

# Royal Australian and New Zealand College of Obstetricians and Gynaecologists

## 2019 Comprehensive Report for extension of accreditation

Specialist Education Accreditation Committee  
November 2019



## Contents

1. Introduction .....	3
1.1 <i>The process for comprehensive report for extension of accreditation</i> .....	3
1.2 <i>Decision on accreditation</i> .....	3
2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists... 4	
2.1 <i>Accreditation history</i> .....	4
2.2 <i>Royal Australian and New Zealand College of Obstetricians and Gynaecologists Comprehensive Report</i> .....	4
2.3 <i>Royal Australian and New Zealand College of Obstetricians and Gynaecologists executive summary to comprehensive report</i> .....	5
3. AMC Findings .....	9
3.1 <i>Summary of findings against the standards</i> .....	9
3.2 <i>Detailed findings against the standards</i> .....	9

# 1. Introduction

## 1.1 The process for comprehensive report for extension of accreditation

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 2018*, describes AMC requirements for accrediting specialist programs and their education providers.

Depending on the outcome of an assessment visit, the AMC can consider requests for extension of accreditation via a comprehensive report. In submitting a comprehensive report, the education provider is expected to provide evidence it continues to meet the accreditation standards, and has maintained its standard of education and of resources.

Comprehensive reports require self-reflection, analysis of performance against the accreditation standards, and an outline of the challenges facing the college over the period of the possible extension of the accreditation. Without this assessment, the AMC does not have the evidence to determine if the college will meet the standards for the next period.

The AMC considers the submissions from the trainee committee and stakeholders along with college comprehensive reports.

If, on the basis of the report, the Specialist Education Accreditation Committee decides the education provider and the program of study continue to satisfy the accreditation standards it may recommend to the AMC Directors to extend the accreditation of the education provider and its program.

The extension of accreditation is usually for a period of three or four years, taking education providers to the full period of accreditation of ten years granted by the AMC between reaccreditation assessments. Following this extension, the provider and its programs undergo a reaccreditation assessment.

The AMC and the Medical Council of New Zealand work collaboratively to streamline the assessment of education providers which provide specialist medical training in Australia and New Zealand, and both have endorsed the accreditation standards. The two Councils have agreed to a range of measures to align the accreditation processes, resulting in joint accreditation assessments, joint progress and comprehensive reporting, and aligned accreditation periods. The AMC will continue to lead the accreditation process.

## 1.2 Decision on accreditation

Under the Health Practitioner Regulation National Law, the AMC can accredit a program of study if it is reasonably satisfied that:

- (a) the program of study, and the education provider that provides the program of study, meet the accreditation standard; or
- (b) the program of study, and the education provider that provides the program of study, substantially meet the 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.

Based on the comprehensive report provided, the AMC finds that the College and its programs meet the accreditation standards.

The November 2019 meeting of the AMC Directors resolved:

- (i) to grant an extension of the accreditation of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists training and education programs and the

continuing professional development programs in the specialty of obstetrics and gynaecology by four years to 31 March 2024.

## 2. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

### 2.1 Accreditation history

The College's training programs were first accredited by the AMC in 2003.

An overview of the College's accreditation and monitoring history is provided below:

2003: accreditation assessment	Accreditation granted until December 2009
2009: Comprehensive Report	Accreditation extended to December 2013
2013: Reaccreditation assessment	Accreditation granted until 31 December 2019, subject to monitoring requirements. 34 were set conditions on accreditation. Comprehensive report due in 2019.
2014 to 2018 Progress Reports	2014: 15 conditions satisfied and closed 2015: 12 conditions satisfied and closed 2016: 4 conditions satisfied and closed 2017: 3 conditions satisfied and closed 2018: nil conditions remain
2019: Comprehensive Report	Accreditation extended to 31 March 2024

A copy of the 2013 Royal Australian and New Zealand College of Obstetricians and Gynaecologists accreditation report can be found [here](#).

### 2.2 Royal Australian and New Zealand College of Obstetricians and Gynaecologists Comprehensive Report

In its 2019 comprehensive report the College was asked to provide a report against the standards. No accreditation conditions remained to be addressed.

The following was to be addressed for each standard:

1. **Analysis of strengths and challenges, and significant developments undertaken or planned.**
  - identification and assessment of factors that could influence the achievement of the college's goals over the next five years
  - a short summary of major developments since the last accreditation assessment
  - description of the college's development plans for the next five years, and significant milestones for their implementation.

- Any matters that may affect the accreditation status of the programs, such as a change to capacity to meet the accreditation standards, or any change that may meet the definition of a major change to the program.

## 2. Statistics and annual updates

### 2.3 Royal Australian and New Zealand College of Obstetricians and Gynaecologists executive summary to comprehensive report

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) submitted its Comprehensive Report to the Australian Medical Council (AMC) for consideration in September 2019. The report covers the period September 2018 through to the end of August 2019.

The College is currently in various stages of evaluating and implementing several large projects throughout the Education and Training Directorate. Many of the developments are in the first or second phase of their project lifecycle and include the first phase (2018–2019) of a Curriculum Review.

This Executive Summary provides an overview of activities relating to each of the ten standards comprising the AMC's *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council 2015*.

#### Standard 1: The context of training and education

- The College has undertaken a significant governance review of the composition of its committees. Delegation of committee decision-making was revised, with routine and administrative tasks delegated to staff and other decision-making delegated to committees. The Board retains direct responsibility for key committees with specific legal, financial, risk or strategic responsibilities, and approval of Regulation revisions.
- Two new Board positions were approved in 2019, currently pending Constitutional consultation and approval but confirmed to include a Diplomate and an external governance subject matter expert.
- The College initiated a Constitutional review in 2019.
- A risk management online system was introduced in August 2019 to enable supervisor reporting between business units, committees and the Board.
- In September 2018, RANZCOG launched the new 'RANZCOG Innovate Reconciliation Action Plan' (RAP). The RAP reflects the College's intention to create opportunities within the specialty and our organisation for Aboriginal and Torres Strait Islander peoples and to provide our Fellows and Trainees with a quality training program, delivered with cultural integrity.

#### Standard 2: The outcomes of specialist training and education

- The RANZCOG Strategic Plan 2019–2022 was released in 2019. The Vision and Mission of the College have been revised as follows:  
Revised Vision: *Delivery of excellence and equity in women's health.*  
Revised Mission: *To be the leader in education, training and advocacy in obstetrics and gynaecology.*
- The Strategic Plan incorporates a focus to promote and demonstrate cultural diversity and cultural safety for Aboriginal, Torres Strait Islanders and Māori peoples.

### **Standard 3: The specialist medical training and education framework**

- The College has initiated a comprehensive curriculum review that will encompass all current RANZCOG training programs, curricula, assessments and regulations. The review will ensure that curricula remain fit for purpose and have graduate outcomes that will provide skills, knowledge and attributes appropriate for specialists into the future.

The initial phase of the review (mid-2018 to mid-2019) focused on gathering information about current challenges, and researching and reviewing 'best practice' models, across four key focus areas:

- Entry/Exit points (Selection/completion – exit options)
- Training (Structure/Requirements)
- Curriculum (including Domains /Structure/Format/Content)
- Assessment (Examinations, Workplace-Based Assessments)

The curriculum project is estimated to take between 4-5 years to complete and implement.

- All trainees commencing training from 1 December 2018 must now undertake cultural competency training.
- The Ultrasound Training Working Group has implemented a number of recommendations designed to strengthen the training delivery and assessment of ultrasound skills and knowledge.
- RANZCOG has launched the Prevocational Pathway (PVP), which provides structured learning opportunities to prevocational doctors interested in a career in obstetrics and gynaecology.

### **Standard 4: Teaching and learning methods**

- The CLIMATE Learning Management System (LMS) has been revised, and new and updated learning modules launched, including modules for long acting reversible contraception, abortion, STI and endometriosis.
- The College has worked with the Foundation for Alcohol Research and Education (FARE) to update content of the 'Women Want to Know' modules. A promotional campaign to raise awareness of the modules was also run in 2018.

### **Standard 5: Assessment of learning**

- The College has partnered with Pearson VUE to conduct computer-based testing for short answer question and multiple-choice question examinations, including contingency plans in case of system failure.
- In late 2018 RANZCOG created several Specialist Advisor roles, including the Specialist Adviser – Assessment, who is responsible for the provision of professional advice on assessment and strategic education matters, and monitor trends in obstetrics and gynaecology and medical education.
- In July 2018, the RANZCOG Education Strategy Committee and RANZCOG Board approved the proposal that the term 'Core' training used to describe the first four years of RANZCOG training be phased out and replaced with the term 'Basic' training. The intention is to clarify that this training is designed to develop basic skills across a broad scope of practice.
- A working group has been formed to review current examiner training processes.
- In 2018, new purpose-built facilities at Adelaide Health Simulation, University of Adelaide were successfully piloted for delivery of the DRANZCOG Advanced Oral Examination. This

examination will continue to be delivered at the facilities from 2019, and the use of the facility is now being considered for the larger scale FRANZCOG oral examinations and the Subspecialty oral examinations.

#### **Standard 6: Monitoring and evaluation**

- The Education and Training Directorate has commenced a comprehensive review of current evaluation systems with a view to developing a robust evaluation framework which can service the needs of the Trainees and supervisors by identifying areas for improvement, innovation and general quality improvement initiatives.
- The RANZCOG Curriculum Review Expert Advisory Panel is developing overarching design principles as part of the FRANZCOG training program review.

#### **Standard 7: Issues relating to trainees**

- Improvements to My.RANZCOG, the College's online portfolio for recording, reporting, tracking, and administering the FRANZCOG Training Program, are planned for the coming year.
- The College's commitment to investing in the Trainee Support Unit (TSU) has been received positively by the trainee group.
- In the past year the following updates have been made to the FRANZCOG Trainee Selection Process:
  - The single selection fee used in previous cycles has now been divided into two part-payments, reducing the financial impact of the process on applicants who do not progress through to interview or on to selection.
  - Clinical experience outside of obstetrics and gynaecology is now acknowledged and scored as part of the online CV/application (being trialled in the 2019 cycle).
  - Successful applicants who are unable to secure employment at their allocated site will now return to the merit list for matching in the event of a vacancy becoming available.
  - The eligible period for sites that are contacted for Institutional Referencing has been reduced from 24 months to 18 months. An applicant must now have worked at a site for a minimum of six months within 18 months prior to August of the year of application.

#### **Standard 8: Implementing the training program – delivery of educational resources**

- An Accreditation Working Group has been convened. The Working Group's purpose is to develop a model of re-accreditation that supports a Quality Improvement (QI) approach while reviewing the existing re-accreditation, quality assurance, and QI processes, as a means of creating efficiencies, increasing transparency and improving the effectiveness of the accreditation processes across the FRANZCOG training programs.
- The College has updated the *Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program* booklet to improve hospital accreditation processes.

#### **Standard 9: Continuing professional development, further training and remediation**

- A proposal for a revised CPD Framework was endorsed by the CPD Committee and approved by the RANZCOG Board in July 2018. The RANZCOG CPD Unit is currently working to transition Fellows to the online framework which was implemented on 1 July 2019.
- Further revisions to the CPD program will be made if required to align with any changes to the Medical Board of Australia's final Professional Performance Framework.

## **Standard 10: Assessment of specialist international medical graduates**

- The College has now implemented all responses to the findings of the Deloitte review, including revision of interview vignettes, documenting processes for advising the MBA of concerns identified during assessment, clarification of the SIMG fee schedule and shorter timeframes for decision-making.
- The SIMG Committee has introduced assessor workshops and an SIMG mentoring program which aims to strengthen the support network for SIMGs and their assessors.
- Review of the current SIMG assessment pathways is nearing completion: key recommendations which have been approved and are being implemented are:
  - The creation of a dual assessment process for SIMGs who hold both specialist and subspecialist international qualifications are therefore applying for assessment on both the Generalist and the Subspecialist & Common Scope pathways.
  - The creation of a dedicated assessor list for assessment of subspecialist applications, to support the ongoing standardisation of assessor selection and training and to continue to improve the efficiency and timeliness of the subspecialist assessment process.
  - Revision and clearer documentation of the criteria for assessing subspecialist applications
- The College is currently investigating changes to the ways in which interview timing is determined, to ensure a balance between the ensuring sustainability of the resource-intensive interview process and providing fair and reasonable timeframes for applicants.



### 3. AMC Findings

#### 3.1 Summary of findings against the standards

The findings against the ten accreditation standards are summarised in the table below. Explicit feedback is available on each standard under 3.2.

Standard	Finding in 2013 (including any requirements substantially met or not met)	Finding in 2019
1. Context of Education and Training	Met (Standards 1.1.2, 1.3.2 and 1.4.1 substantially met)	Met
2. Outcomes of specialist training and education	Met (Standard 2.2.1 substantially met)	Met
3. The specialist medical training and education framework	Substantially Met (Standards 3.1 and 3.2 substantially met)	Met
4. Teaching and learning methods	Met (Standards 4.1.1, 4.1.2 and 4.1.3 substantially met)	Met
5. Assessment of learning	Substantially Met (Standards 5.1, 5.2 and 5.3 substantially met)	Met
6. Monitoring and evaluation	Substantially Met (Standards 6.1 and 6.2 substantially met)	Met
7. Issues relating to trainees	Met (Standards 7.1.2, 7.1.3 and 7.4.3 substantially met)	Met
8. Implementing the training program – delivery of educational resources	Met (Standards 8.1.1, 8.1.5 and 8.2.4 substantially met)	Met
9. Continuing professional development, further training and remediation	Met	Met
10. Assessment of specialist international medical graduates	Met	Met

#### 3.2 Detailed findings against the standards

Providers must satisfy conditions on accreditation in order to meet the relevant accreditation standard. The AMC provides feedback on the conditions using the following:

**Unsatisfactory**      *The College may not meet the related accreditation standard and AMC should investigate further.*

**Not Progressing**      *No progress or overly slow progress given the timeframe on the condition.*

**Progressing**      *Indicates satisfactory progress against the condition, with further reporting necessary.*

**Satisfied**      *The College has satisfied all requirements and can cease reporting against the condition. Condition is marked as closed.*

## Standard 1: The context of training and education

Areas covered by this standard: governance of the college; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.

<b>Summary of accreditation status</b>	2018: Met	2019: Met
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### College developments against Standard 1

The College has undertaken a significant governance review of the composition of its committees in order to streamline and improve the decision-making processes. This review was completed in two phases. Both phases one and two of the governance review are now complete.

The College has initiated a Constitutional review in 2019.

The RANZCOG Innovate Reconciliation Action Plan (RAP) launched in September 2018, which builds on in the College's Reflect RAP.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
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)	2015	Satisfied
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)	2016	Satisfied
3 Develop formal structures to effectively promote the College's education, training and continuing professional development programs to jurisdictions. (Standard 1.4.1)	2016	Satisfied

## Standard 2: The outcomes of specialist training and education

Areas covered by this standard: educational purpose of the educational provider; and, program and graduate outcomes

Summary of accreditation status	2018: Met	2019: Met
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### College developments against Standard 2

The RANZCOG Strategic Plan 2019–2022 was released in 2019. The Vision and Mission of the College have been revised to:

Revised Vision: *Delivery of excellence and equity in women's health.*

Revised Mission: *To be the leader in education, training and advocacy in obstetrics and gynaecology.*

The Strategic Plan incorporates a focus to promote and demonstrate cultural diversity and cultural safety for Aboriginal, Torres Straight Islanders and Māori peoples.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
4 Clearly define the graduate outcomes of Advanced Training and revise the <i>Attributes of a RANZCOG Fellow</i> document accordingly, before undertaking further development of the Advanced Training Modules. (Standard 2.2.1)	2014	Satisfied
5 Simplify and align the <i>FRANZCOG Curriculum</i> , <i>RANZCOG Training Program Handbook</i> and <i>Attributes of a RANZCOG Fellow</i> documents to make the graduate outcomes of the training program clearer. (Standard 2.2.1)	2014	Satisfied

### Standard 3: The specialist medical training and education framework

Areas covered by this standard: curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure

Summary of accreditation status	2018: Met	2019: Met
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#### College developments against Standard 3

The College is currently undertaking a review of all its Training Program curricula to ensure that they remain fit for purpose and have graduate outcomes that will provide skills, knowledge and attributes appropriate for specialists into the future.

All trainees commencing training from 1 December 2018 must now undertake cultural competency training. The Prevocational Pathway (PVP) launched in September 2018 to provide structured learning opportunities to prevocational doctors interested in a career in obstetrics and gynaecology.

#### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
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)	2014	Satisfied
7 Finalise the <i>RANZCOG Training Program Handbook</i> for distribution to the first cohort of trainees prior to entry to the program in December 2013. (Standard 3.1)	2014	Satisfied
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)	2014	Satisfied
9 Clarify the expectations regarding the maintenance of currency of both obstetric and gynaecological practice whilst undertaking training in subspecialty areas. (Standard 3.2)	2015	Satisfied
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)	2017	Satisfied

## Standard 4: Teaching and learning methods

Areas covered by this standard: teaching and learning approach and methods

Summary of accreditation status	2018: Met	2019: Met
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### College developments against Standard 4

The College's Prevocational Pathway (PVP) launched in September 2018 to provide structured learning opportunities to prevocational doctors interested in a career in obstetrics and gynaecology.

The CLIMATE Learning Management System (LMS) has been revised and, new and revised learning modules launched which includes the long acting reversible contraception, abortion, STI and endometriosis modules.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
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)	2016	Satisfied
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)	2017	Satisfied
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)	2016	Satisfied

## Standard 5: Assessment of learning

Areas covered by this standard: assessment approach; assessment methods; performance feedback; assessment quality

<b>Summary of accreditation status</b>	2018: Met	2019: Met
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### College developments against Standard 5

The College has partnered with Pearson VUE to conduct computer-based testing for short answer question and multiple-choice question examinations, including contingency plans in case of system failure.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
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)	2014	Satisfied
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)	2016	Satisfied
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)	2014	Satisfied
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)	2015	Satisfied
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)	2015	Satisfied
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)	2015	Satisfied
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)	2016	Satisfied

## Standard 6: Monitoring and evaluation

Areas covered by this standard: program monitoring; evaluation; feedback, reporting and action

<b>Summary of accreditation status</b>	2018: Met	2019: Met
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### College developments against Standard 6

The RANZCOG Curriculum Review Expert Advisory Panel is developing overarching design principles as part of the FRANZCO training program review.

RANZCOG has engaged in a review evaluating data and reporting needs across the entire Education and Training Directorate.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
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)	2015	Satisfied
23 Improve feedback to trainees and supervisors on results and follow-ups of trainee surveys. (Standard 6.1)	2014	Satisfied
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)	2015	Satisfied
25 Implement mechanisms to collect qualitative information on graduate outcomes. (Standard 6.2.1)	2015	Satisfied
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)	2017	Satisfied

## Standard 7: Issues relating to trainees

Areas covered by this standard: admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes

<b>Summary of accreditation status</b>	2018: Met	2019: Met
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### College developments against Standard 7

My.RANZCOG was launched in 2016 and is an online portfolio for recording, reporting, tracking, and administering the FRANZCOG Training Program for all stakeholders. Stakeholders include Trainees, supervisors, regional Training Accreditation Committee chairs, in-hospital consultants/specialist, and College staff. Improvements are planned for the coming year.

The College has made changes to the selection process including splitting of fees, clinical exposure outside O&G, and institutional references.

The College's commitment to investing in the Trainee Support Unit (TSU) has been received positively by the trainee group.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
27 Resolve the reliability issues associated with the way in which referee reports are used for trainee selection. (Standard 7.1.2)	2014	Satisfied
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)	2014	Satisfied
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)	2014	Satisfied
30 Clearly publicise the safeguards for trainees in relation to engaging in the appeal process. (Standard 7.4.3)	2014	Satisfied



## Standard 8: Implementing the training program – delivery of educational resources

Areas covered by this standard: supervisory and educational roles and training sites and posts

Summary of accreditation status	2018: Met	2019: Met
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### College developments against Standard 8

An Accreditation Working Group has been convened with the purpose to develop a model of re-accreditation that supports Quality Improvement.

The College has updated the Accreditation Standards and Guidelines for Hospitals in the FRANZCOG Training Program booklet to improve hospital accreditation processes.

### Activity against Conditions from 2013 accreditation report

Condition:	Year to be met:	2019 Status:
31 Evaluate the potential benefit of a mentorship program for all trainees during the training program. (Standard 8.1.1)	2017	Satisfied
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)	2014	Satisfied
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)	2016	Satisfied
34 Optimise the range of public and private training opportunities and the distribution of these opportunities among all trainees. (Standard 8.2.4)	2017	Satisfied

## **Standard 9: Continuing professional development, further training and remediation**

Areas covered by this standard: continuing professional development; further training of individual specialists; remediation

<b>Summary of accreditation status</b>	2018: Met	2019: Met
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### **College developments against Standard 9**

A proposal for a revised CPD Framework was endorsed by the CPD Committee and approved by the RANZCOG Board in July 2018. The RANZCOG CPD Unit is currently working to transition Fellows to the online framework to which was implemented on 1 July 2019.

### **Activity against Conditions from 2013 accreditation report**

Nil Conditions on accreditation.

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## Standard 10: Assessment of specialist international medical graduates

Areas covered by this standard: assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

Summary of accreditation status	2018: Met	2019: Met
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### College developments against Standard 10

The SIMG Committee has introduced assessor workshops and an SIMG mentoring program which aims to strengthen the support network for SIMGs and their assessors.

The College review of the current SIMG assessment pathways is nearing completion and a set of recommendations have been confirmed. Key recommendations which have been approved and are being implemented are:

- The creation of a dual assessment process for SIMGs who hold both specialist and subspecialist international qualifications are therefore applying for assessment on both the Generalist and the Subspecialist & Common Scope pathways.
- The creation of a dedicated assessor list for assessment of subspecialist applications, to support the ongoing standardisation of assessor selection and training and to continue to improve the efficiency and timeliness of the subspecialist assessment process.
- Revision and clearer documentation of the criteria for assessing subspecialist applications

### Activity against Conditions from 2013 accreditation report

Nil Conditions on accreditation.

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