH in obstetrics and gynaecology workplaces.

The College established an independent Bullying, Harassment and Discrimination (BHD) Advisory Working Group in 2021 to evaluate the issue and create recommendations for the College to address DBSH in O&G. The BHD Advisory Working Group confirmed that the prevalence of DBSH in obstetrics and gynaecology were above medical college benchmarking norms, with 62 per cent of respondents ($n = 1247$) of the 2021 member survey reporting DBSH by a professional colleague throughout their career.

The BHD Advisory Working Group submitted its report to the College in February 2022 with 24 recommendations, which were used to formulate the Fostering Respect Action Plan. The team

commends the College on implementing mandatory DBSH training programs into the CPD Framework. The team understands there are also online modules, available on Acquire, available to address issues related to DBSH, which could benefit from being more widely promoted among the membership. These modules, also available on the [College's CPD Program Level requirements](#) webpage include:

- Operating with Respect by RACS
- Feedback for Trainees
- RANZCOG Respectful Workplaces workshop
- Emotional Intelligence and Compassion Workshop
- Resources for LGBTQIA+ community, and gender and sexuality inclusive practice
- Anti-racism in sexual and reproductive health
- How to embed a workplace wellbeing program
- Developing effective communication skills
- Clinical Education Training Part 1 and 2

The team also commends the College for their work in this area. It is vital to continue to monitor and audit the outcomes of these recommendations and actions.

Trainee Support Unit

The Trainee Support Unit (TSU) supports trainees in a safe and confidential manner, and addresses problems with training, supervisors, assessments and personal issues. The TSU is a valued and supportive point of contact for trainees in difficulty and training supervisors, who need advice on trainee or training issues. The TSU is staffed by one 0.7 FTE counsellor who is the point of call for trainees with any issues regarding training, assessment and supervision, and is supported by the College's People and Wellbeing team, as well as by Australian state/territory and Aotearoa New Zealand staff.

Trainees who accessed the TSU found it a supportive and beneficial pastoral care model to support their wellbeing. The team note that while the current workload is manageable by only one staff member, this reliance on one person may be a risk to the long-term success of the TSU.

7.5 Resolution of training problems and disputes

The accreditation standards are as follows:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider's processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

7.5.1 Team findings

The accreditation of training sites is the main mechanism through which the College fosters a safe and supportive learning environment for trainees, and the team commend the College on the revised accreditation standards in February 2022 to include 'zero tolerance for workplace bullying, harassment and discrimination'. Trainees reported that the College's response to

concerns raised regarding bullying and harassment, including timely accreditation visits, have generally led to effective actions on the ground.

The TAC reportedly are often first to identify trainees in difficulty, and there are regular discussions between supervisors and the TAC about which trainees may need extra supports. The TSU is proactive in contacting trainees with concerns such as those who fail exams or assessments or have identified workplace issues. These mechanisms are supported by the Reconsideration, Review and Appeal of Decisions Policy and the formal Complaints Policy and Framework, which define the process for resolution and various complaints scenarios. The provision of confidentiality and privacy is stated within the documentation.

The team heard of a rare instance of an administrative error that caused unintentional breach of confidentiality when managing a training issue, and recognises mistakes happen and this is an exception rather than the rule. However, the course of regaining trust in the College by trainees involved is challenging. Appropriate administrative measures should be enacted to ensure all involved in commuting confidential information take appropriate steps to ensure privacy is maintained.

There is an opportunity for the College to better define the procedural correlation of the various mechanisms used to manage and resolve training disputes. This may involve identifying the role of TAC, TSU and/or training site accreditation processes that may be utilised within the Complaints Framework. The way training issues could be safely and impartially resolved should also be highlighted and more widely communicated to both trainees and training supervisors for the resolution of training disputes.

2023 Commendations, conditions and recommendations

Commendations

- Y There is clear and publicly available criteria and weighting of components for selection into the training program. Aboriginal and/or Torres Strait Islander and Māori peoples receive additional CV scoring points for Indigenous identity.
- Z He Hono Wāhine works to support Māori trainees, and shows commitment in Aotearoa New Zealand to make culturally safe workplaces.
- A1 Trainees are given a voice on College Council and many committees and feel their needs are being heard.
- B1 The TSU is a valuable resource for trainee wellbeing.
- C1 There is an active response to reports of bullying, harassment and discrimination to support trainees, with strong management of workplace training issues.

Conditions to satisfy accreditation standards

- 11 Develop and implement enhancements to existing selection policies and procedures with:
 - i. An evidence-based guideline on institutional rankings to ensure consistent and transparent selection across health services in Australia and Aotearoa New Zealand (7.1.1.)
 - ii. Active recruitment and retention strategies for Aboriginal and Torres Strait Islander and Māori trainees with appropriate cultural safety supports (7.1.1)

| | |
|---|---|
| | <p>iii. A specific selection policy guided by equity for Aboriginal and Torres Strait Islander and Māori peoples, gender diversity, and applicants from rural and remote communities, mapped to the roles of specialist practice (7.1).</p> |
| 12 | <p>Acknowledge and address trainee concerns around training costs by providing justification for fee components in relation to the administration of the training program (7.3, 7.4, 4.2.1 and 5.1.1).</p> |
| <p><i>Recommendations for improvement</i></p> | |
| PP | <p>Consider and evaluate selection options other than institutional ranking to reduce potential inequity in the selection process (7.1.1 and 2.2.1).</p> |
| QQ | <p>Provide the outcomes of the Fostering Respect Action Plan to relevant stakeholders, including trainees (7.4).</p> |
| RR | <p>Promote the TSU and other wellbeing or training resolution mechanisms more widely to trainees (7.4 and 7.5).</p> |

B.8 Implementing the program – delivery of education and accreditation of training sites

8.1 Supervisory and educational roles

The accreditation standards are as follows:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.
- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

8.1.1 Team findings

The team noted enthusiastic and committed supervisors and assessors in all the training sites visited; their dedication to continuing to deliver training through the challenges of the COVID-19 pandemic is commendable. The training supervisors and assessors are well supported by the chairs and members of national and state Training and Assessment Committees (TACS) who take their roles very seriously and strive to deliver the best possible outcomes for trainees, with locally relevant and creative solutions. These may include working through challenges with placements or rotations to supporting resolution of training issues. The TACs are instrumental to the work of training supervisors, especially evident in smaller jurisdictions, and many supervisors expressed confidence in communicating with their state or jurisdictional TAC.

The role of training supervisor and its development

The training supervisor role and responsibilities are clearly defined in the position description with a formal application process. Many trainees the team spoke with widely praised and acknowledged the significant contributions of their training supervisor to their development as clinicians, as well as to their pastoral care. There is mandatory supervisor training for new training supervisors; however, it is unclear how current training supervisors receive regular upskilling apart from the occasional workshop or attending annual scientific meetings. It is understood the mandatory requirement to attend a supervisor's workshop every three years has recently been removed and replaced with a requirement for annual upskilling activities to be undertaken in CPD. There is scope for the College to develop regular upskilling for its training supervisors especially with the implementation of the CanMEDS framework, curriculum changes and new workplace-based assessment.

Training supervisors also expressed a desire for formal feedback on their performance and the College should consider mechanisms to provide this, acknowledging there may be challenges in

eliciting feedback from some trainees, who work in close proximity with their supervisor and may wish to provide this confidentially. The College is encouraged to consider performance feedback not only when there is a training problem or complaint but as part of a regular continuous improvement mechanism, which could be provided as part of a batched trainee survey, post-WBA review or through third parties such as the TAC or the Trainee Liaison Officer. This would contribute to more consistent supervisory standards and higher quality performance.

Post COVID-19, the team observed a sense of fatigue amongst supervisors, and some fellows reflected the role had become increasingly onerous in addition to their clinical roles. Acknowledging there are limits to how much an honorary role and related activity can be pressed, the College should consider formal, college-wide methods to meaningfully acknowledge and recognise contributions in ways that would be appreciated by training supervisors (such as attainment of CPD credit). There is also vast experience and expertise of training supervisors across both Australia and Aotearoa New Zealand; however, there is a lack of a formal mechanism to support the sharing of best practice or the ability for peer networking, which the College may wish to facilitate the creation of.

The role of trainee assessors

There are clearly defined policies by the College's Board of Examiners to guide the appointment of written and oral examiners, which is facilitated through a process of application. The College has a robust examination and assessment framework which is well embedded and as described in Standard 5, there is a process of training required for examiners. Possibly less defined is the role of the assessor in delivering WBAs and ensuring the quality and consistency of the assessment. There will be scope to better define the role of workplace assessors, who may also be training supervisors, to ensure the required capability. This may be developed in tandem with ensuring better standardisation in the delivery of WBAs, and similar to training supervisors, should be accompanied by requisite training, professional development and performance feedback.

Cultural safety training

At the time of the visit, there was no documented requirement for training supervisors or assessors to undergo mandatory cultural safety training in relation to the FRANZCOG training program. However, the team understand cultural safety training will be mandatory from 1 January 2024 and this has been communicated to all training supervisors. In Aotearoa New Zealand, fellows are encouraged to complete the MIHI 501 RANZCOG Course: Application of the Hui Process and Meihana Model to Clinical Practice – though this is not mandated. The team considers this to be integral for the College to meet the goals of its RAP in Australia and the principles of Te Tiriti o Waitangi in Aotearoa New Zealand as well as the addition of the eighth learning domain of cultural safety to the FRANZCOG training program. There should be mechanisms to track completion of training and regular opportunities for increasing knowledge, recognising a requirement for all CPD participants to complete cultural safety training from 2025 as part of the College's Fostering Respect Action Plan.

8.2 Training sites and posts

The accreditation standards are as follows:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
 - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
 - makes publicly available the accreditation criteria and the accreditation procedures

- is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
 - promote the health, welfare and interests of trainees,
 - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner.
 - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand.
 - ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.

8.2.1 Team findings

The team found the College's process for the accreditation of training sites to be well constructed, well documented and effectively delivered in regular circumstances, as well as through limited access of COVID-19 restrictions. There are published policies and guidelines accessible on the College's website and the College is generally seen to be responsive to managing problems at training sites and supporting improvements to be made. The composition of the Accreditation Panel includes one or more fellows and trainees from a different region and one or more senior members of College staff responsible for the accreditation process.

Trainees and training supervisors provided feedback that the accreditation process contributed to practical changes made in their training site. The Accreditation Intervention Framework ensures there is a systematic response to unusual training issues and manages out-of-cycle accreditation visits as part of ongoing monitoring of accredited training sites. Interventions may include bringing forward a progress report, surveying O&G department heads, training supervisors and trainees, and scheduling accreditation visits for significant issues.

The team noted there is no specific criteria to ensure all accredited training sites demonstrate commitment to the health of Aboriginal and/or Torres Strait Islander and Māori women and communities. To align with the College's own strategic plans and with the proposed eighth domain of cultural safety, it is imperative that accreditation criteria be developed and implemented to ensure all training sites, public, private or otherwise, comply with standards and contribute to the improvement of the health and safety of all First Nations peoples in Australia and Aotearoa New Zealand.

Accreditation processes were generally well supported but some training sites noted that feedback about the outcomes of the assessment were not visible to the hospital management, limiting their ability to improve opportunities or facilities when these were found to be lacking. The College indicates hospital executives attend end of visit preliminary outcome discussions and are supplied with draft and final reports as part of their standard process. To ensure there is clear

understanding between College and hospital management, the team encourages the College to continue improving ongoing relationships between the training program, the hospital site administration and local health services, as an important lever for change. The College indicates there are already set protocols to communicate accreditation outcomes to trainees, training sites and hospital leadership, which are routine, trackable and documented in their accreditation guidelines. Given some of the feedback received, the consistent application of these communication protocols should be monitored as the College further develops to establish regular communication to health departments.

As discussed by the team in earlier standards, training sites and posts can vary in the quality and volume of training they can offer. In the current environment where surgical access and other resources may be limited for practice, all available experience needs to be utilised, including from both public and private providers. The College needs to consider widening its options for available training to ensure maintenance of the breadth and quality of training. Ongoing work with both public and private providers is necessary to ensure both the volume and diversity of obstetrics and gynaecology experience is available for training. Working closely with health jurisdictions and local TACs would be one mechanism to utilise. In Standards 3 and 4, the team also raised the matter of increased exposure in community health environments for FRANZCOG trainees to better develop in their role as health advocates and leaders in women's health.

2023 Commendations, conditions and recommendations

Commendations

- D1 The functioning of the jurisdictional Training and Assessment Committees is to be commended especially for their support of both supervisors and trainees.
- E1 Multiple TACs are effective in developing local solutions for supporting trainees in gaining high quality experiences.
- F1 Well defined published processes and guidelines are in place for the accreditation of training sites.
- G1 Responsive processes for managing and resolving problems at training sites are supported by a documented Accreditation Intervention Framework.

Conditions to satisfy accreditation standards

- 13 Develop and implement mechanisms to routinely evaluate and provide feedback on training supervisor and assessor effectiveness (8.1.4 and 8.1.6).
- 14 To demonstrate commitment to the health and wellbeing of Aboriginal and/or Torres Strait Islander and Māori peoples:
 - i. Ensure appropriate cultural safety training and relevant upskilling is provided for supervisors and assessors (8.1)
 - ii. Include relevant criterion in the guidelines and protocols for the accreditation of FRANZCOG training sites (8.2.2).

Recommendations for improvement

- SS Implement mechanisms to monitor and ensure all relevant stakeholders, including hospital administration and health departments, receive regular and pertinent information about accreditation outcomes (8.2.2 and 1.6.4).

B.9 Assessment of specialist international medical graduates

9.1 Assessment framework

The Accreditation standards are as follows:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.
- Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

9.1.1 Team findings

The College's process for assessment of SIMGs satisfies the current guidelines of the Medical Board of Australia and the Medical Council of New Zealand. The assessment processes are structured and clear with standards and procedures publicly available on the College website which aids transparency of the process. Information about additional requirements, costs and timelines for assessment are also provided.

The SIMG committee completes assessor training and the assessment panels include representation from the community and a former SIMG. There is currently no Aboriginal and/or Torres Strait Islander or Māori representation on the panel but the College aims to work towards having this representation.

Challenges in assessment

SIMGs are an essential element of the medical workforce in both Australia and Aotearoa New Zealand. Like many medical specialties, obstetrics and gynaecology SIMGS the team spoke with found the application of the process confusing and prolonged even with the information supplied by the College. The team observed the nuances of the differences in registration process between Australia and Aotearoa New Zealand were not generally well appreciated or understood by either SIMGs or the College in SIMG assessment. Further work may need to be done to ensure the subtleties of the needs of both countries are more clearly defined in the information provided on assessment.

The team also heard that the significant up-front cost of applying to be an SIMG in obstetrics and gynaecology in Australia is gradually becoming untenable and a potential barrier for doctors unable to afford the fees. As at August 2023, the College website lists the following fees for Australian SIMG applicants:

| | FEE | \$AUD | FREQUENCY |
|-------------|---------------------------------|--------------|------------------|
| APPLICATION | SIMG/AON Initial Assessment Fee | \$4762 | With application |

| | FEE | \$AUD | FREQUENCY |
|---------------------|--|--------|--|
| | SIMG/AON Incomplete Application Fee | \$263 | |
| | SIMG/AON Interview Fee | \$9253 | One-time fee, payable at interview offer |
| SUPERVISED TRAINING | SIMG/AON Substantially Comparable Supervision/Placement Fee | \$496 | One-time fee |
| | SIMG/AON Substantially Comparable Annual Subscription Affiliates Fee | \$1036 | Due 1 July annually |
| | SIMG/AON Partially Comparable Annual Training Fee | \$5009 | Due 31 January annually |

These fees are exclusive of short training, examination, certification and other potentially applicable fees such as review and appeals. Taking into account the urgency of needs in the workforce as well as individual wellbeing and equity in application, ways to mitigate application costs, such as deferral payment schemes, may warrant discussion and review in College governance. Similar fees are not applied for Aotearoa New Zealand assessment as the College conducts assessment on behalf of the MCNZ, to make a recommendation on comparability on individual applicants to New Zealand trained obstetricians and gynaecologists.

9.2 Assessment methods

The Accreditation standards are as follows:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

9.2.1 Team findings

There are a number of assessment methods used to assess the comparability of applicants to work as specialist obstetricians and gynaecologists, including as subspecialists, in Australia and Aotearoa New Zealand. These involve a paper/admin review, interviews, additional training and examination processes. During the COVID-19 pandemic, the College pivoted to using videoconferencing to conduct interviews and has continued with this mechanism post-COVID, which has contributed to efficiencies for both applicants and assessment panels as well as reduced the cost of application compared with face-to-face interviews. However, there was no reduction in the interview fee even though the assessors and applicants were no longer required to travel for face-to-face interviews.

While SIMGS appreciated the rigour with which the assessment process is carried out, the team noted the sentiment that the assessment could be more granular. As indicated under Standard 9.1, more credit could be given for training carried out where the specific knowledge of the quality of training in an individual site was at variance to the average quality of training in that jurisdiction. In addition, a number of SIMGs reflected to the team that their assessments included elements consistent with a clinical oral examination. The team considers this is not an appropriate

assessment for an interview process; it cannot be standardised and reflects poorly on the rigour of the process.

While the College provides documents and publishes assessment requirements, more detail about the scope of questioning in the assessment would be valued by candidates (such as use of clinical scenarios and questions around Aboriginal and/or Torres Strait Islander and Māori health). General preparation available for SIMGs being assessed was adequate but access to all necessary cultural safety training not always available in a timely way.

Cultural safety assessment

The College specifically interviews SIMGs on cultural safety, including around clinical scenarios involving Aboriginal and/or Torres Strait Islander and Māori women. While this is laudable, specific cultural safety training related to obstetrics and gynaecology is still in its infancy and assessment and CPD for trainees is yet to be fully developed. The team considers there may be a lack of equity in interviewing SIMGs on cultural safety in Australia and Aotearoa New Zealand without providing the necessary resources. If SIMG applicants are interviewed on cultural safety, the College should make available resources to support their understanding and preparation – this may include access to modules available to trainees on Aboriginal and/or Torres Strait Islander and Māori health or, for a specific Aotearoa New Zealand context, a pre-MIHI course being developed. The team would like to stress that they believe no additional cost should be applied to attaining access to these resources given the already high cost of application and assessment.

Subspecialty assessment

The team noted subspecialty assessment of SIMG training was an area that was particularly fraught. When applicants are many years postgraduate, the quality of their subsequent general experience is hard to assess as their speciality experience is relatively unique depending on their country of origin. While their applications may be welcomed by employers, supervision in the workplace, if needed, is often problematic for the very same reasons of being too unique.

The team also heard the nature of assessment of subspecialists from overseas was found to be not comparable, and they were required to understand FRANZCOG training from the beginning, despite having significant consultant and private practice experience. This unfortunately creates a barrier to their application as potential contributors to the health workforce in Australia and Aotearoa New Zealand. The College may wish to consider the fitness for purpose in the exacting nature of assessing at subspecialty level, rather than at a generalist level.

9.3 Assessment decision

The Accreditation standards are as follows:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.
- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

9.3.1 Team findings

The team looks forward to the completed report once the Specialist International Medical Graduate (SIMG) Assessment Committee has reviewed the assessment determination for pathways for SIMGs with limited scope of practice. SIMGs, hospital administrators and supervisors indicated the current determinations were too onerous for subspecialty SIMGs and required review. The team heard from some SIMGs that the requirements to fulfil the expectations of the College appeared to be greater than those required of RANZCOG trainees, and if this does occur, this would be an inequitable and inappropriate way to assess overseas trained consultants.

Reviewing differential expectation of skill attainment between trainees and SIMGs would be beneficial. The curriculum review, implementation of the CanMEDS framework and programmatic assessment methods is an opportunity to identify ways to reduce disparity in practice. This may include more robust training and standardisation in conducting WBAs as well as identifying reasons for lower examination pass rates for SIMGs, particularly in subspecialty pathways, as discussed in Standard 5.

The team also heard from SIMGs that the process of assessment was unduly prolonged, often exceedingly more than six months, and rationale for decision making could be opaque. In Australia, the College indicates the response time falls within Ahpra guidelines and in New Zealand, interview assessment take less than 4 months and preliminary paper assessments, less than six weeks. The team was encouraged to hear response timelines have improved significantly. To ensure confidence in the assessment process is sustained, the College must continue to communicate outcomes and ensure the process is transparent.

9.4 Communication with specialist international medical graduate applicants

The Accreditation standards are as follows:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

9.4.1 Team findings

As indicated under Standard 9.1, relevant information about assessment processes in Australia and Aotearoa New Zealand are easily accessible on the College website, including information about fees. The College has generally good communication strategies and is reasonably assured all SIMGs are kept informed of changes in a timely fashion. It may be useful to ensure information regarding the assessment for comparability in Australia and the MCNZ assessment for vocational registration is distinct from the requirements for becoming a fellow of RANZCOG, as this was at times not well known until after the fact.

The team were encouraged to learn SIMGs could access training resources, pre-examination preparation resources and the TSU to support their development. For additional support and improved communication, the College may wish to consider revisiting establishing a formal network for SIMGs to connect and share information. This may be particularly helpful for those based in rural, regional and remote areas, who often come into the country without existing social networks.

2023 Commendations, conditions and recommendations

Commendations

- H1 There is a structured and rigorous assessment process with publicly available standards and procedures for the assessment of SIMGs in Australia and Aotearoa New Zealand.
- I1 Access is provided to training and examination preparation resources, as well as the TSU, similar to RANZCOG trainees.

Conditions to satisfy accreditation standards

- 15 In relation to equity of SIMG assessment of comparability for practice in Australia and Aotearoa New Zealand:
 - i. (Evaluate assessment methods to determine fitness for purpose of subspecialty and clinical assessment requirements (9.2.1))
 - ii. Provide access to cultural safety training, pre and post interview, to determine increasing attainment of knowledge and skills of the culture and health needs of Aboriginal and/or Torres Strait Islander and Māori peoples (9.2.1).

Recommendations for improvement

- TT For the wellbeing of SIMGs, consider ways to:
 - i. Reduce the burden of up-front costs to applicants in Australia (9.1.1)
 - ii. Formally establish a network for SIMGs (9.4.1).

Appendix One Membership of the 2023 AMC Assessment Team

Professor Jane Dahlstrom OAM (Chair) MBBS (Hons), PhD, FPAC, FRCPA, FFOP, FFSc, Grad Cert Ed Stud (Higher Education), SFHEA

Chair and Professor of Pathology, College of Health and Medicine at the Australian National University

Professor Ian Civil CNZM CNZM, MBE(Mil), KStJ, ED, BSc, MBChB, FRACS, FACS, FCSSL (Hon), FRCST (Hon), FRCSGlas (Hon)

Director of Trauma Services, Auckland Hospital

Dr Michael Bonning MBBS, FRACGP, BAPPSCI (Hon), MPH, DCH

GP, Balmain Medical and President, Australian Medical Association (NSW)

Mrs Kate Griggs BA, MA (Public Policy)

Manager, Community Engagement, Health Consumers Tasmania, and Community Advisory Council, Ahpra and Primary Health Tasmania

Professor Papaarangi Reid BSc, MBChB, Dip. Obs, Obstetrics, Dip. ComH, Community Health

Tumuaki - Deputy Dean, Māori, Head of Department, Faculty of Medical and Health Sciences, Te Kupenga Haura Māori, New Zealand. (University of Auckland)

Ms Sue Ward MD FRCS (Ed) FRCOG

Vice President for Education at the Royal College of Obstetricians and Gynaecologists (RCOG), UK 2019 – 2022

Dr Maggie Wong MBBS, MMed, MHLthEth, FANZCA

Anaesthetist, St Vincent's Hospital Melbourne

Dr Tammy Kimpton Bmed, FRANCGP

GP, Scone Medical Practice, Scone and Board Director, Australiana Indigenous Doctors Association

Dr Kate Gazzard MBBS, DCH

Paediatric Doctor, Royal Children's Hospital, Melbourne

Ms Juliana Simon

Manager, Specialist Medical Program Assessment, Australian Medical Council

Ms Georgie Cornelius

Program Coordinator – Accreditation Assessments, Australian Medical Council

Mr Simon Roche

Program Support Officer, Australian Medical Council

Appendix Two List of Submissions on the Programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

ACT Health

Australasian Society for Ultrasound in Medicine

Australian and New Zealand College of Anaesthetists

Australian College of Rural and Remote Medicine

Australian Commission on Safety and Quality in Health Care

Australian Indigenous Doctors' Association

Australian Medical Association

Australian Salaried Medical Officers Federation of NSW

Department of Health

Health and Disability Commissioner New Zealand

Northern Adelaide Local Health Network

Medical Council of New Zealand

Northern Territory Health

Otago Medical School

Queensland Health

Royal Australasian College of Surgeons

Sydney Medical School

University of Western Australia

Western Australia Department of Health

Appendix Three Summary of the 2023 AMC Team's Accreditation Program

| Location | Meeting |
|--|---|
| AUSTRALIAN CAPITAL TERRITORY, NORTHERN TERRITORY, SOUTH AUSTRALIA, TASMANIA & WESTERN AUSTRALIA | |
| <i>Friday 7 July – Dr Michael Bonning, Ms Kate Griggs and Dr Tammy Kimpton</i> | |
| Various Training Sites in Australian Capital Territory and South Australia (Virtual) | Directors of training and Supervisors of Canberra Hospital with Royal Darwin and Royal Adelaide |
| | Trainees of Canberra Hospital with Royal Darwin and Royal Adelaide |
| Tasmania Training Accreditation Committee | Tasmania Training Accreditation Committee |
| Various Training Sites in ACT, SA, TAS NT and WA (Virtual) | Directors of training of ACT, SA, TAS, NT and WA |
| Various Training Sites in Tasmania and Western Australia (Virtual) | Directors of Training and Supervisors of Fiona Stanley and Royal Hobart |
| | Trainees of Fiona Stanley and Royal Hobart |
| NEW SOUTH WALES | |
| <i>Monday 10 July – Professor Jane Dahlstrom (Chair) and Dr Michael Bonning</i> | |
| Royal Prince Alfred Hospital | Director of Training |
| | Supervisors |
| | Trainees |
| | Related Health Disciplines |
| New South Wales Training Accreditation Committee | New South Wales Training Accreditation Committee |
| Various Training Sites in New South Wales (Virtual) | Directors of Training of John Hunter, Dubbo and Orange Hospital |
| | Supervisors of John Hunter, Dubbo and Orange Hospital |
| | Trainees of John Hunter, Dubbo and Orange Hospital |
| NEW ZEALAND | |
| <i>Wednesday 12 July – Professor Ian Civil (Co-Chair) and Professor Papaarangi Reid</i> | |
| Various Training Sites in New South Wales (Virtual) | Directors of training of New South Wales |
| Middlemore Hospital | Chief Medical Officers |
| | Directors of Training |

| Location | Meeting |
|--|---|
| | Supervisors |
| | Trainees |
| New Zealand Training Accreditation Committee | New Zealand Training Accreditation Committee |
| Various Training Sites in New Zealand (North and South Islands) (Virtual) | Supervisors of training of Taranaki, Te Toka Tumai Auckland, Christchurch Women's, Hawke's Bay, Southland and Dunedin Hospitals |
| | Trainees of Taranaki, Te Toka Tumai Auckland, Christchurch Women's, Hawke's Bay, Southland and Dunedin Hospitals |
| QUEENSLAND | |
| <i>Friday 14 July – Professor Jane Dahlstrom (Chair), Dr Maggie Wong and Dr Kate Gazzard</i> | |
| Mater Mothers Hospital (Virtual) | Senior Hospital Executives |
| | Supervisors |
| | Trainees |
| | Related Health Disciplines |
| Queensland Training Accreditation Committee (Virtual) | Queensland Training Accreditation Committee |
| Various Training Sites in Queensland (virtual) | Directors of Training of Cairns, Townsville and Toowoomba Hospitals |
| | Supervisors of Cairns, Townsville and Toowoomba Hospitals |
| | Trainees of Cairns, Townsville and Toowoomba Hospitals |
| VICTORIA | |
| <i>Monday 17 July – Professor Jane Dahlstrom, Dr Sue Ward and Dr Kate Gazzard</i> | |
| Royal Women's Hospital | Senior Executives |
| | Directors |
| | Supervisors |
| | Trainees |
| <i>Monday 17 July – Dr Michael Bonning and Dr Tammy Kimpton</i> | |
| Victoria State Committee (virtual) | Victoria State Committee |
| Various Sites in Victoria (virtual) | Directors of Training of Mercy Hospital for Women and Ballarat |
| | Supervisors of Mercy Hospital for Women and Ballarat |

| Location | Meeting |
|----------|---|
| | Trainees of Mercy Hospital for Women and Ballarat |

Team meetings with Royal Australian and New Zealand College of Obstetricians and Gynaecologists Committees and Staff

Monday 17 – Friday 21 July 2023

Professor Jane Dahlstrom OAM (Chair), Professor Ian Civil CNZM (Co-Chair), Dr Michael Bonning, Dr Kate Gazzard, Ms Kate Griggs, Dr Tammy Kimpton, Professor Papaarangi Reid, Dr Sue Ward and Dr Maggie Wong

| Meeting | Attendees |
|--|--|
| <i>Monday 17 July</i> | |
| Site visit meetings with consumer groups, SIMGS and Health Departments in Australia (Virtual) | Consumer Groups in Australia |
| | SIMGs in Australia |
| | Health Departments in Australia |
| New Zealand Health Departments | Ministry of Health New Zealand |
| | Te Whatu Ora (Health New Zealand) |
| | Te Aka Whai Ora (Māori Health Authority) |
| | SIMGs in New Zealand |
| <i>Tuesday 18 July</i> | |
| Standard 1, 2.1 and 6.3 Context of training and education, educational purpose & feedback, reporting and action | CEO Executive Director Education Head of Governance and Legal Dean of Education Assessments Advisor TAC Chair and Members ESC Chair President Aboriginal and Torres Strait Islander Women's Health Committee Chair Board Directors |
| Standard 1.2, 2.2 and 2.3 Program management, program and graduate outcomes | CEO Executive Director Education Head of Governance and Legal Dean of Education Executive Director on New Zealand EAC Chair ESC Chair |

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| | President Aboriginal and Torres Strait Islander Women's Health Committee Chair Board Directors |
| Standard 5 Assessment of learning | Head of Examinations Head of Governance and Legal FRANZCOG Written Directors RANZCOG MCQ Directors Oral Director EAC Chair |
| Standard 7: Trainees Issues relating to trainees | Trainee Representative Committee |
| Standard 8.2 Accreditation of training sites | Head of Selection, Evaluation and Accreditation Executive Director of Education TAC Chair NZ Specialist Accreditation Advisor Trainees President |
| Standard 6.1 and 6.2 Monitoring and evaluation | Dean of Education CEO Evaluation Researcher Education Standards Committee Chair Subspecialties Committees Chair Board Directors SIMG Assessments Committee Chair |
| <i>Wednesday 19 July</i> | |
| Standard 4 and CPD Teaching and learning resources and CPD systems demonstration | Innovation Learning and Quality Assurance, Executive Director Head of Learning and CPD CEO Education and eLearning Programs Manager CPD and Compliance Lead Executive Director of Communications and Engagement Education and eLearning Programs Lead |
| Standard 8.1 Supervisory and educational roles | Executive Director of Education Head of Training Programs Training Accreditation Lead Selection, Evaluations and Accreditation Head TAC Member |

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| | Expert Member Subspecialties Committees Chair State TAC Chairs |
| Standard 9 Assessment of SIMGS | SIMG Lead Executive Director of New Zealand SIMG Assessments Committee Chair NZ Deputy Chair SIMGs President SIMG Committee Members |
| Standard 2, 6 and CPD Homes Meeting with New Fellows | CEO Training Support and Quality Lead Dean of Education CREI Trainee New Fellows |
| Continuing Professional Development New Registration Standard and CPD Homes | Innovation Learning and Quality Assurance Executive Director Learning and CPD Head Education and eLearning Programs Manager CPD and Compliance Lead CPD Committee Chair |
| Standard 1, 2, and 6 Meeting with Community/Consumer Representatives | Community Representatives |
| Standard 3 and 4 Curriculum & teaching and learning | CEO Executive Director of Education Curriculum Development Lead Curriculum Development Specialist Innovation Learning and Quality Assurance Executive Director Learning and CPD Head Chair and Dean of Education Head of Examinations Head of Learning Programs Curriculum and Assessment Steering Group |
| <i>Thursday 20 July</i> | |
| Standard 1.5 Educational Resources | College Education Staff |
| Standard 1,2,3,7 & 8 First Nations and Māori Peoples Health | He Hono Wahine Chair and Deputy Chair |

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| | Te Kāhui Oranga ō Nuku Consumer Representative Women's Health Committee Chair Aboriginal and Torres Strait Islander Women's Health Committee Chair RAP Committee Members and Chair |
| AMC Team prepares preliminary statement of findings | AMC Team |
| <i>Friday 21 July</i> | |
| Team presents preliminary statement of findings | College Representatives |

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