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 and Professional Development Programs by the Australian Medical Council 2013, describes AMC requirements for accrediting specialist programs and their education providers.

The education programs and continuing professional development programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists were first accredited by the AMC in 2003. The College was accredited 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). Complementing the introduction of the curriculum has been the development of standards for the reaccreditation of hospitals involved in training of trainees in the Integrated Training Program (Years 1 to 4 inclusive of the training program).

In 2013, an AMC team completed a full reaccreditation assessment of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists’ training programs in obstetrics and gynaecology, the College having completed a cycle of ten years’ accreditation since the last assessment by an AMC team. The Team reported to the 28 October 2013 meeting of the Specialist Education Accreditation Committee. The Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures.

This report presents the Committee’s recommendations, presented to the 21 November 2013 meeting of AMC Directors, and the detailed findings against the accreditation standards.

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.

The AMC’s finding is that the education and training program in obstetrics and gynaecology and the continuing professional development program of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists meet the accreditation standards.
The College is introducing a revised training program in December 2013. The first four years will be known as Core Training (replacing the Integrated Training Program) and the last two years will be known as Advanced Training (replacing the Elective Program). The changes in the revised program largely relate to progression and increased flexibility in training. Trainees will be required to complete all components associated with Core Training before progressing to Advanced Training. Core Training is limited to six years and the completion of the MRANZCOG written and oral examinations is required before progression to Advanced Training.

The revised program will apply to new trainees commencing on or after 1 December 2013. Current trainees will not be disadvantaged by the introduction of the revised training program and may avail themselves of the increased flexibility to be provided in the revised program. The College’s introduction of greater flexibility in training is supported by trainees and supervisors and is commended by the Team.

The regulations for the revised training program have been promulgated and the changes communicated to trainees and supervisors. Core Training will commence in December 2013. Advanced Training will commence in four years’ time and is currently under development. While the Team commended the College’s well-developed plans for the revised training program there are several conditions surrounding the successful implementation of the program over the next few years. In particular, the College will need to clearly define the graduate outcomes that it seeks of Advanced Training before embarking on further work on this project.

The November 2013 meeting of the AMC Directors resolved:

(i) That the Royal Australian and New Zealand College of Obstetricians and Gynaecologists’ training programs in obstetrics and gynaecology and its continuing professional development program be granted accreditation to 31 December 2019, subject to satisfactory progress reports to the AMC.

(ii) That this accreditation is subject to the conditions set out below:

(a) By the 2014 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

4 Clearly define the graduate outcomes of Advanced Training and revise the Attributes of a RANZCOG Fellow document accordingly, before undertaking further development of the Advanced Training Modules. (Standard 2.2.1)

5 Simplify and align the FRANZCOG Curriculum, RANZCOG Training Program Handbook and Attributes of a RANZCOG Fellow documents to make the graduate outcomes of the training program clearer. (Standard 2.2.1)

6 Explicitly articulate the linkages between each learning objective, its associated domain of practice, its teaching and learning strategies and its assessment in the curriculum documents. (Standard 3.1)

7 Finalise the RANZCOG Training Program Handbook for distribution to the first cohort of trainees prior to entry to the program in December 2013. (Standard 3.1)
8 Clearly define the expected learning outcomes for the rural rotation in Core Training to ensure it remains relevant and fit for purpose. (Standard 3.1)

15 Develop assessment tools for the Advanced Training years to achieve the stated objective of ‘building on core and developing higher professional maturity and professionalism’. (Standard 5.1.1)

17 Identify opportunities to increase the involvement of specialists outside obstetrics and gynaecology, midwives and nursing staff in any proposed workplace-based assessment based on formal multisource feedback. (Standard 5.2)

23 Improve feedback to trainees and supervisors on results and follow-ups of trainee surveys. (Standard 6.1)

27 Resolve the reliability issues associated with the way in which referee reports are used for trainee selection. (Standard 7.1.2)

28 Publish the weightings and marking structure for each of the three elements contributing to trainee selection (curriculum vitae, referee reports and interview). (Standard 7.1.3)

29 Formalise the review phase of the College’s reconsideration, review and appeal process to ensure that reviews are conducted impartially and by the group overseeing the original decision-maker. (Standard 7.4.3)

30 Clearly publicise the safeguards for trainees in relation to engaging in the appeal process. (Standard 7.4.3)

32 Revise the Training Supervisor position description to include the need for supervisors to be able to communicate effectively with other health professionals, in addition to trainees, and patients. (Standard 8.1.1)

(b) By the 2015 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

1 Engage diverse stakeholders outside the specialty of obstetrics and gynaecology in College committees and consultations, including community representation on the principal education and training committees. (Standard 1.1.2)

9 Clarify the expectations regarding the maintenance of currency of both obstetric and gynaecological practice whilst undertaking training in subspecialty areas. (Standard 3.2)

18 Monitor the effect of removing the ‘borderline’ category from in-training assessments on the proportion of trainees referred to the Regional Training Accreditation Committee and amend categories if necessary. (Standard 5.2)

19 Increase the training provided for specialists undertaking surgical skills assessment, in-training assessments, clinical supervision and feedback to trainees in order to raise the standard and increase reliability. (Standard 5.3)

20 Enhance the inter-rater reliability of the in-training assessments by providing more regular and constructive feedback to Training Supervisors on their performance. (Standard 5.3)
22 Report on mechanisms for the collection of comprehensive quantitative and qualitative data and regular evaluation and review of the training program by the College’s Evaluation Unit. (Standard 6.1)

24 Develop, implement and review formal mechanisms for seeking and incorporating supervisor feedback in relation to all aspects of the training program. (Standard 6.1.2)

25 Implement mechanisms to collect qualitative information on graduate outcomes. (Standard 6.2.1)

(c) By the 2016 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

2 Develop more active collaborations with related medical colleges internationally and with other medical specialties and other health professions locally especially with respect to surgical skills training and workplace-based assessment. (Standard 1.3.2)

3 Develop formal structures to effectively promote the College’s education, training and continuing professional development programs to jurisdictions. (Standard 1.4.1)

11 Ensure trainees are competent and confident in the core operative skills and procedures necessary for Advanced Training and ultimately specialist practice. (Standard 4.1.1)

13 Implement mechanisms to monitor and address the balance of ‘service’ and ‘training’ activities in the context of restricted working hours to ensure compliance with graduate outcomes and the development toward independent practice. (Standard 4.1.3)

14 In light of a potential lack of opportunities in gynaecological surgery, clarify the requirements regarding completion of advanced surgical skills by the end of Core Training, particularly whether or not trainees will be required to achieve a satisfactory result in all procedures, and update the RANZCOG Training Program Handbook accordingly. (Standard 5.1)

16 Improve feedback on trainees’ day-to-day performance and utilise workplace-based assessments as a formative process following the pilot of the tools in subspecialty training. (Standard 5.2)

21 Review the requirement for In-hospital Clinical Assessments for colposcopy and ultrasound, including consideration of whether intensive assessment of these two areas only is justified or appropriate. (Standard 5.3)

33 Introduce specific training for specialist teachers and workplace-based assessors (other than Training Supervisors) for their teaching and assessment roles. (Standard 8.1.5)
(d) By the 2017 progress report, evidence:

That the College has addressed the following conditions from the accreditation report:

10 In conjunction with the development of the Advanced Training Modules, consider which elements of the subspecialty programs form part of ‘general’ training and which are exclusive to the subspecialty. (Standard 3.2)

12 Develop a full suite of Advanced Training Module resources prior to the first cohort of trainees in the revised training program commencing Advanced Training. (Standard 4.1.2)

26 Implement formal mechanisms for regularly obtaining feedback on the training program from other health care professionals, health care administrators and consumers. (Standard 6.2.2)

31 Evaluate the potential benefit of a mentorship program for all trainees during the training program. (Standard 8.1.1)

34 Optimise the range of public and private training opportunities and the distribution of these opportunities among all trainees. (Standard 8.2.4)

The accreditation conditions in order of standard are detailed in the following table:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Condition:</th>
<th>To be met by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1</td>
<td>1 Engage diverse stakeholders outside the specialty of obstetrics and gynaecology in College committees and consultations, including community representation on the principal education and training committees. (Standard 1.1.2)</td>
<td>2015</td>
</tr>
<tr>
<td></td>
<td>2 Develop more active collaborations with related medical colleges internationally and with other medical specialties and other health professions locally especially with respect to surgical skills training and workplace-based assessment. (Standard 1.3.2)</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>3 Develop formal structures to effectively promote the College’s education, training and continuing professional development programs to jurisdictions. (Standard 1.4.1)</td>
<td>2016</td>
</tr>
<tr>
<td>Standard 2</td>
<td>4 Clearly define the graduate outcomes of Advanced Training and revise the Attributes of a RANZCOG Fellow document accordingly, before undertaking further development of the Advanced Training Modules. (Standard 2.2.1)</td>
<td>2014</td>
</tr>
<tr>
<td></td>
<td>5 Simplify and align the FRANZCOG Curriculum, RANZCOG Training Program Handbook and Attributes of a RANZCOG Fellow documents to make the graduate outcomes of the training program clearer. (Standard 2.2.1)</td>
<td>2014</td>
</tr>
<tr>
<td>Standard 3</td>
<td>6</td>
<td>Explicitly articulate the linkages between each learning objective, its associated domain of practice, its teaching and learning strategies and its assessment in the curriculum documents. (Standard 3.1)</td>
</tr>
<tr>
<td>Standard 3</td>
<td>7</td>
<td>Finalise the RANZCOG Training Program Handbook for distribution to the first cohort of trainees prior to entry to the program in December 2013. (Standard 3.1)</td>
</tr>
<tr>
<td>Standard 3</td>
<td>8</td>
<td>Clearly define the expected learning outcomes for the rural rotation in Core Training to ensure it remains relevant and fit for purpose. (Standard 3.1)</td>
</tr>
<tr>
<td>Standard 3</td>
<td>9</td>
<td>Clarify the expectations regarding the maintenance of currency of both obstetric and gynaecological practice whilst undertaking training in subspecialty areas. (Standard 3.2)</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>In conjunction with the development of the Advanced Training Modules, consider which elements of the subspecialty programs form part of ‘general’ training and which are exclusive to the subspecialty. (Standard 3.2)</td>
</tr>
<tr>
<td>Standard 4</td>
<td>11</td>
<td>Ensure trainees are competent and confident in the core operative skills and procedures necessary for Advanced Training and ultimately specialist practice. (Standard 4.1.1)</td>
</tr>
<tr>
<td>Standard 4</td>
<td>12</td>
<td>Develop a full suite of Advanced Training Module resources prior to the first cohort of trainees in the revised training program commencing Advanced Training. (Standard 4.1.2)</td>
</tr>
<tr>
<td>Standard 4</td>
<td>13</td>
<td>Implement mechanisms to monitor and address the balance of ‘service’ and ‘training’ activities in the context of restricted working hours to ensure compliance with graduate outcomes and the development toward independent practice. (Standard 4.1.3)</td>
</tr>
<tr>
<td>Standard 5</td>
<td>14</td>
<td>In light of a potential lack of opportunities in gynaecological surgery, clarify the requirements regarding completion of advanced surgical skills by the end of Core Training, particularly whether or not trainees will be required to achieve a satisfactory result in all procedures, and update the RANZCOG Training Program Handbook accordingly. (Standard 5.1)</td>
</tr>
<tr>
<td>Standard 5</td>
<td>15</td>
<td>Develop assessment tools for the Advanced Training years to achieve the stated objective of ‘building on core and developing higher professional maturity and professionalism’. (Standard 5.1.1)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>16</td>
<td>Improve feedback on trainees’ day-to-day performance and utilise workplace-based assessments as a formative process following the pilot of the tools in subspecialty training. (Standard 5.2)</td>
<td>2016</td>
</tr>
<tr>
<td>17</td>
<td>Identify opportunities to increase the involvement of specialists outside obstetrics and gynaecology, midwives and nursing staff in any proposed workplace-based assessment based on formal multisource feedback. (Standard 5.2)</td>
<td>2014</td>
</tr>
<tr>
<td>18</td>
<td>Monitor the effect of removing the ‘borderline’ category from in-training assessments on the proportion of trainees referred to the Regional Training Accreditation Committee and amend categories if necessary. (Standard 5.2)</td>
<td>2015</td>
</tr>
<tr>
<td>19</td>
<td>Increase the training provided for specialists undertaking surgical skills assessment, in-training assessments, clinical supervision and feedback to trainees in order to raise the standard and increase reliability. (Standard 5.3)</td>
<td>2015</td>
</tr>
<tr>
<td>20</td>
<td>Enhance the inter-rater reliability of the in-training assessments by providing more regular and constructive feedback to Training Supervisors on their performance. (Standard 5.3)</td>
<td>2015</td>
</tr>
<tr>
<td>21</td>
<td>Review the requirement for In-hospital Clinical Assessments for colposcopy and ultrasound, including consideration of whether intensive assessment of these two areas only is justified or appropriate. (Standard 5.3)</td>
<td>2016</td>
</tr>
<tr>
<td></td>
<td>Report on mechanisms for the collection of comprehensive quantitative and qualitative data and regular evaluation and review of the training program by the College’s Evaluation Unit. (Standard 6.1)</td>
<td>2015</td>
</tr>
<tr>
<td>23</td>
<td>Improve feedback to trainees and supervisors on results and follow-ups of trainee surveys. (Standard 6.1)</td>
<td>2014</td>
</tr>
<tr>
<td>24</td>
<td>Develop, implement and review formal mechanisms for seeking and incorporating supervisor feedback in relation to all aspects of the training program. (Standard 6.1.2)</td>
<td>2015</td>
</tr>
<tr>
<td>25</td>
<td>Implement mechanisms to collect qualitative information on graduate outcomes. (Standard 6.2.1)</td>
<td>2015</td>
</tr>
<tr>
<td>26</td>
<td>Implement formal mechanisms for regularly obtaining feedback on the training program from other health care professionals, health care administrators and consumers. (Standard 6.2.2)</td>
<td>2017</td>
</tr>
<tr>
<td>Standard 7</td>
<td>27</td>
<td>Resolve the reliability issues associated with the way in which referee reports are used for trainee selection. (Standard 7.1.2)</td>
</tr>
<tr>
<td>Standard 7</td>
<td>28</td>
<td>Publish the weightings and marking structure for each of the three elements contributing to trainee selection (curriculum vitae, referee reports and interview). (Standard 7.1.3)</td>
</tr>
<tr>
<td>Standard 7</td>
<td>29</td>
<td>Formalise the review phase of the College’s reconsideration, review and appeal process to ensure that reviews are conducted impartially and by the group overseeing the original decision-maker. (Standard 7.4.3)</td>
</tr>
<tr>
<td>Standard 7</td>
<td>30</td>
<td>Clearly publicise the safeguards for trainees in relation to engaging in the appeal process. (Standard 7.4.3)</td>
</tr>
<tr>
<td>Standard 8</td>
<td>31</td>
<td>Evaluate the potential benefit of a mentorship program for all trainees during the training program. (Standard 8.1.1)</td>
</tr>
<tr>
<td>Standard 8</td>
<td>32</td>
<td>Revise the Training Supervisor position description to include the need for supervisors to be able to communicate effectively with other health professionals, in addition to trainees, and patients. (Standard 8.1.1)</td>
</tr>
<tr>
<td>Standard 8</td>
<td>33</td>
<td>Introduce specific training for specialist teachers and workplace-based assessors (other than Training Supervisors) for their teaching and assessment roles. (Standard 8.1.5)</td>
</tr>
<tr>
<td>Standard 8</td>
<td>34</td>
<td>Optimise the range of public and private training opportunities and the distribution of these opportunities among all trainees. (Standard 8.2.4)</td>
</tr>
</tbody>
</table>

This accreditation decision relates to the College’s programs of study and continuing professional development program in the recognised medical specialty of obstetrics and gynaecology. The fields of specialty practice within the specialty are gynaecological oncology, maternal-fetal medicine, obstetrics and gynaecological ultrasound, reproductive endocrinology and infertility, and urogynaecology.

In 2019, before this period of accreditation ends, the AMC will seek a comprehensive report from the College. The report should address the accreditation standards and outline the College’s development plans for the next four to five years. The AMC will consider this report and, if it decides the College is continuing to satisfy the accreditation standards, the AMC Directors may extend the accreditation by a maximum of four years (to December 2023), 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 nine accreditation standards are summarised below. Only those sub-strengths which are not met or substantially met are listed under each overall finding.

Conditions imposed by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 1 to 5). The Team’s commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards.

<table>
<thead>
<tr>
<th>1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)</th>
<th>This set of standards is MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 1.1.2 (all relevant groups to be represented in decision-making) is substantially met. Standard 1.3.2 (collaborate with other education institutions) is substantially met. Standard 1.4.1 (maintain constructive working relationships with health sector) is substantially met.</td>
<td></td>
</tr>
</tbody>
</table>

Commendations

A  The College’s commitment to adapting its governance, management and programs to meet the current and anticipated challenges in medical education and women’s health.

B  The support given to the College’s education, training and continuing professional development programs by the Board, fellows and dedicated and expert staff.

Recommendations for improvement

AA  Consider a review of the number and structure of standing committees reporting to the Board in order to streamline decision-making and reporting and to reduce the support required of staff. (Standard 1.1.1)

BB  Consider the impact of the departure of the current Chief Executive Officer on the education development capability at the College and redress if necessary. (Standard 1.2.2)

<table>
<thead>
<tr>
<th>2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)</th>
<th>This set of standards is MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 2.2.1 (defined graduate outcomes for each training program) is substantially met.</td>
<td></td>
</tr>
</tbody>
</table>

Commendations

C  The College’s commitment to setting and promoting high standards, as evident in the College’s documentation, in particular the constitution, strategic plan, curricula and handbooks.

D  The continuous renewal of College programs to rectify deficiencies in graduate outcomes and to meet changing needs, with wide consultation and response to feedback, and consultation tailored to the initiative and the circumstances.

Recommendations for improvement

Nil.
3. The Education and Training Program – Curriculum Content
   (framework; structure, composition and duration; research in the training program and continuum of learning)

This set of standards is SUBSTANTIALLY MET

Standard 3.1 (curriculum framework) is substantially met. Standard 3.2 (curriculum structure, composition and duration) is substantially met.

Commendations

E  The clear separation of Core and Advanced Training in the revised training program which will assist trainees and supervisors in managing expectations during training.

F  The proactive approach to the development of academic practice through the introduction of the FRANZCOG Academic Stream, for those wishing to undertake a PhD during training, and the development of online research modules to support teaching/learning in research.

G  The flexibility of the revised training program which acknowledges the gender distribution of the trainees and accommodates the diverse needs of trainees as they progress through the program.

Recommendations for improvement

CC  Further consider the area of cultural competence, and the introduction of detailed learning and associated assessment activities taking account of population diversity and the culturally-embedded nature of attitudes to women’s health and gynaecological and obstetric treatments. (Standard 3.1)

DD  In the curriculum or associated documentation, provide guidance to Integrated Training Program Co-ordinators, Training Supervisors and trainees on the expected sequencing of teaching/learning activities along the ‘novice-to-expert’ continuum. (Standard 3.2.1)

EE  Further explain to trainees the broad range of options for completion of the research learning outcomes in the revised curriculum. (Standard 3.3)

FF  Engage more actively with undergraduate and prevocational medical education and training bodies to better contribute to articulation between the specialist training program and the other stages of the medical education continuum. (Standard 3.5)

4. The Training Program – Teaching and Learning

This set of standards is MET

Standard 4.1.1 (practice-based teaching and learning) is substantially met. Standard 4.1.2 (practical and theoretical instruction) is substantially met. Standard 4.1.3 (increasing degree of independence) is substantially met.

Commendations

H  The overall quality of teaching provided by clinical teachers and supervisors.
The high quality e-learning resources available via CLIMATE (Curriculum Lead Internet Managed Accessible Training Environment) and mobile access to resources and blogs on smart phones and tablets.

The plans for the simulation training pilot in New Zealand in 2014 which aims to provide trainees with access to regular, high volume elective gynaecological surgery experience.

**Recommendations for improvement**

GG  Consider a more formal approach to negotiating trainee access to procedures performed in the private sector, and to assessing the scope and quality of training undertaken in the private sector. (Standard 4.1.1)

HH  Negotiate with other educational providers to enable wider access to electronic journals. (Standard 4.1.2)

II  Explore the development of a generic obstetrics and gynaecology orientation program to compliment the local orientation program in each hospital. (Standard 4.1.2)

JJ  Address the issues of functionality experienced by trainees accessing the CLIMATE (Curriculum Lead Internet Managed Accessible Training Environment) modules and College website. (Standard 4.1.2)

KK  Implement simulation training as part of Core Training. (Standard 4.1.2)

LL  Review and define the training opportunities within the Australasian Gynaecological Endoscopy and Surgery Society program for RANZCOG advanced trainees. (Standard 4.1.3)

5. The Curriculum – Assessment of Learning (assessment approach, feedback and performance, assessment quality, assessment of specialists trained overseas)

<table>
<thead>
<tr>
<th>This set of standards is SUBSTANTIALLY MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 5.1 (assessment program reflects the educational objective) is substantially met. Standard 5.2 (performance feedback) is substantially met. Standard 5.3 (assessment quality) is substantially met.</td>
</tr>
</tbody>
</table>

**Commendations**

K  The regular formative and summative assessments by Training Supervisors for all trainees provide strong feedback and assist with the achievement of training goals.

L  The well-run examinations and the regular College reviews of standards as well as the enactment of change in relation to the quality of the examinations.

M  The well-developed process for the training of examiners which ensures consistency of assessment for the written and oral examinations.

N  The initiative to provide both successful and unsuccessful trainees with feedback on their performance following the examinations.

O  The provision of examination question examples to all trainees via the website and *O&G Magazine* which ensures that trainees are fully informed regarding the standard expected in the written examination.
Recommendations for improvement

MM Monitor and provide support to trainees who are having difficulty completing the MRANZCOG written and oral examinations and who are in ‘interrupted’ training. (Standard 5.2)

NN Consider reviewing the allocation of marks for the global score within the MRANZCOG oral examination to ensure that it provides added value in differentiating candidates and modify if necessary. (Standard 5.3)

OO Revise the letter to specialist international medical graduate applicants who are deemed not comparable to an Australian-trained specialist during the College’s interview process to explicitly state the reasons for the decision. (Standard 5.4)

6. The Curriculum – Monitoring and Evaluation
(Monitoring, outcome evaluation)

<table>
<thead>
<tr>
<th>This set of standards is</th>
<th>SUBSTANTIALLY MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 6.1 (ongoing monitoring)</td>
<td>is substantially met. Standard 6.2 (outcome evaluation) is substantially met.</td>
</tr>
</tbody>
</table>

Commendations

P The extensive consultation undertaken as part of the review of the training program which included communication with trainees, supervisors, fellows and key external stakeholders.

Q The development of a formal evaluation framework which is supported by a dedicated unit.

R The move towards mandatory six-monthly trainee surveys as part of the revised training program which will allow for systematic collection of feedback on training supervision and clinical experiences.

Recommendations for improvement

PP Develop methods of individual feedback to Training Supervisors. (Standard 6.1.3)

<table>
<thead>
<tr>
<th>This set of standards is</th>
<th>MET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 7.1.2 (processes for selection into the training program)</td>
<td>is substantially met. Standard 7.1.3 (publishes its selection criteria) is substantially met. Standard 7.4.3 (reconsideration, review and appeals processes) is substantially met.</td>
</tr>
</tbody>
</table>

Commendations

S The College’s structured bi-national process for selection into the Integrated Training Program. The application process is clearly communicated to prospective trainees and trainee representatives are included on selection panels.
The College’s allocation of new trainees to Integrated Training Programs that specify the order and location of training rotations, facilitating a predictable progression through training.

The College consultation with its Trainees’ Committee prior to implementing changes to its education and training programs, and the integration of trainee representatives across a broad range of College decision-making bodies.

The development of an online forum for trainees.

Recommendations for improvement

QQ Provide resources and mentorship for the Trainees’ Committee to develop a more strategic role within the College. (Standard 7.2)

RR Modify the terms of reference of the Trainees’ Committee to facilitate peer election to the role of Chair and eliminate voting by non-representative members, including fellows. (Standard 7.2)

SS Improve the functionality of the trainee email system. (Standard 7.3)

TT Prioritise the development of an e-portfolio system in order to provide timely and correct information to trainees about their training status, and minimise problems associated with misplaced documentation. (Standard 7.3)

UU Continuously evaluate the College appeal process to maintain ongoing robustness while also seeking to contain costs to users. (Standard 7.4.3)

<table>
<thead>
<tr>
<th>8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)</th>
<th>This set of standards is MET</th>
</tr>
</thead>
</table>

Standard 8.1.1 (defined responsibilities of practitioners who contribute to training) is substantially met. Standard 8.1.5 (evaluates effectiveness of its assessors/examiners) is substantially met. Standard 8.2.4 (ensure capacity of health care system is effectively used) is substantially met.

Commendations

W The commitment and enthusiasm demonstrated by Training Supervisors, Integrated Training Program Co-ordinators, assessors and examiners and the College’s support for them.

X Promulgation of clear and detailed documentation articulating the requirements and processes related to the accreditation of training sites, including those for subspecialty training.

Recommendations for improvement

VV Consider mandating completion of the clinical supervision and training e-modules for Training Supervisors and Integrated Training Program Co-ordinators. (Standard 8.1.2)

WW Consider accrediting/reaccrediting networks of training facilities rather than individual sites or posts. (Standard 8.2)
| 9. Continuing Professional Development (programs, retraining and remediation) | This set of standards is MET |

**Commendations**

Nil.

**Recommendations for improvement**

ZZ. Consider publishing an explicit statement of the College’s standard for continuing professional development for specialist obstetricians and gynaecologists. (Standard 9.1.5)