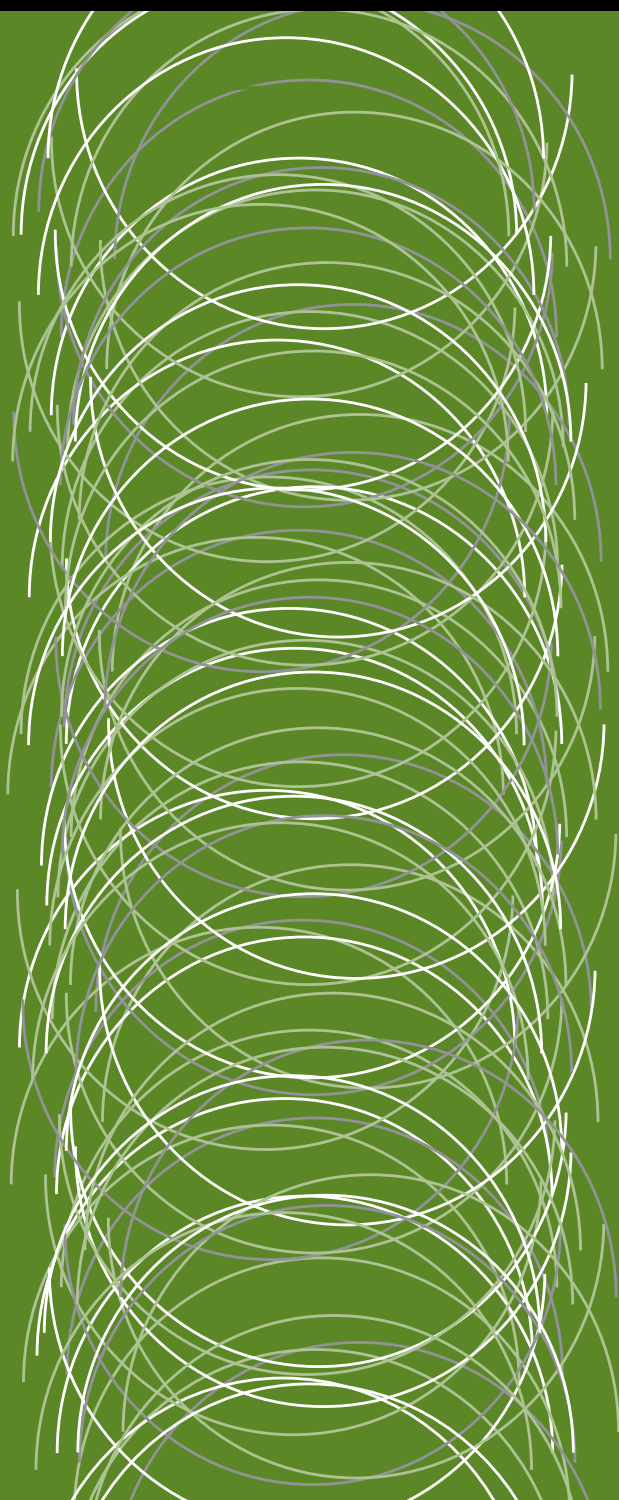


Australian Medical Council Limited

# Accreditation Report: Royal Australian and New Zealand College of Obstetricians and Gynaecologists CPD Homes

# AMC



Specialist Education Accreditation Committee  
November 2023

AMC Report provided to Medical Board of  
Australia and Medical Council of New Zealand

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## Acknowledgement of Country

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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.

## Introduction

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The Australian Medical Council (AMC) is the accreditation authority for medicine under the Australian Health Practitioner National Law Act 2009 (the National Law), which provides authority for the accreditation of programs of study in 15 health professions, including medicine. The AMC accredits programs offered in Australia and Aotearoa New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). Accreditation of all Aotearoa New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The AMC leads joint accreditation assessments of binational specialist medical training programs and continuing professional development programs, which includes members from Aotearoa New Zealand on its assessment teams. Thirteen of sixteen education providers of specialist medical programs, the specialist medical colleges, span both Australia and Aotearoa New Zealand.

In July 2021, Australia's Health Ministers approved an updated Medical Board of Australia *Registration standard: Continuing Professional Development (CPD)*, outlining the Medical Board's minimum requirements for CPD for medical practitioners. Registered medical practitioners engaged in any form of practice are required to:

- Participate regularly in CPD that is relevant to their scope of practice to maintain professional currency
- Maintain, improve, and broaden their knowledge and expertise and competence
- Develop personal and professional qualities required throughout their professional lives.

The AMC is appointed to conduct accreditation functions under the National Law. In January 2023, the *Criteria for AMC Accreditation of CPD Homes* was implemented and the AMC revised its *Standards for Accreditation and Assessment of Specialist Medical Programs* removing the assessment of continuing professional programs as part of specialist medical program accreditation and assessment. All specialist medical colleges, whose continuing professional development programs were previously accredited by the AMC were granted initial accreditation from 1 January 2023 and are required to undergo a subsequent accreditation assessment against the new criteria.

While the two Councils use the same set of accreditation, legislative requirements in Aotearoa New Zealand require the binational colleges to provide additional Aotearoa New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

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

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The Medical Board of Australia sets minimum requirements for Continuing Professional Development (CPD) for medical practitioners. Accredited CPD homes audit and report CPD compliance to the Medical Board. The AMC document, *Criteria for AMC Accreditation of CPD Homes* describes the accreditation requirements for an education provider, an organisation with a primary educational purpose, or an organisation with a primary purpose other than education to be accredited as a CPD Home.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is a specialist medical college established in 1998. It is a not-for-profit organisation and a company limited by guarantee with a Constitution that defines 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 conducts education and training programs, and CPD programs for specialist obstetricians and gynaecologists in Australia and Aotearoa New Zealand. The College provides specialist medical training programs 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 continuing professional development programs in obstetrics and gynaecology are accredited by the AMC with previous reaccreditation reviews conducted in 2003 and 2013, and have been subject to annual monitoring processes.

In July 2023, the AMC conducted an accreditation assessment of the RANZCOG's CPD programs concurrently with the reaccreditation assessment of the College's specialist medical education and training programs. Prior to the assessment visit in Melbourne, Victoria from 17 to 21 July 2023, during which the AMC team met with College office bearers and staff, the College provided a CPD home accreditation submission against the CPD Home and MCNZ specific criteria. This document was reviewed by the assessment team and as part of the overall assessment program, site visits, stakeholder consultation and surveys were conducted. Details of the AMC team and summary of assessment program are in the appendices.

This report contains the findings from the 2023 AMC accreditation assessment and the AMC's decision on accreditation.

## Decision on accreditation

The AMC may grant accreditation if it is reasonably satisfied the organisation meets the accreditation criteria. The AMC may also grant accreditation if the organisation substantially meets the accreditation and imposing accreditation conditions will lead to the organisation meeting the criteria within a reasonable time. Accreditation may be granted with or without conditions, however, when conditions are imposed, the CPD home's continuing accreditation is subject to it satisfying the conditions.

Having decided, the AMC reports its accreditation decision to the Medical Board of Australia and will provide an annual update to the Medical Board of Australia on whether accredited CPD homes continue to meet the accreditation criteria.

The AMC's finding is that it is reasonably satisfied that the continuing professional development programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists **substantially meet** the accreditation criteria.

The 13 December 2023 meeting of the AMC Directors resolved:

- (i) That the Royal Australian and New Zealand College of Obstetricians and Gynaecologists be granted accreditation as a CPD Home 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 Section A of this report.

## Next steps

Following an accreditation decision by AMC Directors, the AMC will monitor that it remains satisfied the College is meeting the criteria and addressing conditions on its accreditation through annual monitoring submissions. The AMC grants accreditation for a maximum period of six years after an assessment by an AMC team. This period may be extended up to ten years on the basis of a written accreditation extension submission the year before accreditation expires. At the end of the ten year period, the CPD home undergoes a reaccreditation assessment.

In **2029**, before this period of accreditation ends, RANZCOG 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 RANZCOG 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.

## Section A: 2023 Overview of findings

The following summarises the findings of the educational provider's continuing professional development program against the *Criteria AMC Accreditation of CPD Homes*.

### A.1 Findings against the AMC criteria

In the table below, M indicates a criterion is met, SM indicates a criterion is substantially met and NM indicates a criterion is not met.

Criterion 1: CPD home context and governance				Specific MCNZ Standard(s)
1.1	Capacity	M	This criterion is SUBSTANTIALLY MET	
1.2	Governance Structure	M		
1.3	Program requirements, content, and fees	M		1.1.1
1.4	Program requirement alignment	SM		1.1.3
1.5	Application of policies and processes	M		1.1.1
1.6	Review and appeal processes	M		
1.7	Continuous improvement	M		1.1.2

Criterion 2: Provision of CPD program				Specific MCNZ Standard(s)
2.1	Tracking systems and processes	SM	This criterion is SUBSTANTIALLY MET	1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8
2.2	Recognition of CPD activities	M		1.1.11
2.3	Exemption of requirements	M		
2.4	Communication	M		
2.5	Record storage and retention	M		
2.6	Transfer of records	M		

Criterion 3: Support and guidance				Specific MCNZ Standard(s)
3.1	Provision of guidance and learning resources	M	This criterion is MET	1.1.9, 1.1.10
3.2	Risk identification and support	M		1.1.13
3.3	Further training	M		
3.4	Remediation	M		

Criterion 4: Auditing and reporting				Specific MCNZ Standard(s)
4.1	Audit Activity	M	This criterion is MET	1.1.4
4.2	Compliance reporting	NA		1.1.15
4.3	AMC Monitoring	NA		

## A.2 Findings against the MCNZ standards

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

<b>Aotearoa New Zealand specific standards for assessment and accreditation of recertification programmes</b>			
<b>1.1.1</b>	Provision of the recertification programme	M	The overall finding is <b>SUBSTANTIALLY MET</b>
<b>1.1.2</b>	Stakeholder input and determination of recertification programme requirements in line with MCNZ requirements	M	
<b>1.1.3</b>	Requirements for maintaining/developing safe and appropriate practice, including cultural safety, ethics and professionalism	SM	
<b>1.1.4</b>	Determination of appropriate activities under each CPD category	M	
<b>1.1.5</b>	Requirement for a mix of activities under each CPD category	M	
<b>1.1.6</b>	Requirement for an annual structured conversation	M	
<b>1.1.7</b>	Requirement for a professional development plan	M	
<b>1.1.8</b>	Embedding cultural safety and health equity across all three CPD categories	M	
<b>1.1.9</b>	Availability of a multisource feedback process	M	
<b>1.1.10</b>	Availability of a regular process for collegial practice visits	M	
<b>1.1.11</b>	Process for recognising and crediting recertification activities	M	
<b>1.1.12</b>	Continuous improvement of the recertification programme	M	
<b>1.1.13</b>	Monitoring participation and reviewing participant progress	M	
<b>1.1.14</b>	Regular auditing of programme participant records	M	
<b>1.1.15</b>	Reporting to the MCNZ	M	

## A.3 List of Commendations, Conditions and Recommendations

<b><i>Commendations – relating to both AMC criteria and MCNZ standards</i></b>	
<b>A</b>	The exemplary proactive work undertaken by the College to transition its CPD program to align with Medical Board of Australia and Medical Council of New Zealand requirements, and communication with fellows and users of transitional and new requirements.



B	The inclusion of pre- and non-vocational doctors to the CPD platform.	
C	The Integrate portal, which is functional, user-friendly, and agile.	
D	The strong communications strategy that has enabled important information to be clearly delivered to CPD participants.	
E	The support and guidance related to CPD requirements, which was appreciated by fellows in both countries.	
F	The clearly articulated process to identify practitioners at risk of non-compliance with clear guidance for addressing outstanding requirements.	
Conditions on accreditation		
Condition		To be met by
1	Fully implement the College's program-level requirements for all members, with requirements publicly available. (AMC 1.4, 2.1.2 and MCNZ 1.1.3)	2024
Recommendations for improvement		
AA	Update the <i>Conflict of Interest Policy and the Sponsorship Policy and Procedure</i> with examples specific to the College's new responsibilities as a CPD home. For example, specifically identify interests that may present a perceived or actual conflict in making decisions about practitioners' compliance with the <i>Registration standard: Continuing professional development</i> . (AMC 2.1)	
BB	Explore opportunities to develop CPD tools and resources to support development of culturally safe practice specific to Aboriginal and/or Torres Strait Islander and Māori women's health. (AMC 3.1.2 and MCNZ 1.1.8)	

## Section B: Assessment against criteria for AMC accreditation of CPD homes

### B.1 CPD home context and governance

<b>1.1</b>	<b>The CPD home has ongoing capacity to provide a sustainable CPD program(s) at reasonable costs to practitioners.</b> <ul style="list-style-type: none"><li>• There are appropriate financial resources and allocated budget for the CPD program(s).</li><li>• There are sufficient human resources to manage, evaluate and develop the CPD program(s), and to provide advice and guidance to practitioners on CPD. This will include appropriate medical, educational and information technology expertise.</li></ul>		
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

There is evidence the College plans for its CPD Program in its annual budget, which commences in March each year. There are a number of revenue items to support the financial sustainability of the CPD program along with funding allocated to develop educational resources. At the time of the assessment, there were appropriate governance structures, financial resources, and professional staff to support the development and administration of the CPD Program. It is a strength that significant financial and human resources are dedicated to ensuring the CPD home and programs are implemented smoothly for the College's members.

There are four staff members dedicated to the maintenance and delivery of the CPD program – three 1.0 FTE and one 0.4 FTE – with support from the Education Design, Program and Technical Delivery teams. The RANZCOG Head of Learning CPD Innovation, Learning and Quality Assurance has qualifications in education and experience in delivery of medical education across a number of AMC-accredited specialist medical colleges. Expertise in discipline-specific medical education is provided by the CPD Committee, the Dean of Education and other RANZCOG Committees as required. The team notes there is heavy dependence on a volunteer workforce, consisting primarily of College fellows, to provide expert advice and input in development and delivery of training. In the current climate of health workforce pressures, the continued sustainability of reliance on fellows' honorary commitment will need continued consideration.

The team notes the current charges for membership fees include an application and program fee and while similar fees for both non-members, associate members and educational affiliates have been maintained, the College may wish to consider if the costs applied are an impediment to joining the CPD home and are reasonable. This should be done concurrently with communicating the value of undertaking CPD with the College.

The team considered the College has undertaken a thorough approach to identifying the running costs and pricing structure required to maintain the CPD program.

<b>1.2</b>	<b>The governance structures are appropriate for the provision of the CPD program(s).</b> <ul style="list-style-type: none"><li>• The CPD home identifies potential conflicts of interest and undue influence from any other part of its business or from external stakeholders. Interests are appropriately managed through governance processes and decision making about the resourcing and management of CPD programs.</li></ul>		
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The College has a robust governance structure with a nine-member Board, managing the financial, legal, and business operations of the College, supported by 22 elected Councillors forming the Council. There is clear separation of CPD program management and of auditing/compliance reporting within the governance. The CPD Committee comprises Board members, Councillors, fellows and subspecialists from both Australia and Aotearoa New Zealand. Meetings are held three times a year and the Committee is responsible for reporting to the Board on all matters relating to CPD Programs. The Fellowship Review Committee works in conjunction to review and make recommendations on the progress of fellows in meeting their CPD requirements.

There is a comprehensive and publicly available Conflict of Interest Policy to guide the declaration and management of conflicts of interests, conflicting relationships or commercial interests. The College also has a *Sponsorship Policy and Procedure* which outlines the rules and procedures under which the College will accept sponsorship from third party organisations. As part of a standing agenda item in each committee meeting, conflicts of interests are declared and maintained in a relevant Register of Interests. The College expects its participants to remove themselves from decision-making positions with respect to any situation where there may be a real or perceived conflict of interest while they are involved with the College.

While there is evidence that the College does manage conflicts of interest appropriately, the College policies do not specifically reference interests that may impact the decision making on compliance with CPD registration requirements. The Colleges policies should be updated, in light of its transition to being a CPD home, and it is noted the CPD Affiliate Policy has now been approved and published, introducing a new Membership Category – CPD Affiliates, to the RANZCOG Regulations.

<b>1.3 The CPD home makes a detailed description of the requirements, content/activities and any fees associated with the provision of its CPD program(s) and any changes to these publicly available.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.1

The requirements for the CPD program are published on the College website, describing alignment with the *Medical Board of Australia – Registration standard: Continuing professional development* and the *Medical Council of New Zealand: Strengthening Recertification Requirements*.

From 2024, the College will implement an annual CPD program to align with the calendar year as required by the Medical Board of Australia. The current period, from 1 July 2022 to 31 December 2023, is an 18-month cycle and considered a transitional cycle for fellows to adjust to the new 12-month cycle and new CPD platform.

There is a process for non-members to access the CPD program online and, the College has created a new CPD Affiliate category for these users in the new 2024 cycle.

In Australia, the RANZCOG CPD program is available to the following:

- RANZCOG fellows
- Associate members of RANZCOG (registered doctors who are providing unsupervised specialist women's health services in Australia)
- CPD affiliates in Australia (doctors registered in Australia with an interest in women's health)

Currently the fees for Australian participants are:

- For RANZCOG fellows there is no additional cost and the CPD program is included in the annual membership fee of \$3,580, or \$1,791 for semi-retired fellows (both fee amounts include GST)

- For all other participants (including associate members, educational affiliates, and CPD affiliates (non-members) there is an initial CPD application fee of \$425 and an additional annual CPD program fee of \$754 (both fees include GST).

<b>1.4 All CPD program-level requirements are aligned to <i>Good medical practice: a code of conduct for doctors in Australia</i> and informed by evidence-based practice. The program-level requirements refer to culturally safe practice, addressing health inequities, professionalism, and ethical practice.</b>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.3

Mandatory completion of activities related to cultural safety, addressing health inequities, professionalism and ethical practice will commence from 1 January 2024 and will appear as mandatory goals in the online practitioners' professional development plan. The completion of professionalism and cultural safety program level requirements have been prioritised in 2024 for Council/Board members, Committee Chairs and Training Supervisors and then all CPD participants from 2025. Mandatory completion of program level requirements for addressing health inequities and ethical practice are mandated for all CPD participants from 2026. Suggested resources to help meet the program level requirements are available from the CPD website.

The College website cites *Good medical practice: a code of conduct for doctors in Australia* and has identified program-level requirements to align with the Code of Conduct. This is elaborated in the CPD Framework, which includes modules on Intercultural Competency, the application of Hui Process/Meihana model to clinical practice, and the Australian Indigenous Doctors' Association (AIDA) Cultural Awareness – an Introduction to cultural safety eLearning. Other requirements include the completion of the Royal Australasian College of Surgeons (RACS) Operating with Respect Module, specialty, and subspecialty-specific modules to maintain currency in scope of practice.

The overarching Fostering Respect Action Plan 2022-2026 underscores the actions the College needs to undertake to address bullying, discrimination, and harassment in the workplace. The development and implementation of the CPD Program and of required educational programs or modules, such as for Cultural Safety; Bullying, Harassment, Mental Health Online Training; and Respectful Workplaces, is a clear priority for the College.

Mandatory completion of the Operating with Respect eLearning module (developed by the RACS), or an equivalent training program is required for the following:

- RANZCOG Board, Council members, committee chairs – every two years
- RANZCOG training supervisors – every three years.

The Cultural Safety Steering Group (CSSG) is appointed by the College to progress the embedding of cultural safety and addressing of health inequities in the CPD program across Australia and Aotearoa New Zealand. The CSSG has developed a College-wide Statement of Intent for Cultural Safety that will also be applied to the CPD program and the team looks forward to the related implementation. This work will be supported by the Cultural and Sustainability Projects Lead and Hauora Wāhine Māori Advisor, who have been involved in developing program level requirements.

The College has also outlined the following mandatory program-level requirements for subspecialists:

- Minimum of 35 hours a year related to subspecialty scope of practice
- Gynaecological Oncology (CGO) (20 hours of multidisciplinary meetings a year)

- Reproductive Endocrinology (CREI) and Urogynaecology (CU): include at least one goal from the areas: Education and Training, Research, Leadership and, Governance in their Professional Development Plan (PDP).

<b>1.5 There are publicly available policies and processes for joining the CPD home. These are applied consistently and fairly, free from bias or discrimination.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.1

The policies and procedures for joining the CPD home are publicly available on the College's website. All fellows, associate members, specialist international medical graduates (SIMGs) and educational affiliates are enrolled automatically in the CPD program with payment of their membership/program fees. From 1 January 2024, registered doctors in Australia can enrol in the RANZCOG CPD Home and the eligibility for existing non-member CPD members to enrol was reviewed and approved by the Board in May 2023.

The CPD Home platform has been broadened to include pre-and non-vocational doctors and the team welcomes this as an inclusive and notable development to support ongoing interest and development in women's health.

<b>1.6 There are publicly available processes for review and appeal of the CPD home's determination that:</b>			
<ul style="list-style-type: none"> <li>○ a practitioner's CPD activity does not meet the requirements of the CPD program</li> <li>○ a practitioner has not complied with the Registration standard: CPD</li> </ul> <b>and these are fair and consistently applied.</b>			
1.6.1 There is a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

There are three main policies to manage failure to meet CPD requirements and these are:

- The Fellowship Review Policy
- Online CPD Affiliate Requirements Policy and Procedures
- Online Associate Members and Educational Affiliates CPD Requirements Policy and Procedures (Australia and New Zealand)

Participants have the right to seek review or appeal a decision outlined in the *RANZCOG Reconsideration, Review and Appeals Procedures* with access to various wellbeing services external to the College. The College's Complaints Policy supports these policies, with guidelines for managing complaints against members and in 2023, the RANZCOG Board is exploring suspension sanctions on members who engage in a serious breach of the Code of Conduct. Each of these policies and procedures is publicly available on the College website.

RANZCOG undertakes evaluation of de-identified appeals for determination of system problems. The relevant offices and/or committees annually provide the Education Standards Committee (ESC) coordinator with relevant de-identified data for the previous 13-month hospital employment year (Aotearoa New Zealand December – January; Australia February – January), for discussion at the July Council Week meeting. ESC provides an annual report to the Board in July of each year which includes a summary report of any identified issues for review.

<b>1.7 The CPD home demonstrates continuous improvement of its CPD program(s) and supporting guidance to meet changing needs and respond to:</b> <ul style="list-style-type: none"> <li>○ the outcomes of the CPD home's audit and support processes</li> <li>○ feedback from practitioners, the Medical Board of Australia, and the AMC.</li> </ul>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.2

The College demonstrates a strong and proactive commitment to continuous improvement of its CPD Program and has implemented regular processes to engage and collaborate with stakeholders. These include:

- A regular review of the CPD program by the CPD College staffed team in collaboration with the Communications teams to monitor effectiveness of various communication platforms.
- Regular contact with CPD participants and areas for improvement are reported back to the Health of Learning CPD.
- Access to experts to provide advice on cultural safety, professionalism, and ethics.
- Meetings with the Medical Board of Australia on new CPD changes, as well as with Department of Health and health jurisdictions on topical matters.
- Engagement with community organisations for women's health.

These actions have enabled the College to transition smoothly as a CPD Home in Australia. Fellows and CPD users have similarly communicated to the team on the ease of transition with relevant education and communication materials for support.

## B.2 Provision of the CPD program(s)

<b>2.1 The CPD home has reliable and effective systems and processes to store evidence and track practitioners' progress towards meeting:</b>			
<ul style="list-style-type: none"><li>the requirements of the Registration standard: CPD<ul style="list-style-type: none"><li>develop a written annual professional development plan</li><li>complete a minimum of 50 hours per year of CPD activities that are relevant to your scope of practice and individual professional development needs</li><li>allocate your minimum 50 hours per year between the following types of CPD activities:<ul style="list-style-type: none"><li>at least 12.5 hours (25 per cent of the minimum) in educational activities</li><li>at least 25 hours (50 per cent of the minimum) in activities focused on reviewing performance and measuring outcomes, with a minimum of five hours for each category, and</li><li>the remaining 12.5 hours (25 per cent of the minimum), and any CPD activities over the 50-hour minimum across any of these types of CPD activity.</li></ul></li><li>self-evaluate your CPD activity at the end of the year as you prepare your professional development plan for the next year</li><li>retain records of your annual CPD activity for audit by your CPD home and the Board for three years after the end of each one-year cycle.</li></ul></li><li>the program-level requirements, and</li><li>any relevant specialist high-level requirements.</li></ul>			
<b>Finding</b>	Substantially Met	<b>MCNZ Specific Standard (s)</b>	1.1.1, 1.1.2, 1.1.4, 1.1.5, 1.1.13, 1.1.6, 1.1.7, 1.1.8

The team found the College's new CPD online portal, Integrate, to be a user-friendly platform and configured to be sophisticated enough to support logging of activities and monitoring of progress through its dashboard. The tracking functionality requirement specific to the Board, Council and training supervisors is impressive and the College is to be congratulated for the attention to the requirements as well as usability for its users.

The design of the Portal supports participants to access resources to develop skills and knowledge, with both automated and manual recording functions available. Participants are sent automated reminders every two months to log their requirements prior to the required completion date.

There is also a process for managing exemption requests from CPD participants when an individual has been absent from medical practice for over six months. Guidance documents are available in related online CPD policies.

CPD participants may also access records from all previous cycles with further improvements being developed to support audit functions and participants' plans to complete objectives for program level requirements.

To ensure consistency for the CPD program in Australia and Aotearoa New Zealand, the College has adopted domain titles from the Medical Board of Australia's Professional Performance Framework, with all other minimum requirements for each domain reflecting MCNZ recertification requirements.

**Table 1: CPD program domains and MCNZ domains for recertification**

RANZCOG CPD Program Domains	MCNZ Domains for Recertification
Outcome Measurement	Measuring and improving outcomes
Performance Review	Reviewing and reflecting on practice
Educational Activities	Educational Activities CME

The CPD portal enables users to view CPD cycle requirements, including completion hours, annual mandatory requirements and activities requiring documentary evidence against each of the domains of Educational Activity, Outcome Measurement and Performance Review. Evidence of completion is also tracked for mandatory CPD requirements.

**Figure 1: Domains and Annual Hourly requirements are detailed in the CPD Framework**

Total Annual (hours)	Educational Activities (EA)	Outcome Measurement (OM)	Performance Review (PR)	Remaining OM/PR	Remaining Hours
50	13	5	5	16	11

All CPD participants are required to develop a Professional Development Plan (PDP) and Aotearoa New Zealand CPD participants, a Structured Annual Conversation (MCNZ requirement).

Developed by the College, a CPD Framework Definitions Guide assists practitioners to understand the CPD activities involved and the information to be provided as part of acceptable evidence to support activity completion.

Both CPD Framework and Definitions Guide are available on the College website.

#### *Program-level requirements*

The system does track requirements for particular groups of doctors (subspecialists/college committee members/supervisors), and the College has scoped IT requirements and set up a CPD portal testing environment to track completion of the program-level requirements relating to culturally safe practice, addressing health inequities, professionalism, and ethical practice from 1 January 2024.

#### *Specialist high level requirements*

At the time of the assessment, there were no specialist high-level requirements related to the specialty of obstetrics and gynaecology, and the College CPD program anticipates participation by other practitioners with other specialist registrations.

<b>2.2 The CPD home applies a framework and supporting policies and processes for assessing and recognising CPD activities, including those that are provided by different organisations. The assessment is based on relevance and educational value. The framework is publicly available.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.11



The College has a process for the approval of educational activities from internal RANZCOG CPD departments and external educational providers. All activities must meet with RANZCOG Education Standards, and these standards guide College staff and external educational providers to develop activities based on the principles of adult learning. The framework for attaining CPD activity approval is available on the College website and is reviewed by the CPD Lead and Education Lead in the College.

Additionally, the *RANZCOG CPD Framework* provides details of the types of activities that are relevant under each domain (type) of CPD (i.e. educational activities, outcome measurement and performance review), along with the accompanying *CPD Framework Definitions Guide* which provides examples of supporting evidence for the activities to guide practitioners on completion of CPD activities. Both documents are publicly available on the College's website.

<b>2.3 There are publicly available policies and processes for granting exemptions or variation to the requirements of the CPD program(s), including in relation to continuous absence from practice of at least six months and up to and including 12 months for parental or carer leave, serious illness or other approved circumstances, such as cultural responsibilities. These are implemented fairly and consistently to support flexible practice.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

There are policies and procedures to grant exemption to practitioners who are absent from medical practice for six months or more. The process to request an exemption is described on the College website and participants requiring special consideration for circumstances such as cultural responsibilities may apply under the *Exceptional Circumstances and Special Consideration Policy and Procedure*. At the time of the assessment, the team was reasonably satisfied these procedures were applied consistently to support flexible practice.

<b>2.4 Changes to the CPD program(s) are communicated in advance, in a timely, transparent and accurate way, and are made publicly available.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The College has a dedicated Communications team whose function includes managing information to CPD users. This has enabled clear information to be provided to users, particularly over the course of transition of the CPD program and Integrate Portal. Any changes to the program are communicated at least six months before the end of the cycle. Feedback provided to the team on the communication was extremely positive and the College is to be congratulated.

<b>2.5 There are publicly available policies on practitioners' CPD record storage, retention, disposal, privacy and access that are implemented consistently.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The College's *Records Retention & Disposal Policy & Procedure* provides the framework for this process and accordingly CPD records would be retained permanently in digital format. This policy is available on the College website.

<b>2.6 The CPD home has systems and processes to allow practitioners to maintain, share and transfer their records to other CPD homes.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The CPD Portal, Integrate, supports the ease of transfer of information for users from one CPD home to another. This is currently in the form of a downloadable spreadsheet, however, there is ongoing development to the system to facilitate further ease of information transfer to another CPD home.

### B.3 Support and guidance

<b>3.1 The CPD home provides guidance and learning resources for practitioners on CPD activities that support them to develop and improve their practice in line with requirements of the CPD program. This includes:</b>			
<ul style="list-style-type: none"><li>• the requirements of the Registration standard: CPD</li><li>• developing culturally safe practice, including guidance on how to seek feedback from patients, their families and communities to review performance and measure outcomes, when appropriate</li><li>• supporting practitioners to address health inequities within their scope(s) of practice</li><li>• maintaining and developing professionalism</li><li>• maintaining and developing ethical practice, and</li><li>• any specialist high-level requirements.</li></ul>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.9, 1.1.10

The College website has a number of resources providing guidance for CPD users and these include:

- *RANZCOG CPD Framework*: Identifies appropriate CPD activities within scope of practice for the three domains (activity types) of Education Activities, Performance Review and Outcome Measurement.
- *CPD Definitions Guide*: Describes each activity in the CPD framework.
- CPD Framework and Activities page: Supports further information for participants about the CPD framework.
- CPD Resources page: Lists CPD approved eLearning modules, webinars and recommended professional reading via login.
- CPD Templates: Assists users to record activity participation under the three domains.

Externally approved CPD activities are available in the Events section of the website. The team heard positive feedback from fellows on extraordinary College staff support to assist with the transition and ensuring records were up to the date in the new Integrate portal. This includes facilitating transfer of manual records into digital records on Integrate, and providing clear documentation and instruction on the transition to the updated Registration Standard.

The team understands the AIDA module is being reviewed and will be updated in line with the MOU signed with AIDA to provide cultural safety and support. The introduction of a new First Nations Cultural Safety module was considered, however, upon reviewing the AIDA suite of cultural safety modules, the College decided to implement these instead. The modules are approved for the CPD program with a discounted enrolment fee negotiated for the CPD program in 2024 for all participants. As part of its Reconciliation Action Plan, there are opportunities for developing CPD tools and resources to support development of culturally safe practice in the clinical context of women's health.

The College is purchasing modules from the Royal College of Obstetricians and Gynaecologists (RCOG) UK to supplement existing eLearning materials, and while the team notes the College does not have the rights to contextualise resources, it will be important for the College to explore ways to ensure an Australian and Aotearoa New Zealand (inclusive of Aboriginal and/or Torres Strait

Islander and Māori peoples) lens is applied to these modules. The College has also created a Cultural Safety and Inclusive Practice online hub that may be referenced as additional support.

<b>3.2 The CPD home identifies practitioners at risk of not meeting the requirements of their CPD program(s) and provides guidance or support to assist them meet the requirements.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.13

The College has a regular process to identify practitioners who are non-compliant and the new Integrate portal includes an automated verification process to select 5% of CPD participants. These participants will be sent regular communication via email until the close of the cycle. Should a participant continue to be non-compliant four weeks after the close of the cycle, they will automatically be selected for verification and continual non-compliance will result in the College CPD and various office bearers from the Fellowship Review, CPD Committee or State and Territory Committee contacting the participant to offer support.

<b>3.3 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support further training.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The CPD Support and Resources page on the College website provides links to resources with further support or advice able to be accessed directly from the College CPD team. CPD participants can access support from the College's CPD team via phone or email, who are able to provide guidance on the appropriate CPD activities and quality of evidence documentation. The Chair and members of the CPD Committee are also available for advice. The *Re-entry to Practice and Retraining Support policy* on the College website guides requests for participants requiring further training.

<b>3.4 The CPD home has publicly available processes to respond to requests for advice on CPD activities to support remediation of practitioners who have been identified as underperforming in a particular area.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	NA

The *Re-entry to Practice and Retraining Support policy* on the College website guides requests for participants requiring remediation or further training. This policy is available for fellows, however, non-fellows who require support may contact the CPD Chair for advice.

#### B.4 Auditing and reporting

<b>4.1 The CPD home audits practitioners' CPD records, assessing the completeness of evidence and educational quality of the activities undertaken, and meets the requirements of the Medical Board of Australia for audit activity.</b>			
<b>Finding</b>	Met	<b>MCNZ Specific Standard (s)</b>	1.1.4

The College provided evidence of a systematic approach to audit. There is evidence the College audits 5% of CPD participants with random selection/pre-selection for verification and those selected will be notified with opportunities to provide documentation to the portal prior to end of cycle. Documents are reviewed by the CPD team to verify minimum requirements for each category and participants are contacted for any clarification required. CPD compliance is built into the Integrate portal in preparation for the 2024 cycle. Verification will be conducted by a member of the CPD team who will review the documentation and there are policies to guide the CPD auditing process for RANZCOG fellows, Associate members, and Educational Affiliates and CPD home participants.

<b>4.2 Reports on compliance are provided to the Medical Board of Australia within six months of each year's end and meet the reporting requirements of the Board.</b>			
<b>Finding</b>	NA	<b>MCNZ Specific Standard (s)</b>	1.1.15

CPD non-compliance is reported to the Medical Board of Australia by 30 June each year. The team acknowledges the College's current overdue CPD process where all overdue CPD participants are provided with support for up to a maximum of eight weeks post the end of the cycle when they are referred to the appropriate Committee, i.e. the Fellowship Review Committee or CPD Committee as guided by the Fellowship Review Committee Policy and CPD Affiliates Requirements Policy. Additional time to complete CPD requirements may be granted by either Committee dependent upon the circumstances. Following the Committee outcome, non-compliance will be immediately reported to the appropriate regulatory body and therefore complies with the mandatory 30 June year.

This criterion will be assessed upon the completion of a full CPD year under the new registration standard.

<b>4.3 Submissions are provided as required to the AMC, demonstrating continuing ability to deliver the CPD program(s) in accordance with the <i>Criteria for AMC Accreditation of CPD Homes</i> and identifying any changes that may affect the CPD home's accreditation.</b>			
<b>Finding</b>	NA	<b>MCNZ Specific Standard (s)</b>	NA

This criterion was not assessed in 2023 and will be reviewed in monitoring submissions from 2024.

## Section C: Assessment against MCNZ-specific standards for assessment and accreditation of recertification programmes

<b>1.1.1 The education provider provides a recertification programme(s) that is available to all vocationally registered doctors within the scope(s) of practice, including those who are not fellows. The education provider publishes its recertification programme requirements and offers a system for participants to document their recertification programme activity.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	1.3, 1.5, 2.1

The CPD program is available to provisional and vocationally registered doctors who are not College fellows. All recertification requirements are published on the College website, with descriptions for the completion of the Annual Conversation and Professional Development Plan as mandatory requirements.

<b>1.1.2 The education provider determines its requirements in consultation with stakeholders and designs its recertification programme to meet Medical Council of New Zealand requirements and accreditation standards.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	1.7, 2.1.1

The College demonstrates consultation with stakeholders in the design of its recertification programme. In relation to requirements for New Zealand practitioners, the College provided evidence of engagement with the following groups to ensure alignment with MCNZ's requirements for vocational practice in Aotearoa New Zealand:

- CPD participants
- New Zealand experts to provide advice on cultural safety
- Medical Council of New Zealand
- Te Whatu Ora
- Health Ministers in Aotearoa New Zealand
- community organisations for women's health.

<b>1.1.3 The education provider's recertification programme(s) requirements define the required participation in activities that maintain and develop the knowledge, skills and performance required for safe and appropriate practice in the relevant scope(s) of practice, this must include the areas of cultural safety, professionalism and ethics.</b>			
<b>Finding</b>	Substantially Met	<b>Related AMC Criterion</b>	1.4, 2.1

The College is developing a CPD framework for cultural safety to provide better learning and assessment activities required for culturally safe practitioners and mapping it to vocational practice. The team reviewed the draft and proficiencies to ensure culturally safe practice was being defined with educational activities identified, and outcomes and performance reviewed. At the time of the assessment, the draft was also under review with the CSSG.

The College's Māori strategy and action plan, Te Rautaki Māori me te Ara Whakamua, provides a focus for culturally safe practice for trainees and fellows. The College responded to feedback from CPD users in Aotearoa New Zealand that Cultural Safety and Health Equity, Professionalism and Ethics needs embedment in all CPD activities. In response, the College has implemented reflective exercises for each CPD entry or activity guided by Cultural Safety and Health Equity, Professionalism and Ethics.

There is reasonable progress being made, however, implementation and monitoring of mandatory requirements from 2024 will be critical to ensure these requirements are met.

<b>1.1.4 The education provider determines the appropriate type of activities under each continuing professional development (CPD) category. It assigns greater weight to activities that evidence shows are most effective in improving a doctor's performance.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.1.1, 4.1

The activities considered most effective in improving performance have been considered by the CPD Committee and assigned a higher weightage in hours – these activities are to be mapped across to the three domains of the CPD Framework. The activities include both RANZCOG programs and external provider programs:

- Practice Visits Aotearoa New Zealand
- Multisource Feedback - external education provider, CFEP
- MIHI Cultural Competence Course – external education provider
- Fetal Surveillance Education Program
- C-Quip program – Colposcopy online learning program
- RACS Operating with Respect Module.

<b>1.1.5 The education provider ensures that in each cycle, participants are required to undertake a mix of activities across all three CPD categories:</b> <b>I. Reviewing and reflecting on practice</b> <b>II. Measuring and improving outcomes</b> <b>III. Educational activities (continuing medical education – CME)</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.1

The College has a process to track the logging of activities and hours against the three categories in this standard to monitor compliance.

<b>1.1.6 The programme requires participants undertake a structured conversation, at least annually, with a peer, colleague, or employer. Providers must offer a process and guidance to support this activity to ensure the greatest benefit is gained from this process.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.1.1

There is a College process to guide participants on undertaking the Annual Conversation which is available on the College website. Recording of the completed activity is undertaken via the CPD Portal. CPD participants record the completion of the Annual conversation under the Performance Review domain, requiring reflection on development needs, goals for learning and professional activities, cultural safety and health inequities with key points for the practitioner's next development plan are also documented.

<b>1.1.7 The programme requires participants to develop and maintain a professional development plan.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.1.1

There is a requirement for participants to complete a professional development plan (PDP), with guidance to plan for the following cycle available from the College website. Participants may utilise an employer-based PDP with the caveat that it provides the opportunity for reflection.

<b>1.1.8 The education provider ensures that cultural safety and a focus on health equity are embedded within and across all the three CPD categories and all other core elements of the recertification programmes. The recertification programme must support participants to meet cultural safety standards.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.1.2

There is evidence of commitment to meet the needs of Māori women's health and embed cultural safety elements across all three CPD categories. Relevant resources are available under Educational Activities with the requirement for reflection as part of the Annual Conversation. The College's Program Level Requirements webpage for Aotearoa New Zealand provides guidance on how CPD requirements relating to culturally safe practice can be embedded within the different domains. The system allows practitioners to identify CPD activities undertaken as having a component of cultural safety.

<b>1.1.9 The education provider makes available a multisource feedback process for participants to voluntarily undertake, should they wish to do so.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	3.1

CFEP has been approved by the College as the external education provider to facilitate multisource feedback. Participants can undertake this process to identify areas of strength and opportunities for professional development through feedback from patients, colleagues, peers and self-assessment. Up to 18 hours (Outcome Measurement) and 17 hours (Performance Review) can be recorded for completing this activity and is available to participants in both Australia and Aotearoa New Zealand.

<b>1.1.10 The education provider makes available a process for collegial practice visits (sometimes referred to as Regular Practice Review) for participants to voluntarily participate in, should they wish to do so.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	3.1



Te Kāhui Oranga ō Nuku manages an annual Practice Visit Program unique to Aotearoa New Zealand and the College for fellows with a confidential review by two of their peers. This program is a Protected Quality Assurance Activity. Fellows of RANZCOG can receive a Practice Visit as part of their continuing professional development. Cultural safety aspects have been included in the review since 2018 and are undergoing review as part of the transition to meet the current cultural safety requirements.

<b>1.1.11 The education provider has a documented process for recognising and crediting appropriate and high quality recertification activities undertaken through another organisation.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	2.2

The *RANZCOG CPD Framework* provides details of the types of activities that are relevant under each domain (type) of CPD (i.e. educational activities, outcome measurement and performance review), along with the accompanying *CPD Framework Definitions Guide* which provides examples of supporting evidence for the activities to guide practitioners on completion of CPD activities. Both documents are publicly available on the College's website.

<b>1.1.12 The education provider ensures there is a method by which review and continuous quality improvement of the recertification programme occurs.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	1.7

The College demonstrates a strong and proactive commitment to continuous improvement of its CPD Program and has implemented regular processes to engage and collaborate with stakeholders. These include:

- A regular review of the CPD program by the CPD College staffed team in collaboration with the Communications team to monitor effectiveness of various communication platforms.
- Regular contact with CPD participants and areas for improvement are reported back to the Health of Learning CPD.
- Access to experts to provide advice on cultural safety, professionalism, and ethics.
- Engagement with the MCNZ, Te Whatu Ora, and Health Ministers in Aotearoa New Zealand.
- Engagement with community organisations for women's health.

These actions have enabled the College to align with the MCNZ's requirements for vocational practice in Aotearoa New Zealand. Fellows and CPD users have similarly communicated to the team on the ease of transition to the MCNZ standards.

<b>1.1.13 The education provider has a process in place for monitoring participation and reviewing whether participants are meeting recertification requirements. The provider defines the categories of participants (for example, Fellows/associates/members) and the number of participants undertaking the recertification programme.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	3.2

The College has a regular process to identify practitioners who are non-compliant and the new Integrate portal includes an automated verification process to select 5% of CPD participants.

These participants will be sent regular communication via email until the close of the cycle. Should a participant continue to be non-compliant four weeks after the close of the cycle, they will automatically be selected for verification and continual non-compliance will result in the College CPD and various office bearers from the Fellowship Review, CPD Committee or Te Kāhui Oranga Ō Nuku contacting the participant to offer support.

<b>1.1.14 The education provider regularly audits the records of programme participants, including completeness of evidence and educational quality. The provider has a process to address participants' failure to satisfy programme requirements. This must include action taken by the provider to encourage compliance/re-engagement, and the threshold and process for reporting continuing non-participation to the Medical Council of New Zealand.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	4.1

There is evidence the College audits 5% of CPD participants with random selection/pre-selection for verification and those selected will be notified with opportunities to provide documentation to the portal prior to end of cycle. Documents are reviewed by the CPD team to verify minimum requirements for each category and participants are contacted for any clarification required. CPD compliance is built into the Integrate portal in preparation for the 2024 cycle. Verification will be conducted by a member of the CPD team who will review the documentation and there are policies to guide the CPD auditing process for RANZCOG fellows, Associate members, and Educational Affiliates and CPD home participants. The audit approach will need to be updated for 2024 to explicitly assess the educational quality of the activities undertaken by those practitioners being audited.

In addition, vocationally registered doctors in Aotearoa New Zealand who do not meet requirements are referred to the CPD chair with a summary report of CPD non-compliance. The CPD Chair then approves reporting to the MCNZ cases of non-compliance. The College does so by 30 June as well.

<b>1.1.15 The education provider reports to the Medical Council of New Zealand as soon as practicable when a participant fails to re-engage and satisfy programme requirements and gives immediate notification of any participant who withdraws from their programme.</b>			
<b>Finding</b>	Met	<b>Related AMC Criterion</b>	4.2

There is evidence the College responds regularly to requests from the MCNZ to verify compliance of vocationally registered doctors in the CPD Program. From the 2024 cycle, the College should have mechanisms to provide immediate notification to the MCNZ on participant withdrawal.

## **Appendix One      Membership of the 2023 AMC Assessment Team**

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**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, BAPPSI (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 Haurua 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**

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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
<b>AUSTRALIAN CAPITAL TERRITORY, NORTHERN TERRITORY, SOUTH AUSTRALIA, TASMANIA &amp; WESTERN AUSTRALIA</b>	
<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 (Hybrid)	Directors, Supervisors and Trainees of Canberra Hospital with Royal Darwin and Royal Adelaide
Tasmania Training Accreditation Committee	Tasmania Training Accreditation Committee
Various Training Sites in Tasmania and Western Australia (Hybrid)	Directors, Supervisors and Trainees of Fiona Stanley and Royal Hobart
<b>NEW SOUTH WALES</b>	
<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 (Hybrid)	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
<b>NEW ZEALAND</b>	
<i>Wednesday 12 July – Professor Ian Civil (Co-Chair) and Professor Papaarangi Reid</i>	
Middlemore Hospital	Supervisors
	Trainees
New Zealand Training Accreditation Committee	New Zealand Training Accreditation Committee
Various Training Sites in New Zealand (North and South Islands) (Virtual)	Chief Medical Officers and Directors of training of various Sites (North and South Islands)
	Supervisors of Christchurch Women's, Hawke's Bay, Southland and Dunedin Hospitals
	Trainees of Christchurch Women's, Hawke's Bay, Southland and Dunedin Hospitals
<b>QUEENSLAND</b>	
<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

Location	Meeting
	Supervisors of Cairns, Townsville and Toowoomba Hospitals
	Trainees of Cairns, Townsville and Toowoomba Hospitals
<b>VICTORIA</b>	
<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
	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

<b>Meeting</b>	<b>Attendees</b>
	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 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

<b>Meeting</b>	<b>Attendees</b>
	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 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



<b>Meeting</b>	<b>Attendees</b>
	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 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

## Appendix Four    Summary of figures and tables

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