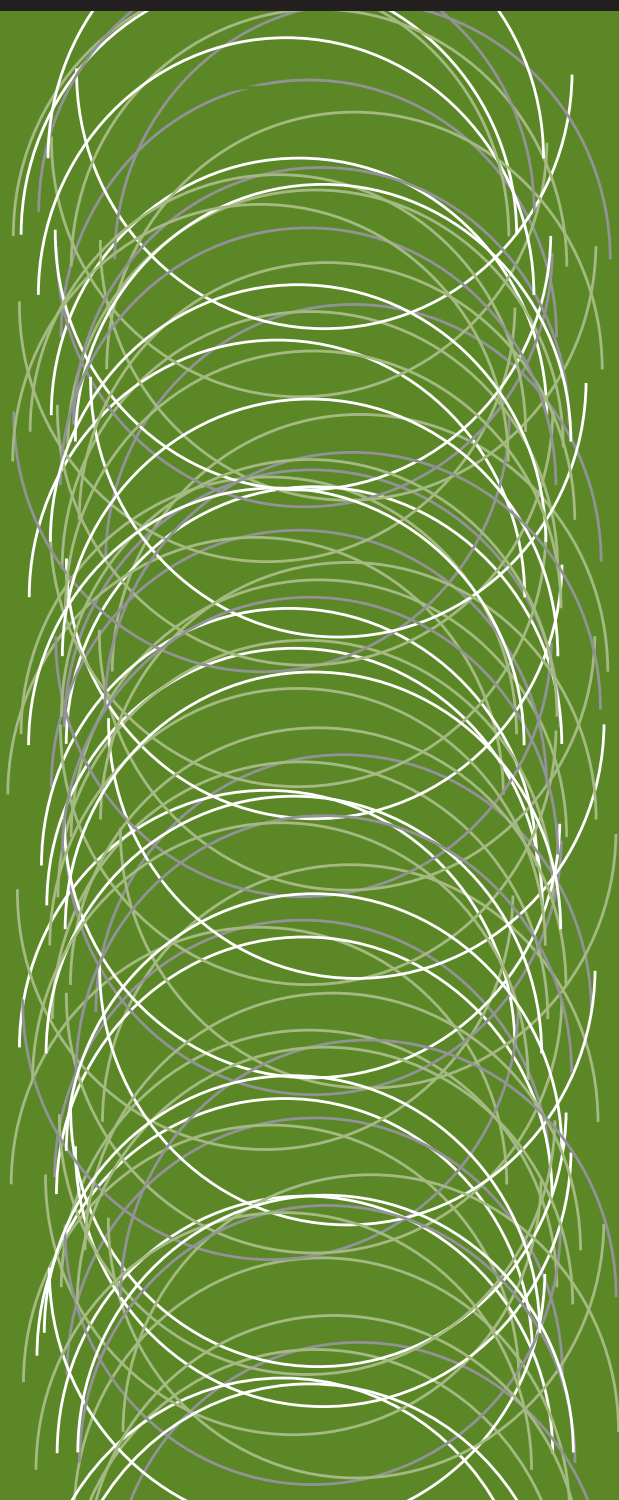


Australian Medical Council Limited

Accreditation Report: The Education and Training Programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists

AMC



Specialist Education Accreditation Committee
November 2013

August 2016

Edition 1 – Digital

ABN 97 131 796 980

ISBN 978-1-938182-48-8

Copyright for this publication rests with the
Australian Medical Council Limited

Australian Medical Council Limited
PO Box 4810
KINGSTON ACT 2604

Email: amc@amc.org.au
Home page: www.amc.org.au
Telephone: 02 6270 9777
Facsimile: 02 6270 9799

Contents

Executive Summary: Royal Australian and New Zealand College of Obstetricians and Gynaecologists	1
Introduction: The AMC accreditation process	15
The process for accreditation of specialist medical education and training.....	15
Assessment of the programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists	16
Australian Medical Council and Medical Council of New Zealand relationship	18
Appreciation	18
1 The context of education and training	19
1.1 Governance	19
1.2 Program management	21
1.2.1 <i>Team findings</i>	22
1.3 Educational expertise and exchange	23
1.3.1 <i>Team findings</i>	24
1.4 Relationships to promote education, training and professional development of specialists	24
1.4.1 <i>Team findings</i>	25
1.5 Continuous renewal	25
1.5.1 <i>Team findings</i>	26
2 Organisational purpose and outcomes of the training programs.....	27
2.1 Organisational purpose	27
2.1.1 <i>Team findings</i>	29
2.2 Graduate outcomes.....	29
2.2.1 <i>Team findings</i>	30
3 The education and training program – curriculum content	31
3.1 Curriculum framework, structure and duration including the additional MCNZ criteria: Cultural Competence	31
3.1.1 <i>Current training program</i>	32
3.1.2 <i>Revised training program</i>	35
3.1.3 <i>Cultural competence</i>	36
3.1.4 <i>Team findings</i>	37
3.2 Subspecialties and joint training programs	38
3.2.1 <i>Team findings</i>	39
3.3 Research in the training program	39
3.4 Flexible training and recognition of prior learning	41
3.4.1 <i>Team findings</i>	42
3.5 The continuum of learning.....	42
3.5.1 <i>Team findings</i>	43
4 Teaching and learning methods.....	45
4.1 Practice-based teaching and learning.....	45

4.1.1	<i>Team findings</i>	45
4.2	Practical and theoretical instruction.....	46
4.2.1	<i>Team findings</i>	48
4.3	Increasing degree of independence	48
4.3.1	<i>Team findings</i>	49
5	The curriculum – assessment of learning	52
5.1	Assessment approach	52
5.1.1	<i>Team findings</i>	55
5.2	Performance feedback.....	56
5.2.1	<i>Team findings</i>	57
5.3	Assessment quality.....	59
5.3.1	<i>Team findings</i>	60
5.4	Assessment of specialists trained overseas in Australia and New Zealand	62
5.4.1	<i>Team findings</i>	65
6	The curriculum – monitoring and evaluation	66
6.1	Ongoing monitoring.....	66
6.1.1	<i>Team findings</i>	67
6.2	Outcome evaluation	68
6.2.1	<i>Team findings</i>	68
7	Implementing the curriculum - trainees	70
7.1	College selection processes.....	71
7.1.1	<i>Team findings</i>	72
7.2	Trainee participation in the governance of training	72
7.2.1	<i>Team findings</i>	73
7.3	Communication with trainees	73
7.3.1	<i>Team findings</i>	74
7.4	Resolution of training problems and disputes.....	74
7.4.1	<i>Team findings</i>	74
8	Implementing the training program – delivery of educational resources	77
8.1	Supervisors, assessors, trainers and mentors	77
8.1.1	<i>Team findings</i>	80
8.2	Clinical and other educational resources	82
8.2.1	<i>Team findings</i>	83
9	Continuing professional development.....	86
9.1.	RANZCOG continuing professional development program including additional MCNZ criteria: Continuing Professional Development	86
9.1.1	<i>Team findings</i>	88
9.2	Retraining.....	89
9.2.1	<i>Team findings</i>	89
9.3	Remediation including additional MCNZ criteria: Remediation of poorly performing fellows.....	89

9.3.1	<i>Team findings</i>	90
Appendix One	Membership of the 2013 AMC Assessment Team	91
Appendix Two	List of Submissions on the Programs of RANZCOG	92
Appendix Three	Summary of the 2013 AMC Team’s Accreditation Program	93

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:

Standard	Condition:	To be met by:
Standard 1	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
	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
	3 Develop formal structures to effectively promote the College’s education, training and continuing professional development programs to jurisdictions. (Standard 1.4.1)	2016
Standard 2	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
	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

Standard 3	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
	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
	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
	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
	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
Standard 4	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
	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
	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
Standard 5	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 <i>RANZCOG Training Program Handbook</i> accordingly. (Standard 5.1)	2016
	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

	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
	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
	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
	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
	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
	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
Standard 6	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
	23	Improve feedback to trainees and supervisors on results and follow-ups of trainee surveys. (Standard 6.1)	2014
	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
	25	Implement mechanisms to collect qualitative information on graduate outcomes. (Standard 6.2.1)	2015
	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

Standard 7	27	Resolve the reliability issues associated with the way in which referee reports are used for trainee selection. (Standard 7.1.2)	2014
	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
	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
	30	Clearly publicise the safeguards for trainees in relation to engaging in the appeal process. (Standard 7.4.3)	2014
Standard 8	31	Evaluate the potential benefit of a mentorship program for all trainees during the training program. (Standard 8.1.1)	2017
	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
	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
	34	Optimise the range of public and private training opportunities and the distribution of these opportunities among all trainees. (Standard 8.2.4)	2017

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-standards 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.

1. The Context of Education and Training (governance, program management, educational expertise and exchange, interaction with the health sector and continuous renewal)	This set of standards is MET
---	------------------------------

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.

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)

2. The Outcomes of the Training Program (purpose of the training organisation and graduate outcomes)	This set of standards is MET
---	------------------------------

Standard 2.2.1 (defined graduate outcomes for each training program) is substantially met.

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.

- I 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.
- J 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)	This set of standards is SUBSTANTIALLY MET
--	--

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.

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)	This set of standards is SUBSTANTIALLY MET
---	--

Standard 6.1 (ongoing monitoring) is substantially met. Standard 6.2 (outcome evaluation) is substantially met.

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)

7. Implementing the Curriculum - Trainees (admission policy and selection, trainee participation in governance of their training, communication with trainees, resolution of training problems, disputes and appeals)	This set of standards is MET
--	------------------------------

Standard 7.1.2 (processes for selection into the training program) 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.

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.

- T 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.
- U 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.
- V 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)

8. Implementing the Training Program – Delivery of Educational Resources (Supervisors, assessors, trainers and mentors; and clinical and other educational resources)	This set of standards is MET
--	------------------------------

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)

- XX Consider including new members on accreditation teams where a follow-up is required as well as one or two original team members. (Standard 8.2.1)
- YY Routinely send all correspondence regarding hospital site accreditation and/or reaccreditation to the hospital/site general manager/chief executive. (Standard 8.2.1)

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)

Introduction: The AMC accreditation process

The Australian Medical Council (AMC) was established in 1985. It is a national standards body for medical education and training. Its purpose is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community.

The process for accreditation of specialist medical education and training

The AMC implemented the process for assessing and accrediting specialist medical education and training programs in response to an invitation from the Australian Government Minister for Health and Ageing to propose a new model for recognising medical specialties in Australia. A working party of the AMC and the Committee of Presidents of Medical Colleges was established to consider the Minister's request, and developed a model with three components:

- a new national process for assessing requests to establish and formally recognise medical specialties
- a new national process for reviewing and accrediting specialist medical education and training programs
- enhancing the system of registration of medical practitioners, including medical specialists.

The working party recommended that, as well as reviewing and accrediting the training programs for new specialties, the AMC should accredit the training and professional development programs of the existing specialist medical education and training providers – the specialist medical colleges.

Separate working parties developed the model's three elements. An AMC consultative committee developed procedures for reviewing specialist medical training programs, and draft educational guidelines against which programs could be reviewed. In order to test the process, the AMC conducted trial reviews during 2000 and 2001 with funding from the Australian Government Department of Health and Ageing. These trial reviews covered the programs of two colleges.

Following the success of these trials, the AMC implemented the accreditation process in November 2001. It established a Specialist Education Accreditation Committee to oversee the process, and agreed on a forward program allowing it to review the education and training programs of one or two providers of specialist training each year. In July 2002, the AMC endorsed the guidelines, *Accreditation of Specialist Medical Education and Training and Professional Development Programs: Standards and Procedures*.

In 2006, as it approached the end of the first round of specialist medical college accreditations, the AMC initiated a comprehensive review of the accreditation guidelines. In June 2008, the Council approved new accreditation standards and a revised description of the AMC procedures. The new accreditation standards apply to AMC assessments conducted from January 2009. The relevant standards are included in each section of this report.

A new National Registration and Accreditation Scheme for health professions began in Australia in July 2010. The Ministerial Council, on behalf of the Medical Board of Australia, has assigned the AMC the accreditation functions for medicine.

From 2002 to July 2010, the AMC process for accreditation of specialist education and training programs was a voluntary quality improvement process for the specialist colleges that provided training in the recognised specialties. It was a mandatory process for bodies seeking recognition of a new medical specialty. From 1 July 2010, the *Health Practitioner Regulation National Law Act 2009* makes the accreditation of specialist training programs an essential element of the process for approval of all programs for the purposes of specialist registration. Similarly, the Medical Board of Australia's registration standards indicate that continuing professional development programs that meet AMC accreditation requirements meet the Board's continuing professional development requirements.

From 1 July 2010, the AMC presents its accreditation reports to the Medical Board of Australia. Medical Board approval of a program of study that the AMC has accredited forms the basis for registration to practise as a specialist.

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

The AMC first assessed the education, training and continuing professional development programs of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists in 2003. The 2003 assessment resulted in accreditation of the College for six years, the maximum period, with a requirement for satisfactory annual reports to the AMC.

In 2008, the College submitted a comprehensive report to the AMC. AMC accreditation procedures provide for colleges to submit this report in the last year of their accreditation. In the report, the College is required to provide evidence that it continues to meet the accreditation standards and outlines its plans for development for the next four to five years. If on this basis the AMC considers that the College continues to meet the accreditation standards, it may extend the accreditation. On the basis of the comprehensive report, the AMC extended the accreditation until December 2013.

Between formal accreditations, the AMC monitors developments in education and training and professional development programs through progress reports from the accredited colleges. The College has provided progress reports since its accreditation in 2003. These reports have been reviewed by a member of the AMC team that assessed the program in 2003, and the reviewer's commentary and the progress report is then considered by the AMC progress reports working party. The AMC has considered these reports to be satisfactory.

Since accreditation was granted in 2003, the College has fully implemented the 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 this curriculum development has been the development of standards for the reaccreditation of hospitals involved in the training of trainees in the Integrated Training Program.

In 2012, on the advice of the Specialist Education Accreditation Committee, the AMC appointed Professor Kate Leslie to chair the 2013 assessment of the College's programs. The AMC and the College commenced discussions concerning the arrangements for the assessment by an AMC team.

The AMC assesses specialist medical education and training and continuing professional development programs using a standard set of procedures.

For this assessment, the timing of these steps was as follows:

- The AMC asked the College to lodge an accreditation submission encompassing the three areas covered by AMC accreditation standards: the training pathways to achieving fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists; College processes to assess the qualifications and experience of overseas-trained specialists; and College processes and programs for continuing professional development.
- The AMC appointed an assessment team (called ‘the Team’ in this report) to complete the assessment after inviting the College to comment on the proposed membership. A list of the members of the Team is provided as Appendix 1.
- The Team met on 18 April 2013 to consider the College’s accreditation submission and to plan the assessment.
- The AMC gave feedback to the College on the Team’s preliminary assessment of the submission, the additional information required, and the plans for visits to accredited training sites and meetings with College committees.
- The AMC surveyed trainees and supervisors of training in obstetrics and gynaecology. The AMC also surveyed overseas trained obstetricians and gynaecologists whose qualifications had been assessed by the College in the last three years.
- The AMC invited other specialist medical colleges, medical schools, health departments, professional bodies, medical trainee groups and health consumer organisations to comment on the College’s programs.
- The Team met by teleconference on 30 July 2013 to finalise arrangements for the assessment.
- The Team held site visits and meetings in New South Wales, Queensland, South Australia, Victoria and New Zealand in August and September 2013.

The assessment concluded with a series of meetings with the College office bearers and committees from 2 to 5 September 2013. On the final day, the Team presented its preliminary findings to College representatives.

Certificate of Women’s Health, Diploma of RANZCOG, Advanced Diploma of RANZCOG

The College offers non-Fellowship women’s health qualifications for non-specialist medical practitioners. These programs are for general practitioners who wish to undertake further training in women’s reproductive health care: the Certificate of Women’s Health (CWH), the Diploma of RANZCOG (DRANZCOG), and the Advanced Diploma of RANZCOG (DRANZCOG Advanced). As these programs do not lead to a qualification for practice in a recognised medical specialty, the AMC does not accredit the programs. However, the AMC does include a limited assessment of these programs in relation to the accreditation standards around governance, college purpose, program management and jurisdictional relationships.

Australian Medical Council and Medical Council of New Zealand relationship

Since most of the specialist medical colleges span Australia and New Zealand, the Medical Council of New Zealand (MCNZ) has been an important contributor to AMC accreditation assessments.

In November 2010, the AMC and the MCNZ signed a Memorandum of Understanding to extend the collaboration between the two organisations. The two Councils are working to streamline the assessment of organisations which provide specialist medical training in Australia and New Zealand. The AMC continues to lead the accreditation process and assessment teams for bi-national training programs will continue to include New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders. In future, these processes will specifically address New Zealand requirements. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the bi-national colleges to provide additional New Zealand-specific information.

Appreciation

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

The AMC also thanks the organisations that made a submission to the AMC on the College's training programs. These are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.

1 The context of education and training

The accreditation standards concerning the context in which education and training are delivered are as follows:

- The education provider's governance structures and its education and training, assessment and continuing professional development functions are defined.
- The governance structures describe the composition and terms of reference for each committee, and allow all relevant groups to be represented in decision-making.
- The education provider's internal structures give priority to its educational role relative to other activities.
- The education provider has established a committee or committees with the responsibility, authority and capacity to direct the following key functions:
 - planning, implementing and reviewing the training program(s) and setting relevant policy and procedures
 - setting and implementing policy and procedures relating to the assessment of overseas-trained specialists
 - setting and implementing policy on continuing professional development and reviewing the effectiveness of continuing professional development activities.
- The education provider's education and training activities are supported by appropriate resources including sufficient administrative and technical staff.
- The education provider uses educational expertise in the development, management and continuous improvement of its education, training, assessment and continuing professional development activities.
- The education provider collaborates with other educational institutions and compares its curriculum, training program and assessment with that of other relevant programs.
- The education provider seeks to maintain constructive working relationships with relevant health departments and government, non-government and community agencies to promote the education, training and ongoing professional development of medical specialists.
- The education provider works with healthcare institutions to enable clinicians employed by them to contribute to high quality teaching and supervision, and to foster peer review and professional development.
- The education provider reviews and updates structures, functions and policies relating to education, training and continuing professional development to rectify deficiencies and to meet changing needs.

1.1 Governance

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is the specialist medical college that conducts the education, training and continuing professional development programs required for registration as a specialist obstetrician and gynaecologist in Australia, and vocational registration in obstetrics and gynaecology in New Zealand. The College also provides programs required for registration in the following fields of specialty practice in Australia and New Zealand:

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

Specialist medical college involvement in the training of obstetricians and gynaecologists in Australia and New Zealand began in 1932 when the British College of Obstetricians and Gynaecologists established its Dominion Reference Committees. The status of these committees was raised to that of Regional Council in 1949 in Australia and 1951 in New Zealand. The Australian College of Obstetricians and Gynaecologists was established in August 1978, with the prefix 'Royal' added in 1980, and the New Zealand College of Obstetricians and Gynaecologists was formally established in January 1982, with the prefix 'Royal' added in 1984. RANZCOG was formed in 1998 with the amalgamation of the colleges in Australia and New Zealand.

RANZCOG also offers certificate, diploma and advanced diploma programs for medical practitioners seeking additional training in women's health. These programs are overseen by the Conjoint Committee for the Diploma of Obstetrics and Gynaecology, comprising representatives of RANZCOG, the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. The administration of these programs is the responsibility of RANZCOG. As detailed in the introduction of this report, the AMC does not accredit these programs but does undertake a limited assessment of the programs.

The membership of the College consists of the following seven categories of individuals, with only fellows entitled to vote at general meetings and in Council elections of the College:

- Fellows
- Members (trainees who have completed requirements for membership)
- Diplomates (medical practitioners who hold the College's Diploma or Advanced Diploma in women's reproductive health or any other recognised qualification)
- Certificants (medical practitioners who hold the College's Certificate of Women's Health)
- Honorary fellows
- Associate members
- Educational affiliates.

At the time of accreditation, the College had 2,323 fellows (261 in New Zealand; 411 retired), 51 members, 2,462 diplomates, 11 certificants, 28 honorary fellows, 27 associate members and 16 educational affiliates. The College has approximately 600 trainees in over 100 training sites in Australia and New Zealand.

In Australia, RANZCOG is a company limited by guarantee, with its registered office located in East Melbourne, Victoria. In New Zealand, the College is registered as an overseas company with the New Zealand Companies Office.

The RANZCOG constitution defines the objects and governance arrangements of the College. Following a review in 2010, the College is now governed by a seven-member Board rather than the Council. The Board is comprised of the President, three Vice-Presidents, the Treasurer and two members elected from among the Councillors. The Board manages the business of the College and exercises all powers of the College except those that are required to be exercised by Council or the College at a general meeting.

The Board is supported by the Council which has general oversight of the policies and strategic planning of the College. Membership of the Council includes the members of the Board, the immediate past President, fellows representing Australian states and territories and New Zealand, two provincial fellows, the Trainees' Committee chair, the General Practice Obstetrics Advisory Committee chair, and a community representative. All members other than the community representative have voting rights. Staff members, a representative of the National Association of Specialist Obstetricians and Gynaecologists, a subspecialty representative and a further trainee representative attend Council meetings as observers.

The *RANZCOG Strategic Plan 2012-14* articulates the vision, mission and motto of the College and four objectives that reflect the priorities of the College during the life of the plan:

- 1 Enhancement of College services to members and trainees
- 2 Continued review, development and evaluation of training programs
- 3 More efficient, effective and consistent communication structures
- 4 Targeted activities aimed at improving women's health.

The committees of RANZCOG provide oversight of its education and training programs, specialist international medical graduate assessment processes and continuing professional development programs, as well as trainee affairs, membership affairs, women's health, research, quality and safety, Indigenous health, overseas aid and the corporate governance of the College. Each committee has its own terms of reference and many include members other than specialist obstetricians and gynaecologists. The College's governance structures give clear priority to its educational role and promoting safe and high quality women's health care.

The College has established regional committees in the Australian states/territories and in New Zealand which are elected by fellows in those regions. These committees deal with membership affairs, including continuing professional development. Regional Training Accreditation Committees deal with the delivery of the College's specialist training program in the regions.

The RANZCOG Trainees' Committee reports to the Board on the interests and concerns of specialty, subspecialty, diploma and specialist IMG trainees, as well as broader issues relating to obstetrics and gynaecology. The committee is elected by trainees and representation includes trainees for all regions and training programs.

1.2 Program management

The College's education, training and continuing professional development programs are overseen by a range of committees. The principal committees relevant to education, training, and continuing professional development are as follows:

The **Education Strategy Committee** is responsible for the ongoing development and implementation of educational strategy across all training programs. This committee is chaired by the immediate past president and includes the chairs of the other education and training committees. Its membership promotes communication between the principal committees dealing with education and training activities, the College Council and the Board.

The **Education and Assessment Committee** is responsible for ensuring, maintaining and enhancing the integrity, validity and reliability of the education and assessment components of RANZCOG's training programs, including its specialty and subspecialty curricula.

The **Training Accreditation Committee** is responsible for the accreditation/reaccreditation of training programs and sites, including oversight of the trainee selection process. The membership includes the chairs of the Regional Training Accreditation Committees.

The **Subspecialties Committee** is responsible for the five programs leading to subspecialty certification by the College (gynaecological oncology, maternal-fetal medicine, obstetrics and gynaecological ultrasound, reproductive endocrinology and infertility, urogynaecology). The committee is also responsible for the assessment of subspecialist international medical graduates.

The **Specialist International Medical Graduate Assessment Committee** is responsible for assessment of specialist international medical graduates and area of need applicants in Australia and New Zealand. RANZCOG is the branch advisory body of the Medical Council of New Zealand for the purposes of vocational registration in obstetrics and gynaecology.

The **Continuing Professional Development Committee** is responsible for the College's continuing professional development programs for fellows and diplomates.

The **Conjoint Committee for the Diploma of Obstetrics and Gynaecology** is responsible for the education, training, accreditation and recertification of the diploma (certificate, diploma and advanced diploma) qualifications.

The day-to-day on-site implementation of RANZCOG's training programs is overseen by the **Integrated Training Program Co-ordinators** and **Training Supervisors**. These College-appointed trainers have input into the governance of the education and training programs of the College through the Regional Training Accreditation Committees.

The programs offered by the College are supported by a staff of 71 full-time equivalents located at the head office in Melbourne and around the regions. The staff are organised into five business units aligned with the core functions of the College: the office of the Chief Executive Officer and President; corporate services; education and training; finance and infrastructure; and women's health. The Board has recently approved an evaluation framework and an evaluation unit has been established within the management structure.

1.2.1 Team findings

The College is a mature organisation with governance and management structures that are appropriately aligned to its educational functions. The priority that the College places on its educational role is clear.

The College has established more than seventy committees, subcommittees and working parties, the majority of which are associated with education, training and continuing professional development. Some of these committees include trainee, jurisdictional and community representatives, as well as representatives of other relevant organisations. Despite the reassurances of the Board and Chief Executive Officer, the Team was concerned that this large number of committees may be unwieldy in terms of decision-making and burdensome in terms of their requirements for staff support and Board oversight. As such, a review of this structure is recommended. A potential may exist for appointing time-limited working parties rather than standing committees.

The College would also benefit from engaging other individuals or organisations with relevant qualifications in its committees, such as practitioners from other medical specialties and health profession groups. Community representatives are included in the membership of Council, and the Continuing Professional Development, Occupational Health and Safety, Specialist International Medical Graduate Assessment and Women's Health Committees, as well as specialist international medical graduate interview panels. There is no community representation on the College's principal education and training committees including the Education Strategy Committee, Education and Assessment Committee, Training Accreditation Committee and Subspecialties Committee.

The educational programs of the College are supported by dedicated and expert staff in the head office and the regions. The increasing number of expert staff has meant that staff rather than fellows now take a leading role in the development, implementation and evaluation of the College's programs, which is appropriate in a college of RANZCOG's size and complexity. This is particularly evident in the development of online resources and management systems for trainees and participants in the College's continuing professional development program and the establishment of an evaluation unit.

1.3 Educational expertise and exchange

Educational expertise in the development, management and evaluation of the College's education, training and continuing professional development programs is drawn from the membership, including clinical academics, the staff of the College and external sources. The contributions of fellows are made largely through contributions to committees and working parties: there are no fellows employed at the College to support its education functions. Since 2003, the number of full-time equivalent staff at the College has more than doubled and the College has been enriched with expertise in education and online educational resource development. The College sought advice from external consultants during the review of the curriculum and engaged the University of Melbourne in a project to standardise examination assessments.

The College maintains an awareness of developments in specialist medical education internationally and, in particular, refers strongly to the programs of the Royal College of Obstetricians and Gynaecologists when reviewing its own programs. RANZCOG fellows and staff have established useful informal relationships with their College counterparts in the United Kingdom, and the two colleges are planning a joint scientific congress in 2015.

The College contributes locally to committees and workshops related to medical education, training, specialist international medical graduate assessment and continuing professional development. RANZCOG is a member organisation of the Committee of Medical Colleges in New Zealand and the Committee of Presidents of Medical Colleges in Australia, with

representation on the latter's Education Subcommittee, Chief Executive Officers' forum and educators' network.

1.3.1 Team findings

The College harnesses educational expertise from a variety of sources to support its education, training and continuing professional development programs. The current Chief Executive Officer is among those who provide educational expertise within the College and the impact of his imminent departure on the education development capability at the College will need to be closely monitored and, if necessary, redressed.

Whilst the College remains in touch with developments in specialist medical education internationally, its formal engagements with relevant organisations in Australia, New Zealand and overseas are few. The Team encourages the College to form more active collaborations with related colleges internationally and with other medical specialties (especially surgery) and other health professions (especially midwifery) locally. In particular, the College should consider collaborating with other specialist medical colleges to draw on existing expertise in the development of workplace-based assessments, and to research their approaches to the challenges of a decreasing general gynaecological caseload available to trainees.

1.4 Relationships to promote education, training and professional development of specialists

The College is engaged with health departments, training sites, other health-related agencies and the community in the development, delivery and evaluation of its education, training and continuing professional development programs. The College also frequently responds to calls from government agencies for submissions on medical education and women's health.

In Australia, the College has also fostered productive relationships with the Australian Government Department of Health, especially in relation to the Specialist Training Program and the Rural Health Continuing Education Stream One Scheme. It has worked closely with Health Workforce Australia in the production of its *Health Workforce 2025* report on the specialist medical workforce and with the Medical Board of Australia on issues relating to continuing professional development and the assessment of specialist international medical graduates. In New Zealand, the College has had considerable interaction with the government in relation to workforce planning and women's health issues.

The Regional Training Accreditation Committees maintain strong links with state/territory and national departments of health in relation to trainee selection and the accreditation and reaccreditation of training sites. The committees and departments also liaise on occasion regarding local issues relating to workforce planning and women's health. The College promotes jurisdictional representation on its hospital accreditation teams and on its Specialist International Medical Graduate Assessment Committee.

The College has recently been involved in negotiations with the Australasian Gynaecological Endoscopy and Surgery Society Ltd regarding the Society's intention to offer a two-year training program in advanced endoscopic surgery. The program is primarily aimed at post-fellowship practitioners and will involve identification of suitable posts and standardisation of experience. The program will not result in the award of a qualification nor an additional category of specialist or vocational registration. The College and Society have recently formed a working party to progress this initiative.

1.4.1 Team findings

The College has strong brand recognition and networks within the health sector in Australia and New Zealand. Comments to the Team from health departments and services indicated support for the College's selection and accreditation processes and admiration for the quality of its graduates. The College was also noted for its responsiveness with respect to requests for submissions from government agencies.

However, health departments and services did note that they are afforded little or no opportunity to contribute to the College's training programs nor its policy statements. Health Workforce Australia noted the College's limited use of simulation as an educational modality to increase access to skills development and team functioning. Likewise, in written submissions to the AMC, other specialist medical colleges and health professional organisations congratulated the College on many aspects of its training programs and graduate outcomes, but noted limited engagement with the College in terms of input into its training curricula including assessments, development of team training and promulgation of joint policies.

The Team heard little evidence of a formal and high-level advocacy and government relations program at the College. The Team encourages the College to develop such a program in order to increase the profile of obstetrics and gynaecology education, training and continuing professional development, and women's health.

The AMC did not receive a submission from any consumer organisations but did note the inclusion of community and consumer representatives on some of the College's committees.

1.5 Continuous renewal

The College regularly reviews and updates its governance, management and program structures. A governance review was conducted in 2010 that resulted in the establishment of the seven-member Board as the peak governance body of the College. The management structure and staffing is refreshed as the demands of the College's programs grow and diversify. Finally, the College has been very active in reviewing its education, training and continuing professional development programs in recent years.

The ongoing curriculum revision project was initially overseen by the Training Review Implementation Working Party and is now the responsibility of the Education Strategy Committee. The regulations for the revised program have been promulgated and the changes communicated to supervisors and trainees. The new Core Training program (replacing the Integrated Training Program, years 1 to 4) will commence in December 2013. The training handbook for Core Training is yet to be completed. The new Advanced Training program (replacing the Elective Program, years 5 to 6) will commence in four years' time and is currently under development, as are a suite of workplace-based assessments and simulation-based training tools. An online training management system is currently out to tender.

The diploma programs have also been recently revised, with the introduction of the certificate to complement the longstanding diploma and advanced diploma qualifications.

Similarly, the continuing professional development program has recently been restructured to align it with the domains of the training program and to place greater emphasis on practice

review. Participants are currently being transitioned to an online platform for recording and certifying activity.

The specialist international medical graduate assessment process is constantly updated to maintain alignment with the expectations of regulators in Australia and New Zealand.

1.5.1 Team findings

The College has demonstrated a commitment to adapting its governance, management and program structures in order to meet the current and anticipated challenges, such as the evolution of obstetrics and gynaecology practice, and the need for strong links between program development, implementation, assessment, monitoring and evaluation. The College is in a continuous state of renewal with many new or revised education, training and continuing professional development programs in a state of evolution and not fully implemented at the time of the accreditation visit. Constant change is seemingly accommodated without undue difficulty by the Board, committees and management, but is a source of anxiety and confusion for fellows and trainees. A stronger focus on decision-making and priority-setting within a broad strategic vision and an appropriate environmental context is encouraged.

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.

Conditions to satisfy accreditation standards

- 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)
- 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)

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)

2 Organisational purpose and outcomes of the training programs

The accreditation standards are as follows:

- The purpose of the education provider includes setting and promoting high standards of medical practice, training, research, continuing professional development, and social and community responsibilities.
- In defining its purpose, the education provider has consulted fellows and trainees, and relevant groups of interest.
- The education provider has defined graduate outcomes for each training program including any subspecialty programs. These outcomes are based on the nature of the discipline and the practitioners' role in the delivery of health care. The outcomes are related to community need.
- The outcomes address the broad roles of practitioners in the discipline as well as technical and clinical expertise.
- The education provider makes information on graduate outcomes publicly available.

2.1 Organisational purpose

The RANZCOG constitution clearly sets out the objects of the College. Of the 21 enumerated objects, the majority involve or are directly related to education, training and continuing professional development:

- Promote and encourage the study, research and advancement of the science and practice of obstetrics and gynaecology.
- Promote excellence in healthcare services for women and their families and cultivate and encourage high principles of practice, ethics and professional integrity in relation to obstetric and gynaecological practice, education, training and research.
- Determine and maintain professional standards for the practice of obstetrics and gynaecology in Australia and New Zealand.
- Establish the status of fellowship of the College and admit appropriately qualified members of the College to fellowship status.
- Conduct and support programs of training and education leading to the issue of a certificate, diploma or other certification attesting to the attainment/maintenance of appropriate levels of skills, knowledge and competence commensurate with specialist and sub-specialist practice in obstetrics and gynaecology in Australia and New Zealand.
- Disseminate information and advise on any course of study and training designed to promote and ensure the fitness of persons who wish to qualify for recognition by the College.
- Conduct and coordinate examinations and other assessment processes and grant registered medical practitioners recognition of special knowledge in obstetrics and gynaecology.
- Award certificates, diplomas or other forms of certification evidencing a standard of attainment of specialised knowledge and competence in obstetrics and gynaecology and related subjects.

- Hold or sponsor meetings, lectures, seminars, symposia or conferences, to promote understanding in obstetrics and gynaecology and related subjects and professional relations among members of the college, members of other health professions, scientists and the community in general.
- Facilitate the advancement of specialist and sub-specialist medical education and training through the conduct of projects and research.
- Ensure members undertake continuous professional improvement and participate in effective, ongoing professional development activities.
- Work with governments and other relevant organisations to achieve the provision of adequate, well-qualified, experienced and capable obstetric and gynaecological workforces in Australia and New Zealand and to improve public health services.
- Facilitate obstetric and gynaecological medical education provision and medical aid support to developing nations.

The *RANZCOG Strategic Plan 2012-14* reinforces these objects. It clearly expresses a vision to ‘pursue excellence in the delivery of health care to women and their families throughout their lives’. The plan sets out the three components of the College mission:

- Innovative training, accreditation and continuing education supported by active assessment of the effectiveness of those programs.
- Support for and communication with fellows, members and trainees, in order to ensure that they are capable of providing the highest standards of care.
- Support for research into women’s health and advocacy for women’s health care.

As described under Standard 1, the plan outlines four strategic objectives which support the College’s vision and mission statement:

- Enhancement of College services to members that increases engagement and continues to provide sustainable services to members and trainees, and which are recognised as being of clear professional benefit.
- Continued review and development of training programs to ensure all programs meet the needs of stakeholders and are defined through curricula that are constructively aligned and systematically evaluated, with a focus on program improvement and best practice processes.
- Increasing the effectiveness of knowledge capture and management within the College.
- Targeted activities aimed specifically at realising identifiable improvements in relation to maternal mental health, Indigenous women’s health in Australia and New Zealand and women’s health in Pacific Island countries and territories.

Each strategic objective is supported by a number of specific strategies.

The College’s two-yearly strategic planning cycle demonstrates its clear appreciation of the evolving nature of the specialty of obstetrics and gynaecology, and of specialist medical education, training and continuing professional development. In recognition of this evolution and guided by its strategic plan, the College revises its programs and its governance and management structures to ensure as far as possible that they reflect relevant and important changes and meet current and anticipated challenges.

The College puts substantial effort into communicating with key internal and external stakeholders about its purpose and roles. It consults a wide range of internal and external stakeholders in the course of doing this, but tailors the consultation to suit the circumstances in any individual case. The College embedded its communication strategy in its current strategic plan.

The College's website provides information on the role of the College as well as general information for the community. The College's website was redesigned in 2011 and is now organised into discrete sections to meet the needs of the various stakeholders. A section of the website is devoted specifically to patients, and provides information on common obstetric and gynaecological conditions and treatments. The website also provides detailed information on the revised specialist, subspecialist and diploma training programs. The College also communicates with trainees and supervisors regarding its role via the *Training and Assessment Bulletin*.

2.1.1 Team findings

The College has a clear purpose as an education provider that is strongly promoted. The College has developed a range of documents which clearly outlines its principal objectives with respect to education, training and continuing professional development including its constitution, strategic plan, curricula and training program handbooks.

As noted elsewhere in this report, the College is focused on continuous renewal, involving revision of the constitution, strategic plan, governance and management structures, education, training and continuing professional development programs and supporting documents. This regular review acknowledges the changing nature of the specialty and the professional environment in which it operates. As mentioned under Standard 1, the Board, its committees and College management appear to accommodate this continuous renewal without undue difficulty, but it is a source of some concern and uncertainty for fellows and trainees.

2.2 Graduate outcomes

The College has defined its graduate outcomes in its training-related documents, particularly the *FRANZCOG Curriculum*, *RANZCOG Training Program Handbook* and the College statement, *Attributes of a RANZCOG Fellow* (all of which are available on the College's website). These outcomes are based on the nature of the discipline, the practitioners' roles in the delivery of health care, and community need. The learning objectives articulated in the *FRANZCOG Curriculum* assume and expand on prior learning during medical school, prevocational and initial specialist training, and link through the academic abilities domain to continuing professional development after the attainment of fellowship. It was clear from discussions with fellows and the relevant committees that the College is very conscious of the need to ensure that the graduate outcomes remain appropriately focused.

The College also publishes a detailed handbook for the Certificate of Women's Health (CWH), the Diploma of RANZCOG (DRANZCOG), and the Advanced Diploma of RANZCOG (DRANZCOG Advanced), and detailed curricula for the areas of subspecialty training. In each case, the clinical expertise, academic abilities and professional qualities required of trainees and the methods by which they will be assessed during and at the conclusion of their training are presented and outlined in detail.

During the development of its new Core Training program (years 1 to 4) and in preparation for the development of its new Advanced Training Modules (years 5 to 6), the College has remained focused on producing the right ‘product’. The College has clearly identified in its various consultations issues related to the scope, structure, content and assessment of the Advanced Training Modules, including how much and what type of subspecialty experience is appropriate, and whether they are going to produce graduates who can successfully practice general obstetrics and gynaecology. It is also clear that training pathways and experiences will differ among trainees and that, as a consequence, the end product of the training program will not be uniform.

2.2.1 *Team findings*

It is clear that the College is constantly striving to set and promote high standards through its programs and to refine its educational purpose and its graduate outcomes. It consults widely in the pursuit of these goals. The College has defined graduate outcomes in its current program and new Core Training program, and is in the early phases of development of its new Advanced Training Modules. As mentioned above, Advanced Training pathways will vary according to the practice intentions of individual trainees, the areas of interest or subspecialty that they may choose to pursue and the needs of the community. It will be critical that these modules are based on the evolving nature of practice in obstetrics and gynaecology, and the needs of the community, and that they will produce the desired ‘product’ with some certainty. The College is strongly encouraged to clearly define the various graduate outcomes that it seeks from Advanced Training before embarking on further work on this project.

The *FRANZCOG Curriculum* and *RANZCOG Training Program Handbook* are large and dense documents. These documents must be read in conjunction with the College’s *Attributes of a RANZCOG Fellow* document. The College has indicated that it is in the process of revising the curriculum and handbook for the purposes of making them simpler and more accessible, refining their relevance, and ensuring that they align appropriately with the other training documents, including the subspecialty curricula. The Team supports this initiative.

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.

Conditions to satisfy accreditation standards

- 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)

3 The education and training program – curriculum content

The accreditation standards are as follows:

- For each of its education and training programs, the education provider has a framework for the curriculum organised according to the overall graduate outcomes. The framework is publicly available.
- For each component or stage, the curriculum specifies the educational objectives and outcomes, details the nature and range of clinical experience required to meet these objectives, and outlines the syllabus of knowledge, skills and professional qualities to be acquired.
- Successful completion of the training program must be certified by a diploma or other formal award.
- The training program includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourages the trainee to participate in research.
- The training program allows appropriate candidates to enter research training during specialist education and to receive appropriate credit towards completion of specialist training.
- The program structure and training requirements recognise part-time, interrupted, and other flexible forms of training.
- There are opportunities for trainees to pursue studies of choice, consistent with training program outcomes, which are underpinned by policies on the recognition of prior learning. These policies recognise demonstrated competencies achieved in other relevant training programs both here and overseas, and give trainees appropriate credit towards the requirements of the training program.
- The education provider contributes to articulation between the specialist training program and prevocational and undergraduate stages of the medical training continuum.

3.1 Curriculum framework, structure and duration including the additional MCNZ criteria: Cultural Competence

The *FRANZCOG Curriculum* was first introduced in 2003. The second edition was released in 2009 following a comprehensive review of the content, outcomes, skills, knowledge and professional qualities. The third edition will come into effect from 1 December 2013. This document is publically available.

Following an introduction and an overview of the training program, the curriculum describes the profile of a specialist obstetrician and gynaecologist, including a competency framework developed by the College in three domains:

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

The amalgamation of medical expertise and effective communication in the first domain reflects the College's position that clinical expertise is dependent on well-developed abilities in both these areas. Academic abilities and professional qualities are also considered to be essential factors in the acquisition of clinical competency.

The curriculum then details the knowledge and underlying principles that underpin the practice of obstetrics and gynaecology. The areas of knowledge are presented in three sections:

Section A: Core Scientific and Medical Knowledge

- Epidemiology and research methods
- Anatomy
- Placental, fetal and early neonatal physiology
- Reproductive physiology and endocrinology
- Genetics
- Pharmacology and therapeutics
- Clinical imaging
- Pathology and haematology
- Microbiology
- Immunology
- Medical and surgical conditions in pregnancy.

Section B: Clinical Knowledge and Management Skills

- Obstetrics
- Gynaecology
- General surgical principles.

Section C: Contextual Knowledge

- Women's health and cultural issues
- Ethics
- Law
- Management and professional skills.

3.1.1 Current training program

The current training program is a six-year program comprising two distinct stages. Stage one is the Integrated Training Program which lasts for four years, and stage two is the Elective Program which lasts for two years. Successful completion of the assessment requirements at the end of stage one leads to the award of membership of the College (MRANZCOG) and completion of the assessment requirements at the end of stage two leads to fellowship of the College (FRANZCOG).

The training program is regarded as being based on an ‘enhanced apprenticeship learning model’ rather than the simple apprenticeship model. There are a number of educational resources, such as workshops and online learning resources, made available to assist with the large amount of self-directed learning required by the curriculum.

The following table provides a broad overview of the structure of the training program for trainees commencing training between 1 December 2003 and 30 November 2013:

Stage in the Program	Year Level	Workshops & Learning Resources				Assessment Requirements				
Integrated Training Program	Year 1	CLIMATE e-learning modules	Basic Surgical Skills Workshop	In-hospital training in Neonatal Resuscitation	Fetal Surveillance Workshop/Program	Communication Skills Workshop	Satisfactory three- and six-monthly assessments throughout the training program			
	Year 2									
	Year 3									
	Year 4									
Elective Training	Year 5		General obstetrics and gynaecology	May be the first year of subspecialty training			Written Examination	Oral Examination	Research Proposal	Surgical Competency Assessment - Basic
	Year 6								Research Study	Surgical Competency Assessment - Advanced
										In-hospital Clinical Assessments

During the Integrated Training Program, trainees must complete:

- Rotation through a minimum of three different hospitals, with at least 12 months in a tertiary hospital and six months in a rural hospital.
- Logged clinical work in obstetrics and gynaecology resulting in attainment of prescribed competency levels in specified procedures.
- Experience in gynaecological oncology sufficient to gain appropriate clinical experience and a working knowledge of the anatomy of the pelvic sidewall, particularly in regard to the ureter and major blood vessels.
- Formal three-monthly and six-monthly assessments completed by the College-appointed Training Supervisor.
- Basic surgical skills workshop by end of the first year of training.
- Neonatal resuscitation training by end of the first year of training.
- Communication skills workshop by end of the second year of training.
- Assessment of basic obstetric and gynaecological surgical procedures by the end of the second year of training.
- Fetal surveillance program by the end of the first year of training.

- Prospective approval of proposed research project by the end of the second year of training.
- Two in-hospital clinical assessments (ultrasound and colposcopy).
- MRANZCOG written and oral examinations.

The content of the Elective Program is not prescribed by the College. Trainees entering the Elective Program are required to submit a plan for the two-year program which is designed to meet their own educational needs. These could include, for example, any one of the following:

- further training in operative obstetrics and gynaecology
- training in provincial/rural posts
- research leading to a post-graduate degree
- commencement of subspecialty training.

The trainee's Elective Program must be prospectively approved by the chair of the relevant Regional Training Accreditation Committee. Trainees generally complete the Integrated Training Program prior to beginning the Elective Program, however it is possible to undertake one to two years of the Elective Program before passing the MRANZCOG written and oral examinations. Trainees are required to complete a minimum of two years of the Integrated Training Program before they apply for the Elective Program.

3.1.2 Revised training program

In December 2013, the revised training program will be introduced in which the first four years will be known as Core Training and the last two years will be known as Advanced Training. The revised training program is represented in the following table:

Stage in the Program	Year Level	Workshops & Learning Resources					Assessment Requirements				
Core Training	Year 1 (46 weeks)	CLIMATE e-learning modules	Basic Surgical Skills Workshop	In-hospital training in Neonatal Resuscitation	Fetal Surveillance Workshop/Program	Communication Skills Workshop	Satisfactory three- and six-monthly assessments throughout the training program			Research Proposal	Surgical Competency Assessments
	Year 2 (92 weeks)										
	Year 3 (138 weeks)							Written Examination	Oral Examination	Research Study	
	Year 4 (184 weeks)										
Advanced Training	Year 5 (46 weeks)	CLIMATE modules	General obstetrics and gynaecology	May be the first year of subspecialty training		Satisfactory three- and six-monthly assessments throughout the training program	Research Study				
	Year 6 (92 weeks)										

The changes in the revised training program are largely related to progression. There are now clear outcomes to be achieved before progression to Advanced Training. The training program limits the time allowable for completion of Core Training to six years and requires the completion of the MRANZCOG written and oral examinations before progression to Advanced Training.

A summary of the changes to the training program from 1 December 2013 is as follows:

- The introduction of training time or time spent in training for completion of components of the training program, as distinct from calendar time.
- The introduction of training credit based on ‘weeks’ of completed training on a full-time equivalent basis, with the ability to gain credit for periods of training of a minimum ten weeks’ duration.
- The removal of ‘borderline’ as an outcome for six-monthly summative assessment reports.

- The introduction of earlier timeframes for sitting the MRANZCOG examinations, with the maximum number of available attempts at each examination reduced from four to three.
- The introduction of increased flexibility for trainees, with the capacity to gain credit for any part-time training fraction between 0.5 and 1.0 full-time equivalent.
- The introduction of an Academic Stream that facilitates completion of a PhD concurrently with FRANZCOG training.
- The requirement for the completion of all components associated with Core Training prior to progression to Advanced Training to ensure a common certified set of competencies for all trainees at the end of Core Training.
- The development of Advanced Training Modules (ATMs) to guide the further development of trainees during Advanced Training to specialist level in the context of their intended scope of practice.

The revised training program applies 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 flexibility provided in the program without the more restrictive aspects, such as the number of examination attempts permitted, being applied.

3.1.3 Cultural competence

The curriculum includes learning outcomes that pertain to women's health and cultural issues. These are as follows:

- Practise a multi-dimensional approach to patient management
- Carefully consider the social and cultural context of women's healthcare
- Show commitment to the best interests of the patient and the profession and act as health advocate for the patient.

The College is expanding its suite of e-learning modules to address Indigenous women's health needs and to support Indigenous trainees and practitioners with their learning. Webcast presentations from the 2011 Indigenous Women's Health Conference will be incorporated, along with the expanding of resources in the CLIMATE (Curriculum Lead Internet Managed Accessible Training Environment) Core Module called 'Culture'. The College has also enhanced the assessment of cultural competence in its three-monthly and six-monthly assessment forms to be implemented from December 2013.

The Indigenous Women's Health Committee now includes a fellow and a trainee of Māori descent to ensure a coordinated approach to cultural competency initiatives across Australia and New Zealand. The New Zealand Committee has aligned more closely with the Māori Women's Health Committee by including a Māori fellow/trainee on the committee. The College also supports the selection of trainees with an indigenous background through specific recognition in the selection criteria.

3.1.4 Team findings

The curriculum is underpinned by a competency framework that is publically available and around which graduate outcomes are organised. The framework, whilst it does not utilise the CanMEDs roles, does cover the clinical, academic and professional domains considered by the College to be important to the practice of obstetrics and gynaecology. Whilst acknowledging the improvement in the explication of the competencies and competency elements within the curriculum and their links to outcomes, the Team considers that an explicit link to teaching and learning strategies and assessment in the curriculum documents would be helpful to supervisors, trainers and assessors. The Team noted little if any guidance within or associated with the curriculum for the Integrated Training Program Co-ordinators, Training Supervisors or trainees in relation to the optimum sequencing of learning and teaching along the 'novice-to-expert' continuum.

As outlined under Standard 7, the Team found that the changes encompassed in the revised training program had been communicated extensively to trainees via both email and in trainee newsletters, however, not all trainees interviewed during site visits were fully aware of the degree to which the changes affected them as individuals.

The clear separation of Core and Advanced Training was seen as valuable to trainees and supervisors in managing expectations during training. The requirement to complete the MRANZCOG examinations before progressing to Advanced Training and the capping of the number of attempts at the examinations were seen as positive by supervisors and supported by the Team.

The greater flexibility of Advanced Training makes understanding its overall outcomes more difficult. As identified under Standard 2, the College is yet to clearly define what is intended as the outcome of Advanced Training for those intending to practice general obstetrics and gynaecology. The Team strongly considers that the 'generalist' must not be defined by what remains after subspecialties, special interests or location-specific practise have been defined. The College statement, *Attributes of a RANZCOG Fellow*, whilst an important reference document for supervisors, trainees and College staff, will require revision when the final vision for the generalist is clarified and the outcome of Advanced Training is determined. Clarity will aid both trainees and trainers better understand the outcome of the training program.

The College has yet to complete the revision of the training handbook to support trainees and supervisors when the revised training program is implemented on 1 December 2013. Whilst recognising that this deadline will have passed before the College is asked to respond to this accreditation report, the Team considers completion of this project to be critical and urgent.

Within the curriculum itself there is an improved delineation of management and professional skills and the Team considers that these are both very important in the development of a specialist. However, there did not appear to be assessment opportunities for evaluating a trainee's growing competence and confidence in these areas. This is discussed in further detail under Standard 5 of this report.

Cultural competence has been given greater emphasis in the revised curriculum, however, it is only explored theoretically or through opportunistic experiences. This is an area for further consideration given our population diversity and the deeply culturally-embedded nature of attitudes to women's health and obstetric and gynaecological treatments. While workshop

activity is a more common expectation for teaching/learning in this area, detailed learning strategies and experiences, as well as assessment tasks, must be considered.

The rural rotation is an important part of the training program. The six-month compulsory rotation within the first four years is seen as a very important opportunity. It is not clear what the explicit learning objectives are for this experience. The same may be said of the outcomes of the proposed rural module that will be available in Advanced Training.

3.2 Subspecialties and joint training programs

The College offers training in five recognised subspecialties¹. The subspecialty training programs are three years in duration and some training may be undertaken concurrently with Elective training in the current program. This will continue for trainees selected into the revised training program. The programs are in the areas of:

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

The subspecialty training programs were introduced by the College to:

- improve knowledge, practice, teaching and research
- promote the concentration of specialised expertise, special facilities and clinical material that will be of considerable benefit to some patients
- improve the recruitment of talented graduates into areas of recognised subspecialisation
- establish a close understanding and working relationship with other disciplines
- encourage coordinated management of relevant clinical services throughout a region
- accept a major regional responsibility for higher training, research and audit in areas of recognised subspecialisation
- establish, as far as possible, consistency in recruitment, training and assessment across areas of recognised subspecialisation.

In 2009–10, the College reviewed the five training programs and developed individual curriculum documents and training handbooks based on the FRANZCOG framework. The subspecialty training programs are comprised of formative and summative assessments, completion of an approved research study, written and oral examinations relevant to the subspecialty and additional assessment requirements depending on the particular specialty.

The College also provides non-fellowship women's health qualifications for non-specialist medical practitioners who wish to undertake further training in women's reproductive health care: the Certificate of Women's Health (CWH), the Diploma of RANZCOG (DRANZCOG) and the DRANZCOG Advanced.

¹ The areas of gynaecological oncology, maternal-fetal medicine, obstetrics and gynaecological ultrasound, reproductive endocrinology and infertility and urogynaecology are listed by the Medical Board of Australia as fields of specialty practice within the specialty of obstetrics and gynaecology.

The CWH is a self-paced program, and all training and assessment requirements (including a written examination) must be completed within two years of commencement.

The DRANZCOG builds on the CWH program for medical practitioners who wish to gain skills in obstetrics and gynaecology to safely undertake non-complex deliveries and perform basic gynaecological procedures. There is no minimum training period but all training and assessment requirements (including a written and oral examination) must be completed within four years of commencing training.

The DRANZCOG Advanced is offered to medical practitioners who hold the DRANZCOG and who wish to develop their skills to a level that will enable them to safely undertake complex deliveries and advanced gynaecological procedures, and perform basic early and late pregnancy ultrasound scanning. All training and assessment requirements must be completed within six years of the commencement of training or, where trainees have already completed the requirements of the DRANZCOG, within two years of the commencement of training.

The curricula associated with the CWH, DRANZCOG and DRANZCOG Advanced are based on the same broad competency framework used in the FRANZCOG Training Program. The training handbooks are available on the College's website.

3.2.1 Team findings

The five subspecialty curricula are well defined, however, their integration within the new Advanced Training program is yet to be undertaken. The subspecialty committees are beginning to identify areas of work that should be Core to Advanced Training generally and those that belong exclusively to the subspecialty.

The Team heard general praise for the College's diploma programs, which were seen as a model of interprofessional collaboration. There was widespread praise for the collaboration between the three Colleges involved in the diploma programs that are coordinated by RANZCOG.

Practitioners who graduate with a subspecialty certificate as well as the FRANZCOG will be registered as specialist obstetricians and gynaecologists, as well as subspecialists (e.g. specialist urogynaecologist) in Australia. In the current program, one year of the six-year training program can be used towards subspecialty training, but from 1 December 2013, including for trainees in the revised program, this can be expanded to two years. There is an expectation that trainees will maintain competency/currency in both obstetric and gynaecological practice when undertaking subspecialty training, by participating in labour ward rosters, emergency surgery on-call rosters, clinics and the like. The Team noted that there is a lack of clarity around such expectations, in terms of the proportion of time spent in such activities and their learning outcomes, and considered that clear guidance in this area would be helpful for trainees and supervisors.

3.3 Research in the training program

Trainees are required to have an understanding of research methodology and to be able to effectively apply evidence from scientific literature. In the current training program, trainees are required to complete a formal research project. The research proposal must be submitted to the College for acceptance by the end of year 2 with the project being completed by the end of year 5.

As described in the College's regulations and training handbook, the research project must meet one of the following criteria:

- Collection of original data, using the required presentation format.
- Systematic review which has been accepted for publication in the Cochrane Library.
- Systematic literature review, which must be accepted for publication in a peer-reviewed journal or a pre-set list of journals approved by the Assessment Subcommittee, with the candidate listed as first author.
- Case report, supported by a comprehensive literature review, which must be accepted for publication in a peer reviewed journal or a pre-set list of journals approved by the Assessment Subcommittee, with the candidate listed as first author.
- Research report, which is based on a local audit and meets College requirements.

The College has developed a series of modules to support trainees in research which are available via the College's CLIMATE e-learning platform. These modules include: introduction to research; literature searches and electronic databases; developing a hypothesis; application and ethics approval; data collection and analysis; critical appraisal and the literature review; and the research paper.

In the revised training program, trainees with a specific interest in research can undertake the FRANZCOG Academic Stream. The Academic Stream allows trainees to take up to three years (full-time equivalent) of research leave in order to complete a PhD in an approved area of women's health, concurrently with their FRANZCOG training. Completion of a PhD will constitute one of the two years of Advanced Training.

The AMC standard states that the training program must include formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, and encourage the trainee to participate in research. Consistent with this standard, the College has high expectations of trainees and fellows in this area.

The expectations of, and flexibility within, the research component are clearly defined in the regulations.

Trainees who have previously completed research papers and projects are eligible for recognition of prior learning and may therefore be exempt from this training requirement.

Nevertheless, the Team heard a number of complaints from trainees regarding the research requirements, which reflected a significant degree of misunderstanding of the breadth and flexibility of assessment options. The expectations of the research component need to be more clearly explained, as the variety of activities that could satisfy the requirements (other than a published piece of research) are not fully appreciated. Increased awareness by Training Supervisors and their communication with trainees could achieve this.

The knowledge content for epidemiology and research methods are explicit and detailed and the CLIMATE e-learning materials are excellent teaching materials to assist the trainee to gain the required knowledge.

The standard also requires that the training program allows candidates to undertake research during specialist training and to receive appropriate credit towards completion of the

program. Research is well accommodated within the RANZCOG training program for those with a research interest. Trainees value the opportunity to undertake up to 12 months of research activity accredited towards fellowship and to access extended research leave to complete a higher degree. This represents a proactive approach to facilitate the development of academic practice. The online research modules are considered excellent teaching/learning resources.

3.4 Flexible training and recognition of prior learning

The number of trainees undertaking part-time training and extended leave during 2010–12 is shown below. Trainee leave often extends over more than one calendar year, in which case the trainee has been included in each year's count.

	2010	2011	2012
Extended leave	48	80	27
Part-time	14	21	33

The demographic of the trainee population is now predominantly female and this has necessitated greater flexibility within the program structure. Allowances have now been made for periods of leave during training time and for part-time training anywhere between 0.5 and 1.0 full-time equivalent. Part-time training is not available to trainees in year 1 due to the importance placed on the continuity of training during this foundation year.

In the revised training program credits will be determined in weeks, with a minimum of 10 and a maximum of 26 weeks required in any six-month period. In regard to rural training, a minimum 23-week rural placement is required during Core Training with a maximum of 46 weeks of full-time equivalent rural training allowable throughout the entire training program. A total of 184 weeks are required for Core Training and 92 weeks for Advanced Training. This is a significant change from the current training program which was only recorded in aliquots of three months, resulting in some trainees losing credit for any weeks worked not amounting to three months.

The maximum time allowable for completion of the program is six years for Core Training and three years for Advanced Training. Greater flexibility is also permitted regarding when the examination may first be taken during training: the written examination may be taken within the second year and the oral examination following the completion of the second year. This allows greater opportunity for re-sits, if necessary, and also greater time to concentrate on research. As outlined above, flexibility is also embedded in the structure of the new Advanced Training program the full two years of which may now be used towards subspecialty training (resulting in a minimum seven-year program to complete FRANZCOG with a subspecialty certificate).

Recognition of prior learning applications are assessed by the Recognition of Prior Learning Assessment Subcommittee in accordance with the *RANZCOG Policy on Recognition of Prior Learning*.

The number of recognition of prior learning applications and decisions for the training program for 2010–12 is detailed in the following table:

	2010	2011	2012
Applications received	3	3	2
Some recognition of prior learning granted	2	2	2
Recognition of prior learning not granted	1	1	0

The categories of training and/or previous experience that may be recognised by the College are as follows:

- Completion of at least one year of supervised and formally assessed specialist training in a structured obstetrics and gynaecology training program or a relevant specialty training program.
- Assessment by the Specialist International Medical Graduate Assessment Committee as being not partially or substantially comparable to an Australian trained specialist. Specialist International Medical Graduates in this category are required to obtain the AMC certificate and then apply to enter the RANZCOG training program at Year 1.

Currency of training is also assessed and training must not have commenced more than five years prior to the recognition of prior learning application. A total of up to four years may be approved under the policy. Decisions can be reconsidered, reviewed and appealed through the relevant College processes.

3.4.1 Team findings

The flexibility of the revised program is universally welcomed as it better accommodates the diverse needs of the trainees as they progress through the program. Changes include the crediting of time in minimum 10-week blocks, allowances for part-time training between 0.5 and 1.0 full-time equivalent, the options for research, the opportunity to start subspecialty training in the fifth year of the program and the recognition of prior learning. These changes are an improvement on previous arrangements and are commended.

3.5 The continuum of learning

To acknowledge the need for a coordinated approach to delivering undergraduate medical teaching, prevocational and subspecialty medical training, the College established the Continuum of Medical Education Working Party in 2008. The working party reports to the Education and Assessment Committee and coordinates College activities in this area. This group has contributed to College submissions on matters relating to undergraduate and prevocational medical education. The College recognises that this group has not been as proactive as originally expected in progressing particular initiatives. The College is considering incorporating these areas of responsibility into the newly established Universities and College Liaison Committee.

The College is aware of variations in trainees' prior experience and the declining exposure of both undergraduate and prevocational trainees to women's health issues. It is intended that these matters will be addressed by the Universities and College Liaison Committee.

Cognisance of the continuum of learning is demonstrated within the curriculum in relation to selection, where there appears to be an expectation of some exposure to obstetrics and gynaecology prior to entry to the RANZCOG training program. Further continuity of learning opportunities are provided throughout Advanced Training for subspecialty work and for

research training. There is also an expectation of continued learning through the well organised and very explicit continuing professional development program.

3.5.1 *Team findings*

Whilst there is evidence of the continuum of learning, both in selection criteria which expect prior learning and experience in women's health and in links between Core, Advanced and subspecialty training, there is insufficient evidence of direct engagement with undergraduate and prevocational training. This engagement could take the form of College contributions to undergraduate, intern and prevocational curricula and advocacy for appropriate prevocational training posts for practitioners interested in a career in obstetrics and gynaecology.

Commendations

- E The clear separation of Core and Advanced Training in the revised training program 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.

Conditions to satisfy accreditation standards

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

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 Teaching and learning methods

The accreditation standards are as follows:

- The training is practice-based involving the trainees' personal participation in relevant aspects of the health services and, for clinical specialties, direct patient care.
- The training program includes appropriately integrated practical and theoretical instruction.
- The training process ensures an increasing degree of independent responsibility as skills, knowledge and experience grow.

4.1 Practice-based teaching and learning

The College delivers training in accredited training sites throughout Australia and New Zealand. These sites can be major teaching hospitals, outer suburban and rural/provincial hospitals, private hospitals and stand-alone facilities such as ultrasound practices. Each training site is part of an Integrated Training Program (ITP) which normally comprises at least two training sites.

The ITPs offer a wide range of clinical exposure for trainees. Each unit is accredited as per the College's document *Re-accreditation of Hospitals in the RANZCOG Integrated Training Program: Standards and Procedures*. Clinical education and training is predominantly based in public hospitals, but some private sector training has become available in Australia through the Commonwealth's Specialist Training Program. This has been developed in particular to increase ultrasound and operative gynaecological opportunities. There is considerable emphasis on training in delivery suites, outpatient clinics, wards and operating theatres. Outpatient experience is gained in both obstetrics and gynaecological assessment. In addition, all trainees are exposed to acute obstetrics and gynaecology via the on-call rosters of the employing hospitals.

ITP Co-ordinators are responsible for the 'local' rotations of their program. The Regional Training Accreditation Committees endeavour to inform trainees of these rotations for at least the first three years of the ITP. Individual ITP Co-ordinators assess the progress of each trainee, allowing for appropriate clinical attachments over the first four years of training. Trainees undertake a mandatory rotation to a rural centre. The College sees many advantages to this, including a greater opportunity for the trainee to gain operative experience.

The diploma programs are similarly clinically focused, with all rotations being undertaken in the public hospital system, often in provincial and rural settings.

4.1.1 Team findings

The vast majority of teaching and learning is practice-based in line with the 'enhanced apprenticeship learning model' employed by the College. Trainees are exposed to a high volume of clinical cases overall. Obstetric activity is generally high, but there is considerable variation in gynaecological case activity between ITPs and individual centres.

Trainees consider their clinical teachers and supervisors to be of a very high standard. Trainees appreciate the time and dedication shown by their clinical teachers and supervisors

to their training responsibilities. Trainees generally feel very well supported in both the delivery suite and operating theatre environments.

Training in obstetric management is also gained from a cooperative relationship with hospital midwives. Trainees reported that they are exposed to normal deliveries as well as more complex obstetric cases. Trainees commonly become competent at caesarean section at a relatively early stage in training.

Many trainees and fellows expressed concern about trainee access to regular, high volume elective gynaecological surgery. The College has developed a number of strategies to address these concerns:

- A pilot of simulation training in laparoscopic surgical techniques is set to begin in New Zealand in 2014. If successful, the College will establish this as part of Core Training.
- All trainees must complete the basic surgical skills workshop by the end of year 1. This is designed to give trainees the necessary skills and confidence to maximise learning in the operating room. A number of other courses are also available, for example courses on sphincter repair.
- Fellows of the College have worked with private providers to negotiate access for trainees to procedures performed in the private sector. This is somewhat ad hoc and the College should consider developing a more formal approach to this process. In particular, there is no formal process to assess the scope and quality of training in the private sector other than via feedback from individual trainees. The Training Accreditation Committee has not accredited private hospital sites used for this ad hoc purpose (as opposed to the several formal rotations to private hospitals).
- The Regional Training Accreditation Committees and ITP Co-ordinators consistently emphasise to hospital administrators that access to regular, supervised elective operating is essential for training and workforce development, the tension here being the support of the labour ward and on-call rosters.
- A working party has been established to progress the initiative of offering a two-year training program in advanced endoscopic surgery with the Australasian Gynaecological Endoscopy and Surgery Society (AGES). These training opportunities could be offered to advanced trainees or new RANZCOG fellows.

Despite these initiatives the College faces ongoing challenges to ensure trainees are competent and confident in the core operative skills and procedures necessary for Advanced Training and ultimately specialist practice.

The College recognises that not all graduates of the training program will wish to continue with major gynaecological surgery as a component of their specialist practice. This is emphasised by the flexibility of Advanced Training and the availability of subspecialty training in areas such as maternal-fetal medicine and obstetric ultrasound. However the College is clear in its requirement that trainees must complete Core Training with specified core competencies in common and important obstetric and gynaecologic operations.

4.2 Practical and theoretical instruction

Education and training is well supported by the College. The mainstay of training is clinical experience supported by accurate and current theoretical instruction. The College mandates

attendance and satisfactory completion of four courses at specific points in the training program. These are detailed in the *RANZCOG Training Program Handbook*, as follows:

- Basic surgical skills workshop (by the end of year 1)
- In-hospital training in neonatal resuscitation (by the end of year 1)
- Fetal surveillance program (by the end of year 1)
- Communication skills workshop (by the end of year 2).

The providers of these courses are varied. The basic surgical skills workshop is delivered by local College fellows once a year in each region. Neonatal resuscitation training is provided by the hospital in which the trainee is located. The College has approved five fetal surveillance programs which trainees can undertake as part of their training. The College employs an independent expert company to deliver the communication skills workshop approximately four times a year. Attendance and successful completion of all these courses is mandatory within the first two years of training.

To support learning the College has developed the CLIMATE (Curriculum Lead Internet Managed Accessible Training Environment) e-learning platform. This gives trainees access to a large selection of resources. The *Core Modules* resource contains 17 sections covering a wide range of the clinical and basic sciences components of the curriculum. Each module includes learning outcomes, key texts, key resources and sections of learning activities that are very detailed. The *Core Modules* section also includes culture, ethics and law modules containing information pertinent to obstetric and gynaecological practice.

CLIMATE also provides access to a range of clinical lectures given by fellows. These cover a variety of topics of particular relevance to trainees including common obstetric and gynaecological conditions, both elective and acute. Direct links to ‘landmark clinical trials’ as recommended by the Education and Assessment Committee are also available. The College journal is available via CLIMATE, as is the Royal Australian and New Zealand College of Radiologists (RANZCR) e-Learning Library. The RANZCR eLearning Library is a resource developed under the Rural Health Continuing Education Program. Resources in the RANZCR Library address non-medical specialist areas of communication, management and professionalism.

Various courses to increase knowledge and skills are regularly run in conjunction with the College. Examples of these include the Practical Obstetric Multi-Professional Training (PROMPT) course which is designed to improve multi-disciplinary care of the peri-partum woman.

Each ITP runs its own regular teaching program, comprising lectures, tutorials, sessions with teachers from other specialities (e.g. obstetric medicine, radiology) and on occasion team-based training. The content of these teaching programs is the responsibility of the local clinicians. It is important for trainers to consider the broad curriculum as well as the specific requirements of the trainees in each centre when developing these programs.

4.2.1 Team findings

The Team found that clinical experience is augmented by a wide range of educational resources. There is very good alignment of theoretical resources with clinical needs and clinical learning opportunities especially at ITP level.

The e-learning resources of the College are well developed. The tools are available to all trainees and fellows and are accessible on smart phone and tablet applications as well as laptop and desktop computers. The trainees did however comment that the functionality of the website, including the CLIMATE resources, was impaired due to suboptimal searching capacity which resulted in difficulties finding particular resources. The trainees have the ability to book courses online and access to these courses is very good.

The resources include videos of operative procedures that allow trainees to study cases prior to entering the operating theatre. The 'landmark' papers section is highly valued by trainees and is regularly refreshed by the College. Some aspects of CLIMATE are still under development such as the surgical skills modules that will support the new Core and Advanced Training programs.

The changes incorporated in the revised training program to be introduced in December 2013 have meant that the College has, of necessity, concentrated on e-resources for Core Training. The first cohort of the revised training program do not enter Advanced Training for another four years, therefore the College has deliberately planned to have the Advanced Trainee Module teaching and learning resources developed with this four-year timeframe in mind. The AMC will need to see sustained progress in the development of these resources.

Orientation for trainees entering year 1 is crucial to safe and supported practice. Given obstetrics and gynaecology is not compulsory for interns in either Australia or New Zealand, some trainees may enter the program with very little clinical experience in the specialty. In addition, the admission policy of the College allows for selection of trainees with minimal prior obstetrics and gynaecology experience. To address these risks, some ITPs have developed specific orientation programs for new trainees. Trainees who had experienced such a program were universal in their praise. The College should explore development of a generic obstetrics and gynaecology orientation program to complement the local orientation program offered to trainees in each hospital.

The College does not provide a wide array of journals for trainees to access. Most trainees access the medical literature via their employing institution. Whilst this access is important, the College should investigate providing wider electronic journal access. This could involve exploring links with other Colleges and state/territory and national health ministries.

4.3 Increasing degree of independence

The College recognises the importance of trainees developing independence as they approach the conclusion of the six-year training program. The ITP/Core Training is designed to provide core competency across the broad specialty of obstetrics and gynaecology whilst the Advanced Training years are designed to concentrate skill and experiential development either in a general capacity or a subspecialty area.

Recent developments in the medical management of menorrhagia have dramatically altered the case load of elective hysterectomies undertaken in Australia and New Zealand. In

addition, service demands in many hospitals and regions in terms of labour ward, clinics and out-of-hours cover are a threat to trainee exposure to elective operative gynaecology.

The College has consistently emphasised the importance of elective operative experience and ITP Co-ordinators and Regional Training Accreditation Committees have reviewed the case mix and case volume of trainees over a longitudinal period. Trainees consistently perform up to 90% of the available elective public gynaecological surgery caseload in some regions.

The establishment of AGES advanced endoscopic surgery training program has prompted the College to examine the role that such an organisation could play in training. The College is clear that the training of doctors to become specialist obstetricians and gynaecologists rests with RANZCOG, but it also acknowledges that training opportunities may exist within the AGES program.

4.3.1 Team findings

Increasing independence in obstetric case management is obtained relatively early in the training program. This is achieved predominantly through the large volume of obstetric cases that the trainee is exposed to on a frequent basis. Most trainees can expect a high degree of obstetric independence by the conclusion of ITP/Core Training.

In contrast, many trainees do not achieve elective gynaecological surgical independence until late in training. Senior trainees may more often gain increasing independence in gynaecology through experience on the on-call roster. The College has developed a number of strategies to address this problem. The College, via ITPs and Regional Training Accreditation Committees, has entered into direct negotiation with a number of employers to emphasise the importance of senior trainee independence in gynaecological surgery as a bridge to specialist practice. In addition, the College has, where possible, resisted dramatic reductions in trainee hours of work, again emphasising the experiential component of the training program. The role of the College in ensuring the needs of trainees in gaining independence cannot be overstated. A College-coordinated response to workforce issues including hours of work and the relevance of increasing independence for senior trainees is required.

The need to achieve a balance between service needs and training opportunities was identified as an important issue by many trainees, with efforts to achieve balance confounded by 'safe working hours' and only small numbers of trainees available for after-hours work. Some hospitals and regions have restricted total hours of work to a maximum of 38 hours per week which impacts the trainee's ability to achieve required competencies, especially when a high obstetric workload exists. The College is urged to proactively engage in the discussion on this issue at a bi-national level to ensure that the learning outcomes of the FRANZCOG program continue to be met. The Team recommends that the College commences data collection and tracking of trainee hours in order to inform discussions concerning the balance between service needs and training requirements.

Various hospitals have established 'fellow' posts for which recent graduates of the FRANZCOG program can apply. These roles are designed to give considerable independence within a well-supported environment. The College has identified a number of sites where non-RANZCOG trained applicants (mainly international medical graduates) have been appointed to these 'fellow' posts. This is a threat to the ability of the College to allow as many Australasian-trained fellows as possible to benefit from such roles. The College is urged to continue to advocate for priority to be given to RANZCOG graduates, but the Team

has not made a formal recommendation to this effect because such positions are not part of fellowship or certificate training.

The AGES advanced endoscopic surgery training program represents both an opportunity for training and a risk to College functions and processes. Whilst AGES trainees may well be exposed to a greater volume and range of endoscopic gynaecologic surgery during the program, the AGES program is not an AMC-accredited training program leading to a specialist qualification, nor is it governed by the College. Therefore the role of training opportunities within the AGES program needs careful definition and review, especially in relation to pre-fellowship trainees who may participate in the program. The AGES program should be seen as expanding the available training opportunities, especially for some advanced trainees, but the assessment of such training must remain with the College. Any AGES training made available for advanced trainees will need to be assessed for suitability as would any other potential RANZCOG training environment.

Commendations

- H The overall quality of teaching provided by clinical teachers and supervisors.
- I 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.
- J 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.

Conditions to satisfy accreditation standards

- 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)
- 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)
- 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)

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

The accreditation standards are as follows:

- The assessment program, which includes both summative and formative assessments, reflects comprehensively the educational objectives of the training program.
- The education provider uses a range of assessment formats that are appropriately aligned to the components of the training program.
- The education provider has policies relating to disadvantage and special consideration in assessment, including making reasonable adjustments for trainees with a disability.
- The education provider has processes for early identification of trainees who are underperforming and for determining programs of remedial work for them.
- The education provider facilitates regular feedback to trainees on performance to guide learning.
- The education provider provides feedback to supervisors of training on trainee performance, where appropriate.
- The education provider considers the reliability and validity of assessment methods, the educational impact of the assessment on trainee learning, and the feasibility of the assessment items. It introduces new assessment methods where required.

5.1 Assessment approach

The RANZCOG Training Program contains a range of formative and summative assessments. The individual components are blueprinted to the outcomes of the training program as defined in the *FRANZCOG Curriculum*. The assessment requirements are detailed in the *RANZCOG Training Program Handbook*. The College issues a number of documents to enable trainees to record training and assessment experiences. The collection of documents is known as the Training Assessment Record.

The Logbook (Daily Training Record)

The logbook is used by each trainee to record all required procedural and training experiences in every year of MRANZCOG/FRANZCOG or subspecialty training. The logbook is reviewed and signed by the Training Supervisor every three months and forms the basis for the six-monthly summary recorded in the Training Assessment Record. The trainee is required to submit the logbook to the College when applying for membership, fellowship or subspecialty certification.

Three-monthly formative appraisals and six-monthly summative assessments

The three-monthly formative appraisals (previously termed three-monthly formative assessments) and the six-monthly summative assessments take place at these intervals throughout the training program, from ITP/Core Training through to Elective/Advanced Training. The three-monthly formative appraisal is a compulsory mid-semester assessment where the Training Supervisor meets with the trainee to discuss their progress and performance. The Training Supervisor and the trainee both sign and date the form. The trainee submits the completed report to the relevant regional office for signing by the Regional Training Accreditation Committee (TAC).

The six-monthly summative assessment is a formal appraisal assessment of the trainee's performance and progress by the Training Supervisor. The Training Supervisor bases the report on the comments collected from individual specialists who have worked with the trainee. The Training Supervisor will discuss the report with the trainee before signing and submitting to the relevant Regional TAC. The Training Supervisor will select one of three possible ratings:

- satisfactory
- automatic borderline (if the relevant training requirements have not been met)
- other than satisfactory (will be referred to the Regional TAC).

These assessments have been reworked over time, culminating in considerably revised versions being implemented as part of the revised training program in December 2013. The assessments are now more explicitly aligned to the competency framework that underpins the curriculum. For the six-monthly summative assessments, the three ratings have been removed and replaced with 'met the required assessments' or 'referred for review' to the Regional TAC if the competencies have not been met in the relevant period. A report that has been referred for review will then be assessed by the Regional TAC as either 'met the required assessments' or 'not met the required assessments'.

In-Hospital Clinical Assessments

Trainees are required to satisfactorily complete two In-Hospital Clinical Assessments before completing the ITP/Core Training. The two In-Hospital Clinical Assessments are diagnostic ultrasound, and colposcopy and the treatment of cervical diseases. These require formal assessment by an independent assessor who may, if approved as an assessor for that competency, be the trainee's supervisor. These assessments are structured and require prior organisation by the trainee to undertake the assessment. The College has modified the In-Hospital Clinical Assessment to ensure a more reliable assessment of competence in the areas of clinical practice and in line with contemporary developments in workplace-based assessment.

Basic and Advanced Surgical Skills Competencies

Trainees are assessed on their competence to perform core obstetrics and gynaecological surgical procedures. The core surgical procedures are listed in the *RANZCOG Training Program Handbook*. Trainees must demonstrate competence by completion of year 5 in the current training program and by completion of Core Training in the revised training program. An assessor assesses a trainee's competence on a particular procedure when both agree that the trainee is ready to be formally assessed. The assessor may be the Training Supervisor or an appropriate specialist who has worked with the trainee. The assessor rates the trainee on six criteria as either 'competent' or 'not competent' to perform the procedure as the primary operator. A senior midwife can assess a trainee's competence in performing a normal vaginal delivery. The assessment should be based on observation of the trainee performing the relevant procedure on a single occasion, and only be undertaken when the trainee is considered to possess the skills necessary to be able to perform the procedure independently. Trainees may attempt an assessment as many times as is needed to be deemed competent.

Research Project

As detailed under Standard 3, all trainees are required to present a research project that meets defined criteria. The Assessment Subcommittee oversees the prospective approval of research proposals and the satisfactory completion of the research project.

MRANZCOG Written and Oral Examination

The MRANZCOG written and oral examinations are high stakes assessments. The written and oral examinations are blueprinted to individual sections of the curriculum to ensure appropriate breadth of the curriculum is covered.

The written examination is based on the knowledge that underpins the educational objectives and outcomes listed in the curriculum and application of that knowledge. The examination consists of two papers: one multiple-choice question (MCQ) paper of 120 questions and one short answer question (SAQ) paper consisting of 12 questions. The time allowed for each paper is three hours and both papers are completed on the same day. Trainees must pass the written examination before attempting the oral examination, which must not be attempted sooner than six months after passing the written examination.

The oral examination assesses the trainee's clinical competence in the diagnosis and management of specific clinical problems. The examination comprises ten 16-minute stations. Each station involves a simulated clinical encounter with a patient and occasionally with other people such as a midwife or the patient's partner. These roles are played by the examiner or, on some occasions, by trained actors. A maximum of 20 points is possible for each station.

As described under Standard 3, in the revised training program, the MRANZCOG written and oral examinations must be completed before progressing to Advanced Training. The maximum number of attempts for the written and oral examinations for new trainees entering the training program will be three attempts. Current trainees will continue to be permitted four attempts at each examination.

Subspecialty Training Assessments

The key assessment items for the five subspecialty training programs are essentially the same as those for the ITP/Core Training and Elective/Advanced Training. These include the three-monthly formative and six-monthly summative assessments, an approved research project and written and oral examinations relevant to the subspecialty as well as specific assessment requirements outlined in the subspecialty curriculum.

There has been considerable activity in relation to assessment in the subspecialty training programs. This has been motivated by the recognition of the challenges presented by the relatively low number of trainees in each subspecialty and the desire to ensure that the assessment programs best enable confidence in the skills, knowledge and professional attributes of a newly certified subspecialist. To this end, a range of assessments are currently being trialled including Direct Observation of Procedural Skills, Research-Based Discussion which is a variation of case-based discussion, Multisource Feedback, and Assessment of Procedural Skills.

The results of the trials of these new assessment tools will also inform future reviews of the assessments utilised in the RANZCOG Training Program.

Certificate of Women's Health, Diploma and Diploma Advanced Assessments

Certificate of Women's Health (CWH) candidates must complete:

- a logbook which is required to be signed-off each month by the training mentor
- three workplace-based validations (paper-based assessments of clinical skills)
- the CWH written examination, comprising of 100 MCQs.

Diploma candidates (DRANZCOG) must complete:

- all requirements of the CWH
- DRANZCOG logbook requirements
- six DRANZCOG workplace-based validations (paper-based assessments of clinical skills)
- the DRANZCOG written and oral examinations.

Diploma Advanced (DRANZCOG Advanced) candidates complete the following:

- all requirements of the DRANZCOG
- DRANZCOG Advanced logbook requirements
- the seven DRANZCOG Advanced workplace-based validations (paper-based assessments of clinical skills)
- five written case syntheses based on a range of obstetric conditions.

All assessments are subject to consideration of exceptional circumstances, and applications are considered in line with the College's *Exceptional Circumstances, Special Consideration and Reconsideration Policy*, as well as being subject to reconsideration, review and appeal through the College's documented procedures.

5.1.1 Team findings

The FRANZCOG assessment program includes both summative and formative assessments that reflect the educational objectives of the training program. The assessment instruments used by the College have not changed since the last AMC assessment but revisions have been made to reflect contemporary developments in medical education.

Under the current training program, some trainees do not pass the written and oral examinations until years 5 or 6, which compromises their ability to access some opportunities in the Elective Program years. The revised training program will allow trainees to attempt the examinations earlier in the training program and will require the examination to be satisfactorily completed by the end of year 4. The Team supports these changes. The Team was reassured that trainees who do not complete the examinations by the end of year 4 will be able to attempt the examinations in subsequent years whether or not they are employed in a training position in obstetrics and gynaecology, as long as they maintain their status as a registered trainee with the College.

The Team found little evidence of assessment processes for the managerial and professional competencies expected of graduates of the training program. The stated objective of 'building on core and developing higher professional maturity and professionalism' is not adequately addressed by the current suite of assessments. The Team recommends that the College

undertakes further work to include assessment of professional maturity and professionalism for those trainees in Advanced Training. This could be via completion of specific courses or workplace-based assessments.

Whilst the College advises that advanced surgical skills must be completed by the end of Core Training within the revised training program, it is not clear if trainees will be required to achieve a satisfactory result in all of the operative procedures and how this will be assessed. This is especially important given the widespread concern expressed by trainees and supervisors about the ability to achieve the gynaecological surgical competencies within the current training program. In addition, the updated training handbook will need to contain this information.

The Team was pleased to note that research projects are assessed through the College Research Committee consistently applying a standard. The research component of training is described under Standard 3.3.

The current assessment system is heavily reliant on the transfer of paper information. Trainees who met the Team reported that many forms sent to the College go missing, which is an area of concern in a high stakes environment. The Team notes that a tendering process is underway to purchase an electronic training portfolio system. The Team welcomes this initiative and suggests that to improve monitoring of trainees, a system is required that will allow Training Supervisors and ITP Co-ordinators to track the progress of their trainees. A list of trainees requiring remedial training could also be monitored. This is discussed in further detail under Standard 7.3.

The College currently requests voluntary feedback from trainees at the end of each six-month period. The College asks trainees to rate and comment on various aspects of their training, including supervision, clinical experiences and teaching. Trainees are not clear how this feedback is collated and used. In the revised training program, there will be a mandatory requirement for all trainees to complete the feedback questionnaire at the time of their six-monthly assessments. The College should provide clear guidance clarifying that the two processes of assessment and feedback are separate and that they will be managed by separate departments in the College. The College provided additional information following the accreditation visit which indicated that all current surveys of trainees include introductory wording to ensure trainees are aware their feedback is de-identified and only accessed by the College's Evaluation Unit.

5.2 Performance feedback

The major mechanism by which trainees obtain feedback in relation to progress and performance through the training program is via the three-monthly formative appraisals and six-monthly summative assessments. These assessments provide opportunities for the Training Supervisor to identify areas of strength and concern on an individual basis. Where concerns about a trainee's performance have been raised in any of these reports, the chair of the relevant Regional TAC will contact the Training Supervisor to discuss the issues and identify an appropriate way forward, including a detailed remedial plan for the next six-month period of training. Training Supervisors are required to meet regularly with the trainee to assess progress and document outcomes, and are encouraged to contact the chair of the Regional TAC, previous Training Supervisors and/or the College Training Services Manager for further support and advice if appropriate.

Trainees are offered written feedback on their attempts at both the MRANZCOG written and oral examinations, and have the opportunity to receive verbal feedback from an experienced examiner following a second or subsequent failed attempt at either examination if they wish. The process is intended to provide the trainee with strategies to prepare for the next examination attempt. Trainees receiving verbal feedback are encouraged to have their Training Supervisor or a mentor with them to assist them to formulate strategies to guide their learning and preparation for their next attempt. Candidates at subspecialty examinations can access feedback from the chair of the relevant subspecialty examination committee.

To assist trainees prepare for the written and oral examinations, the College makes available 100 MCQs from the MRANZCOG question bank and publishes each question used in the SAQ examination on the College's website after each examination. The College also provides a general overview of the previous examination in the *O&G Magazine*.

A policy on the *Release of Examination Results*, developed by the College in 2011, outlines the release of examination data to ITP Co-ordinators/Training Supervisors and Regional/Subspecialty Committee Chairs once final examination results have been approved and trainees have been notified of their results. The College recognises the importance of ensuring Training Supervisors and others are aware of the progress of trainees.

5.2.1 Team findings

The trainees appreciate the regular feedback interviews with their supervisors and the Team commends the College on this approach. The early identification and remediation of trainees experiencing difficulty was a major focus of the training program review, which included a review of the three-monthly and six-monthly assessment forms. The timing of examinations and mandating the completion of all requirements in Core Training are seen as initiatives to assist in the early identification of trainees experiencing difficulty.

The three-monthly and six-monthly assessments are intended to determine whether the trainee has made sufficient progress in the intervening period and to assist with the achievement of training goals. If the trainee is assessed as other than satisfactory, their case is referred by the Training Supervisor to the Regional TAC. The Team notes that this referral increases the objectivity of the decision-making process and is generally welcomed by Training Supervisors and ITP Co-ordinators. For periods of training commencing from 1 December 2013, the 'borderline' category will be removed. The Team heard general support for this move from trainees, trainers and College staff, however the Team also heard during site visits that there was concern among Training Supervisors around the removal of the 'borderline' category. The College should be alert to the possibility that removal of the 'borderline' category will result in trainees who were previously assessed as 'borderline' being assessed as satisfactory (rather than unsatisfactory) hence avoiding external scrutiny by the Regional TAC. The Team suggests that the College TAC actively monitors the effect of this change and responds appropriately to ensure Training Supervisors are assessing trainees appropriately.

Trainees would like more feedback on day-to-day activities. Trainees recognise the benefit of feedback received at the time of performing or completing procedures to improve their learning. The Team found that there is limited scope for this within the current assessments, which are largely summative. The College should consider opportunities to improve feedback provided to trainees on a day-to-day basis. The College should consider achieving this through greater emphasis on the feedback systems of workplace based assessments.

The Team was pleased to be advised of the pilots of workplace based assessments in subspecialty training. The College advised that the work being undertaken through these pilots will be extrapolated to the new Core and Advanced Training programs. As other specialist medical colleges have already undertaken this work, the Team suggests that expertise could be shared.

Although trainees currently receive multisource feedback, this is generally achieved through an informal method of discussion with the Training Supervisor, rather than being undertaken in a formal way through the submission of written information. The Team encourages the College to identify opportunities to increase the involvement of other medical specialists (such as anaesthetists and paediatricians), midwives and nursing staff in the provision of multisource feedback. The College should also consider revising the three and six-monthly assessment forms to include the views of senior medical specialists, midwifery and nursing staff.

It was reported that specialists involved in training and assessment often have had no training in providing appropriate feedback. The quality of feedback to trainees can be variable. The College should consider setting a minimum standard of training for all those undertaking clinical assessment and feedback. This is likely to be even more important for assessing professional skills in Advanced Training where the aim is to address higher order skills. The Team supports the College's plans to develop online video modules explaining effective feedback. The AMC looks forward to future updates on this development.

The Team heard mixed views about the effectiveness of the surgical assessment forms. Trainees, Training Supervisors and Assessors reported that while 'competence' is achieved, some trainees lack confidence in undertaking the procedure and many report that they would not wish to undertake certain procedures unless they gain further experiential learning. This situation has been exacerbated by reduced access to gynaecological surgery resulting from innovations in gynaecological care. Under the revised training program, there is a risk that the requirement to complete the advanced surgical assessment by the end of Core Training will make this more difficult leading to trainees being unable to enter Advanced Training. The College will require information from the Regional TACs to identify if this is likely to be an issue. Increased assessor training and guidance is also recommended.

The Team was pleased to be informed that both successful and unsuccessful candidates for the MRANZCOG written and oral examinations receive feedback. The Team also commends the College for making available examples of examination questions and answers to assist trainees. New processes which enable Training Supervisors and ITP Co-ordinators to receive examination feedback relating to their trainees will be valued.

The Team supports the requirement for trainees to complete the MRANZCOG written and oral examination by the end of Core Training allowing earlier identification of individuals who are having difficulty satisfactorily completing this assessment and once passed, freedom to focus on the learning objectives of Advanced Training without the need to prepare for examinations. However, these changed requirements could result in a 'bottleneck' at the end of Core Training, with an increased number of trainees being in 'interrupted' training. Mechanisms are in place to provide feedback to trainees who fail examinations, and for remedial training processes to be established. The College may also wish to consider who will provide mentorship and support to these trainees, who may not have an official Training Supervisor during this period.

5.3 Assessment quality

The College reviews its processes in an attempt to refine, improve and validate the assessment methods employed in its training programs.

The College is able to obtain meaningful measures of reliability in relation to MRANZCOG written and oral examinations, where the calculation of Cronbach's alpha as a measure of reliability is routinely conducted. The written and oral examinations conducted are all criterion-referenced, rather than norm-referenced, and appropriate standard-setting processes are employed. The written and oral examinations are standard-set relative to the concept of a minimal accepted passing standard (MAPS) at a defined level of training.

The College commissioned an independent review by the University of Melbourne Assessment Research Centre in late 2011. The report concluded that, in principle, the methods of standard setting chosen by the College are appropriate, albeit with scope for some refinement. As a result, the MAPS definition employed by the College has recently been reviewed and refined to include the level of knowledge, skills and abilities that a MAPS candidate is expected to demonstrate on completion of Core (currently ITP) Training.

The MCQ paper of the written examination is standard set using an Angoff-based approach. The short answer paper is standard set using a modified Rothman's method, which was adopted in 2009 after trials. Each question is assigned a marker and co-marker. Markers are given the question and model answer and are required to discuss the expected answer and scoring guide with their co-marker. The MAPS is used to arrive at the individual pass marks for each component and the scores for both papers are aggregated to determine the overall pass mark for the written examination.

The College has recently focused on strengthening the quality and quantity of the MCQs held in the item bank. The College conducted four MCQ item-writing workshops in 2012 facilitated by an external consultant with expertise in writing MCQ items. The College plans to hold at least two workshops a year to continue to add to the MCQ item bank. In addition, an extensive item analysis has been undertaken on all questions in the MRANZCOG and DRANZCOG MCQ item banks. Questions with poor statistical properties have been systematically reviewed and revised or removed.

The oral examination consists of ten stations. Each station is scored out of 20 including 5 marks awarded for overall performance known as global competency. The scoring is set prior to the examination at a workshop attended by all participating examiners. The stations are trialled by the examiners and the MAPS score is determined by all examiners at the end of the workshop using a modified Rothman's method. The pass mark for the examination is calculated as the sum of the MAPS score of all 10 stations.

Examiners involved in constructing and/or standard setting written examinations are provided with clear instructions, and guidance from the examination coordinator and College staff. Examiners involved in constructing and/or standard setting oral examinations attend a two-day workshop where the cases are discussed and standard set. Probationary examiners are paired with experienced examiners. Standard setting scores and examiner marks are reviewed to identify 'outliers'. The Chair of the Education and Assessment Committee and College staff will address the issue with the examiner in question.

The College gathers feedback from candidates and examiners after all written and oral examinations. This provides valuable information regarding clarity of questions, perceived difficulty, examination settings, and relevance of pre-examination instructions and/or support information given.

Training Supervisors are responsible for overall supervision of the trainee and conduct the three-monthly and six-monthly assessments. Newly appointed Training Supervisors must attend a Training Supervisor workshop within three years of commencing. This timeframe is under consideration by the TAC to ensure maximum benefit for new Training Supervisors. The workshop covers the curriculum, roles and responsibilities of Training Supervisors, use of assessment documentation and dealing with difficult trainees. The College evaluates the effectiveness of its Training Supervisors through the training site reaccreditation process and the six-monthly questionnaires submitted by trainees. Trainee feedback questionnaires will be mandated in the revised training program which will enable the systematic collection of information on training supervision.

Feedback relating to in-training and in-hospital assessments is collected from trainees via the six-monthly trainee feedback questionnaires, the year 2 and year 4 questionnaires, the hospital accreditation survey, through meetings of the Trainees' Committee, and from Training Supervisors and specialists through Training Supervisor workshops and the six-monthly training reports.

5.3.1 Team findings

The Team observed one sitting of the MRANZCOG oral examination and was impressed with the standard setting processes. The Team noted that the examination is regularly reviewed, including by external experts, to ensure high standards. A global score is used in an attempt to counter inter-rater reliability and not as a reductionist view of assessment. The global score is standardised by the use of anchors to the descriptors. The decision on the 25% level for the global score of the oral examination, while arbitrary, has worked well in the past however should be regularly reviewed to determine whether it provides additional differentiation in determining MAPS candidates. The Team commends the College on its emphasis on examiner training to ensure consistent standards.

The Team noted the concerns expressed by trainees that the various in-training assessments are supervisor-dependent and can be variable in quality. Assessment appears to lack inter-rater reliability: this could be enhanced with more regular and constructive feedback to supervisors on their performance. The College should continue to review its strategies to address the quality of clinical and training supervision, including by providing more online and workshop resources on in-training assessment and feedback for Training Supervisors, and devising some means by which Training Supervisors could receive individual feedback on their performance.

The Team found the assessor requirements for the In-Hospital Clinical Assessments somewhat disproportionate to the importance of these skills within the practice of obstetrics and gynaecology, in that the requirement to have an assessor, who may be external to a trainee's day-to-day learning, is setting a stricter standard than is required for arguably more complex operative procedures. The rationale for this seems to be historical and related to the need to access clinical opportunities and ensure trainer engagement rather than as a planned process to improve assessment. In light of the developments in delivery of training over the past number of years, the College needs to review the need for these assessments.

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.

Conditions to satisfy accreditation standards

- 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)
- 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)
- 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)
- 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)
- 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)
- 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)

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) |

5.4 Assessment of specialists trained overseas in Australia and New Zealand

The accreditation standard is as follows:

- The processes for assessing specialists trained overseas are in accordance with the principles outlined by the AMC and the Committee of Presidents of Medical Colleges Joint Standing Committee on Overseas Trained Specialists (for Australia) or by the Medical Council of New Zealand (for New Zealand).

The processes employed by the College for the assessment of specialist international medical graduates (SIMGs) were developed with reference to the 2005 Review of Australian Specialist Medical Colleges by the Australian Competition and Consumer Commission and the Australian Health Workforce Officials' Committee, as well as the 2006 Council of Australian Governments reforms and initiatives brought about by bodies such as the Joint Standing Committee on Overseas Trained Specialists. The processes are in accordance with the principles outlined by stakeholder bodies to the process: the AMC, the Medical Board of Australia (MBA) and the Medical Council of New Zealand (MCNZ).

In Australia, the National Specialist International Medical Graduate Committee has replaced the Joint Standing Committee on Overseas Trained Specialists as a result of the introduction of the National Registration and Accreditation Scheme.

In Australia the College assesses SIMGs for comparability to an Australian-trained specialist in obstetrics and gynaecology on behalf of the MBA. In New Zealand the College functions as a branch advisory body for the MCNZ, conducting assessments of SIMGs for equivalence of their qualifications, training and experience to that of a New Zealand-trained specialist registered in the vocational scope of obstetrics and gynaecology.

The number of SIMG applications received by the College in Australia from 2010-2012:

	Applications received	NEFI	EFI	SC	SC (OS)			PC	NC
					Nil	6 mths	12 mths		
2010	49	3	46	28	6	4	18	10	7
2011	38	2	37	24	5	5	12	12	1
2012	56	3	48	24	6	5	13	12	5
Total	143	8	131	76	17	14	43	34	13

NEFI – Not eligible for Interview (akin to ‘Not Comparable’ prior to interview stage)

EFI – Eligible for Interview

SC – Substantially Comparable – total numbers

SC (OS) – Substantially Comparable – breakdown describing the period of oversight required

PC – Partially Comparable

NC – Not Comparable

The College provides extensive information to SIMGs seeking assessment in an easily accessible area of the website at <http://www.ranzcog.edu.au/education-a-training/simsgs.html>

The College assessment process comprises two stages: an initial (paper-based) assessment of materials supplied to the College and, where the training, qualifications and experience meet the eligibility requirements, an interview. Applicants who are not considered eligible to proceed to the interview stage are advised that they will need to gain a place on the FRANZCOG Training Program in order to gain specialist registration.

The College offers assessment interviews at College House in Melbourne six times a year. Interviews are 90 minutes long and are conducted by a panel of three assessors, two of whom are College fellows and one of whom is a community representative. Applicants are advised of the format of the interview in advance. The panel is guided by the *Assessment of Overseas Trained Specialist Obstetrician and Gynaecologists Competency Standards* and the *FRANZCOG Curriculum*.

The three possible assessment outcomes of the interview are:

- Substantially comparable to an Australian-trained specialist, which will require:
 - a period of between zero to 12 months oversight.
- Partially comparable to an Australian-trained specialist, which will require further training and assessment including:
 - A minimum period of 12 months and maximum period of 24 months of prospectively approved, supervised training
 - In-hospital clinical assessments (x three)
 - RANZCOG written examination (maximum four attempts)
 - RANZCOG oral examination (maximum four attempts)
 - The specified basic and advanced surgical procedures.

- Not comparable to an Australian-trained specialist (application rejected). The applicant will need to obtain the AMC certificate and then apply to enter the FRANZCOG Training Program at year 1. Recognition of prior learning may apply.

The College provides the following support to SIMGs:

- Applicants eligible to proceed to the interview stage are given access to all materials available on the College website, including those resources available on the College's CLIMATE e-learning platform.
- Those applicants who are assessed as substantially comparable are required to participate in the RANZCOG continuing professional development program for the period of oversight.
- Under funding obtained through the Commonwealth's Specialist Training Program, the College also conducts workshops specific to the needs of SIMGs (e.g. Introduction to the Australian Health Care System Workshop; SIMG Communication Skills Workshop) and their Training Supervisors (e.g. SIMG Training Supervisors' Workshop).

For SIMGs who require a period of oversight or supervised training, the chair of the SIMG Assessment Committee will approve the post and confer with the relevant Regional TAC chair regarding suitability and appropriateness for individual applicants. All assessment decisions relating to SIMGs are subject to review through the College's reconsideration, review and appeal processes.

As a branch advisory body to the MCNZ, the College provides advice to the MCNZ, which it may accept or reject. As the assessment decision is a decision of the MCNZ, it is subject to the reconsideration, review and appeal mechanisms of the MCNZ. Determination of the pathway that an applicant must follow in order to attain fellowship of the College is a College decision and is subject to reconsideration, review and appeal through the College's processes. The relevant pathway to College fellowship is, of course, linked to successful attainment of vocational registration by the MCNZ and the former cannot be obtained without the latter.

Interviews in New Zealand are conducted under the auspices of the RANZCOG SIMG Assessment Committee, with the chair of the New Zealand Assessment Panel being a member of that committee. The interview process is closely aligned to the process undertaken in Australia. Clear pathways underpinned by College regulations have been developed for applicants. This provides information on the role of the College as a branch advisory body for the MCNZ, pathways to College fellowship, and the involvement of College fellows and community representatives in the assessment process.

The number of SIMG and assessment outcomes by the College in New Zealand in the period 2010–12 is as follows:

Assessment	2010	2011	2012
IMGs assessed as Option A 'equivalent'	6	8	5
IMGs assessed as Option B 'as satisfactory as'	1	1	1
IMGs assessed as Option C 'not comparable'	2	2	1
Total IMGs assessed per year	9	11	7

5.4.1 Team findings

The Team reviewed all the information on the website about the SIMG process and was satisfied that this was easily accessible, clear and related to the definition of a specialist as outlined in the document *Attributes of a RANZCOG Fellow*. The SIMG Assessment Committee appears to consistently apply the College's SIMG assessment procedures in Australia and New Zealand in a fair and transparent way and to communicate with the applicant and the AMC in a timely manner. The templates for letters written to SIMGs about the results of their interview and the requirements of their clinical practice assessment period are in general clear, although the letter to non-comparable applicants could contain more detailed reasons for the decision.

The Team was impressed with the level of input afforded to the community representatives on SIMG assessment panels and heard that their feedback regarding improvements to the process is well regarded by the College. The inclusion of community representatives during all stages of the process means that the representatives strongly engage with the process. The Team was of the view that it is fair and appropriate to include community representatives when determining whether applicants would meet the needs of the community.

The Team met with a number of SIMG trainees during the accreditation. Some were satisfied with the process whilst others raised concerns about its fairness and transparency. This feedback appeared to be correlated with the results of the interview and the requirement to sit the examination to some extent.

Recommendations for improvement

- 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

The accreditation standards are as follows:

- The education provider regularly evaluates and reviews its training programs. Its processes address curriculum content, quality of teaching and supervision, assessment and trainee progress.
- Supervisors and trainers contribute to monitoring and to program development. Their feedback is systematically sought, analysed and used as part of the monitoring process.
- Trainees contribute to monitoring and to program development. Their confidential feedback on the quality of supervision, training and clinical experience is systematically sought, analysed and used in the monitoring process. Trainee feedback is specifically sought on proposed changes to the training program to ensure that existing trainees are not unfairly disadvantaged by such changes.
- The education provider maintains records on the outputs of its training program, is developing methods to measure outcomes of training and is collecting qualitative information on outcomes.
- Supervisors, trainees, health care administrators, other health care professionals and consumers contribute to evaluation processes.

6.1 Ongoing monitoring

The College uses a variety of mechanisms, both formal and informal, to monitor and review its training programs. The College has produced a formal evaluation framework, which specifically addresses the AMC requirements covered in this standard. The *RANZCOG Evaluation Framework 2013* is an overarching framework which brings together existing evaluation plans and tools to guide College staff and fellows in all evaluation activities.

The College has recently undertaken an extensive review of the training program. This has been the most significant review of the program since the 2003 AMC accreditation. Input was sought and obtained from trainees, supervisors and fellow, as well as a variety of external stakeholders. The extent of this consultation is documented in the College's accreditation submission and included health service representatives from Australia and New Zealand, hospital directors of obstetrics and gynaecology, workforce agencies and groups representing Indigenous doctors and consumers.

In its accreditation submission, the College outlined the following mechanisms for regular monitoring and evaluation of the training program:

- Hospital accreditation/reaccreditation processes, where qualitative and quantitative information is obtained through a range of sources, which may inform change at both the local, as well as, program level.
- Confidential trainee questionnaires (associated with the six-monthly summative assessments) which are currently optional, but will be mandated under the revised training program in order to enable the collection of more information to facilitate monitoring and evaluation functions.
- Annual surveys of trainees completing years 2 and 4 of training, the results of which are considered at both Training Accreditation Committee (TAC) and Board meetings.

- Feedback received through Training Supervisor Workshops.
- Feedback received through Regional Committee and Regional TAC meetings.
- Feedback from College committee meetings, such as Education and Assessment Committee, TAC, Trainees' Committee.
- Feedback received by College staff through individual contact with trainees, Training Supervisors, other College members and the public.

The College has also established the role of Manager, Workforce and Evaluation, to raise the profile of evaluation within the organisation. The Evaluation Unit's primary focus will be to establish and implement a coordinated approach to evaluation activities of the training program. In particular, mechanisms to collect regular and meaningful feedback from Training Supervisors will be developed. In addition, the development of mechanisms to evaluate training outcomes using information obtained from recently graduated fellows, employers and the community/consumers will take place. The Evaluation Unit will play a major role in coordinating activities with key external stakeholders such as health departments, workforce agencies and consumer bodies.

6.1.1 Team findings

The College is commended for consulting widely, both internally and externally, on the recent revisions to its training program. As noted above, Training Supervisors are routinely included in hospital training accreditation surveys and they are also encouraged to participate in survey teams that visit other training sites. However, the depth of 'grass roots' input by Training Supervisors and others into the ongoing development of the training program is less clear and effective feedback loops, between suggestions for modifications of the programs and later assessment of the effects of such changes on the program, appear less evident. Future developments in this area are foreshadowed in the evaluation framework document, supported by the new Evaluation Unit. The Team commends the College on the establishment of this framework and Unit. In progress reports to the AMC the College is required to provide evidence of regular evaluation and review of the training program as documented in the evaluation framework.

Trainees are regularly surveyed regarding their experiences in the training program. Response rates for the current optional surveys are reasonable. In 2012, for year 2 trainees there was a 57 percent response rate and for year 4 trainees there was a 64 percent response rate. However, it is noted that participation in surveys on a six-monthly basis will become mandatory with the introduction of the revised training program. The Team commends the College on this initiative.

During site visits, trainees and supervisors indicated they receive clear, timely and accurate information regarding recent and planned changes to the training program via various routes. However, there was little evidence that trainees and supervisors get 'feedback on their feedback'. Whilst trainees and supervisors acknowledge that they get ample opportunity to comment, they did highlight that they are unaware how this is analysed or incorporated into future changes.

Many trainees interviewed during site visits reported that they would value the opportunity to provide both positive and negative feedback on their immediate training/supervisory environment on a regular and systematic basis. Data received on supervision during voluntary

trainee surveys is currently analysed centrally, and trainees do not know what is done with the results. A more detailed site-specific analysis of mandatory six-monthly surveys is planned and detailed in the evaluation framework document. Opportunities for site-specific feedback are included as part of the regular site accreditation visits, but given the limited number of trainees and supervisors at each site, concerns were expressed regarding the confidentiality of comments made at these visits. The College needs to further explore its ability to provide site-specific supervision feedback in a confidential manner or to assist each site with their own process.

6.2 Outcome evaluation

The College uses surveys to collect demographic and descriptive data regarding the outputs of its training program, including age, gender and geographic distribution of practice of its fellows. Annual surveys of fellows are conducted to produce a 'practice profile', including time allocation between private and public practice, the specific areas of practice (obstetrics, gynaecology and specific procedures) undertaken in each context, whether practice is undertaken in a solo or group service and the waiting times relevant to areas of practice. Fellows future practice intentions are also recorded, generally based on self-reported plans for potential changes in their scope of practice over the next five years.

The Evaluation Unit will play a central role in collecting information to inform the systematic evaluation of graduate outcomes and the Team commended the College's initiative in establishing this unit. The College envisages that it will collect graduate outcome data at two time points post-fellowship, for example at one and three years post fellowship. In progress reports to the AMC the College will be required to provide updates on the outputs of the Evaluation Unit.

6.2.1 Team findings

Data collection regarding training outputs is limited. The College collects demographic and descriptive data regarding the outputs of its training program, including age, gender and the geographic distribution of the practice of its fellows. Fellows and diplomates are also surveyed regarding their scope of practice and intentions for practice in the future, including service delivery and on call time in the public and private health care sectors. The systematic collection of more detailed qualitative information from recently graduated fellows (at one and three years post fellowship) is outlined in the College's accreditation submission, but does not yet form part of standard College practice.

There is little current evidence of integration of College training processes and outputs with overall health workforce or community needs. The College has engaged with Health Workforce Australia in providing data for modelling that is published in *Health Workforce 2025*, and the Team noted the extensive discussion about alterations in the training program based on the changing nature of obstetrics and gynaecology practice (e.g. the impacts of medical treatment for menorrhagia and vaccination for cervical cancer on the need for gynaecological surgeons). Further developments in this area have been identified as an area for future work but are not yet in place.

Little evidence was provided regarding systematic consultations between the College and other health care disciplines, administrators or health care consumers in the overall evaluation of training. Several other medical specialties (anaesthesia, paediatrics, obstetric medicine) and health professions (midwifery and nursing) collaborate with obstetrics and gynaecology

services to a high degree or undertake similar procedural work (surgery). These groups were offered the opportunity to comment on the revised training program, but it does not appear that they have been included on a regular basis in iterative feedback regarding changes to the training program.

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.

Conditions to satisfy accreditation standards

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

Recommendations for improvement

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

7 Implementing the curriculum - trainees

The accreditation standards relating to selection into the training program are as follows:

- A clear statement of principles underpins the selection process, including the principle of merit-based selection.
- The processes for selection into the training program:
 - are based on the published criteria and the principles of the education provider concerned
 - are evaluated with respect to validity, reliability and feasibility
 - are transparent, rigorous and fair
 - are capable of standing up to external scrutiny
 - include a formal process for review of decisions in relation to selection, and information on this process is outlined to candidates prior to the selection process.
- The education provider documents and publishes its selection criteria. Its recommended weighting for various elements of the selection process, including previous experience in the discipline, is described. The marking system for the elements of the process is also described.
- The education provider publishes its requirements for mandatory experience, such as periods of rural training, and/or rotation through a range of training sites. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

The accreditation standards relating to trainee involvement in governance of their training are as follows:

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

The accreditation standards relating to communication with trainees are as follows:

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

The accreditation standards concerning dispute resolution are as follows:

- The education provider has processes to address confidentially problems with training supervision and requirements.
- The education provider has clear impartial pathways for timely resolution of training-related disputes between trainees and supervisors or trainees and the organisation.

- The education provider has reconsideration, review and appeals processes that allow trainees to seek impartial review of training-related decisions, and makes its appeals policies publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

7.1 College selection processes

The College's accreditation submission provided the following details on the breakdown of the trainee intake from 2011–13 by training region.

	Vic	NSW/ACT	Qld	SA/NT	WA	Tas	NZ	Total
2011	24	27	19	5	6	2	16	99
2012	23	26	19	4	5	2	17	96
2013	22	34	18	4	4	3	21	106

Since 2010 the College has operated a bi-national process for selection into its Integrated Training Program (ITP). The selection process is identical in Australia and New Zealand, but is conducted earlier in the calendar year in New Zealand to align with the earlier commencement of the training year.

The RANZCOG selection process is based on a clear statement of principles, as set out in the document *Statement of Principles, Eligibility Criteria and Selection Criteria*. Details of the application process are provided on the College website, along with a clear statement outlining eligibility and selection criteria. Presently, applicants are ranked for entry to an ITP based on structured assessments including consideration of a curriculum vitae (CV) and referee reports (both submitted online), as well as performance at a regional interview. The weightings for and within these elements are available to selection panels but not applicants. In most regions, the CV and referee reports are used to short-list applicants for progression to interview by a panel of two local fellows, two interstate fellows, a trainee representative and a hospital or consumer representative. Successful applicants are offered places in the training program based on their national ranking at the conclusion of the process, and their training region preference. They are made aware of mandatory rotations, including a rural rotation, and the College's *Exceptional Circumstances, Special Consideration and Reconsideration Policy*. Unsuccessful applicants are advised of the result by letter, which includes advice of their right to request reconsideration, review and appeal via the College's processes. Whilst some feedback may be made available to unsuccessful applicants, it is not routinely provided.

At the end of 2012 the College initiated a consultative review of its selection process including consistency across regions, and in 2013 convened a working party to address issues identified by the review. The recommendations of the Working Party are yet to be reported to the Training Accreditation Committee (TAC) and Board.

The selection of trainees into each of the five subspecialty training programs is conducted on a national basis once a year by a panel appointed by the relevant College Subspecialty Committees. Each Committee has representatives from Australia and New Zealand. The application and selection processes are provided on the College website, and incorporate assessment of a CV, referee reports and performance at interview. The process is overseen by

the College Director of Education and Training and the Chair of the relevant Subspecialty Committee. Applicants who are assessed as suitable to undertake subspecialty training are responsible for obtaining employment in an accredited subspecialist post however the College provides each successful candidate with a list of available first year accredited training positions across Australia and New Zealand along with the names and contact details of the relevant program directors to assist in this process. This information is available to the College as accredited subspecialty training sites must advise the College of available training posts for each year level, prior to the selection process.

7.1.1 Team findings

The College has developed a structured bi-national process for selection into the ITP and the application process is clearly communicated to prospective trainees. It appropriately prioritises fitness for training and uses multiple structured sources of information to assess applications, including CV, references and interviews. The Team is pleased to see that trainee representatives are included on interview panels.

The Team's main concern with the College's selection process is that the assessment of applications for shortlisting for interview lacks transparency. The weighting and marking systems for each of the three elements (CV, references and interview) have not been published. Furthermore, the Team's discussions with trainees, supervisors and health services suggests that the way in which the College uses references is vulnerable to external manipulation. For example, it is widely assumed that 'exceptional' scores in each domain are required to secure an interview and it was suggested by trainees and supervisors that references were manipulated by referees to this effect. Altering the use of references as a pass/fail criterion for employment was suggested as one way to alleviate this problem.

Once selected, the College allocates new trainees to ITPs that generally specify training rotations throughout the duration of the ITP. This facilitates a predictable progression through training that is appreciated by trainees and health services alike. There is nevertheless considerable variability in the process of allocating new trainees to a particular ITP following their selection within a particular training region. Whilst the overall selection to training was seen as being reasonably transparent and fair, the regionally-based selection into a particular ITP was seen as less so and is not consistent across states/territories.

Trainees and employers also raised concerns about a lack of coordination between the associated processes of selection for training and selection for employment. An opportunity exists for the College and employers to work together to make improvements in this area.

7.2 Trainee participation in the governance of training

The RANZCOG Trainees' Committee has been a standing committee of Council since 2009. It is a representative committee and members are elected to the committee every two years by constituents in all training regions. Confidential elections, held electronically, are conducted in the event of there being more nominations than available positions for each constituency. The committee meets six times per year (five by teleconference, once face-to-face) and is led by a chair and two deputy chairs, amongst which there must be at least one Australian and one New Zealand representative. All meetings and activities of the committee are fully funded by the College, including an external delegation to the AMA Committee for Doctors in Training and the General Assembly of the World Association of Trainee Obstetricians and

Gynaecologists. Members of the Trainees' Committee act as trainee representatives with full voting rights on RANZCOG decision-making bodies, including Council.

7.2.1 Team findings

The Trainees' Committee has clear terms of reference and is constituted within the College governance structure, with trainee representatives elected to membership of the committee by constituents in all training regions. The College consults its Trainees' Committee prior to implementing changes to its education and training programs and trainee representatives are integrated across a broad range of College decision-making bodies. The Team notes that the Trainees' Committee perceives the College to be highly responsive to its concerns.

The chair of the Trainees' Committee is currently appointed upon the recommendation of the President, which the Team regards as inappropriate given the representational role specified for the Committee by its terms of reference. For the same reason, the Team considers that it would be more appropriate for non-representative members of the committee (including fellows) to act as observers rather than voting members.

In terms of improving trainee participation in College affairs in the future, the Team considers that there is considerable scope for the College to support the Trainees' Committee to develop a more strategic organisational role, for instance through the development of a strategic vision and work plan, and training in leadership and governance for its members.

7.3 Communication with trainees

The College communicates with its trainees via a number of active and passive mechanisms. Its primary means of direct communication is its monthly *Training & Assessment Bulletin* which is distributed to all trainees via their College email address. The *Bulletin* contains information relevant to all aspects of training including (but not limited to) regulation changes, important dates and events, and employment opportunities for trainees in Elective/Advanced Training. A separate *Training & Assessment Bulletin*, distributed every two months, is available for trainees enrolled in the diploma programs and their supervisors. Members of the Trainees' Committee also have access to trainee email lists to facilitate direct communication.

In particular the College has employed a number of mechanisms to communicate the changes to the training program directly with trainees and supervisors. These include the College's major communication channels, the College's Annual Scientific Meetings, Regional/Provincial Fellows' Scientific Meetings, Regional Committees/Training Accreditation Committee (TAC) meetings, Training Supervisor Workshops, College website, email and hard copy correspondence, Trainee and Training Supervisor Bulletins and the *O&G Magazine*.

The College maintains a strong online presence via its website and is in the process of developing an online training and assessment e-portfolio to enable ready access for trainees and supervisors to information relating to the trainee's training status. Currently, such information is available to trainees and Training Supervisors via mechanisms such as the 'Master Sheet' that is maintained in a trainee's Training Assessment Record. Prospective trainees are also able to access information about the various RANZCOG training programs via the College website.

All trainees are able to contact the College directly by telephone, fax, email and mail with contact details provided on the College website. Trainees can also communicate with peers via an online forum.

7.3.1 Team findings

The College publishes clear and appropriate information on its website, and there is evidence that this is accessed effectively by trainees. There is nevertheless some scope for improvement in the functionality of the College website, in particular the trainee email system and website navigability, which are considered cumbersome. The development of an online trainee forum is commended.

The Team notes that the College is progressing the implementation of an e-portfolio system to improve the administration of training, including access for supervisors and trainees to information about progress through training. The Team considers that the development of the e-portfolio system should be prioritised in order to provide timely and correct information to trainees about their training status, and minimise problems associated with misplaced documentation.

7.4 Resolution of training problems and disputes

The College endorses and seeks to protect the principles of natural justice and procedural fairness in the course of resolving training problems and disputes. It implements both formal and informal avenues of reconsideration, review and appeal for fellows, trainees, prospective trainees and specialist international medical graduates that are subject to the outcomes of College decision-making procedures. The College places a strong emphasis on resolving disputes informally in the first instance, and has developed an *Exceptional Circumstances, Special Consideration and Reconsideration Policy* to aid in this endeavour.

The College's formal appeals process is clearly documented and readily available in the form of a policy and procedure outlined by Regulation 19. For disputes that progress to the point of formal appeal, a fee is charged to recover the costs associated with conducting the formal process. The Appeals Committee, whose voting membership consists of a majority of non-College members, reports rather than recommends its findings to the Board. The fee associated with a formal appeal is refunded in the case of the appeal being upheld. The College does not have a process for evaluating de-identified appeals, as numbers are very small.

In addition to its appeals processes, the College is sensitive to issues of workplace bullying and harassment and has developed a *Bullying, Harassment & Discrimination Workplace Policy* that is available on the College website.

7.4.1 Team findings

The College seeks to confidentially and impartially address the problems that trainees encounter in the workplace and within its programs, including the issue of workplace bullying. Its network of Training Supervisors and College staff are commended for their commitment to assisting trainees with problems arising in the workplace or with the College.

The College has a clearly documented reconsideration, review and appeal process. While the fee associated with the formal College appeal process is substantial and may create a

disincentive to appeal, it is appropriately configured to recover costs and is refunded in the event of an appeal being upheld.

The Team's main concern with the College reconsideration, review and appeal process is that the review phase is labeled as 'informal' and may, under the rules, be conducted by one individual (the Chief Executive Officer). This potentially undermines the impartiality of the process and departs from the accredited practices of other Colleges. It would be more appropriate for a formal review to be conducted by the group overseeing the original decision-maker.

Feedback from trainees indicates that that they do not understand the reconsideration, review and appeal process, and some trainees fear adverse professional consequences should they engage in an appeal. This may be a particular concern for trainees who have witnessed or experienced workplace bullying, harassment or discrimination.

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.
- T 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.
- U 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.
- V The development of an online forum for trainees.

Conditions to satisfy accreditation standards

- 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)

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)

8 Implementing the training program – delivery of educational resources

The accreditation standards relating to supervisors, assessors, trainers and mentors are as follows:

- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the training program, and the responsibilities of the College to these practitioners.
- The education provider has processes for selecting supervisors who have demonstrated appropriate capability for this role. It facilitates the training of supervisors and trainers.
- The education provider routinely evaluates supervisor and trainer effectiveness, including feedback from trainees, and offers guidance in their professional development in these roles
- The education provider has processes for selecting assessors in written, oral, and performance-based assessments who have demonstrated relevant capabilities.
- The education provider has processes to evaluate the effectiveness of its assessors/examiners including feedback from trainees, and to assist them in their professional development in this role.

The accreditation standards relating to clinical and other educational resources are as follows:

- The education provider has a process and criteria to select and recognise hospitals, sites, and posts for training purposes. The accreditation standards of the education provider are publicly available.
- The education provider specifies the clinical and/or other practical experience, infrastructure and educational support required of an accredited hospital/training position, in terms of the outcomes for the training program. It implements clear processes to assess the quality and appropriateness of the experience and support offered to determine if these requirements are met.
- The education provider's accreditation requirements cover: orientation, clinical and/or other experience, appropriate supervision, structured educational programs, educational and infrastructure supports such as access to the internet, library, journals and other learning facilities, continuing medical education sessions accessible to the trainee, dedicated time for teaching and training, and opportunities for informal teaching and training in the work environment.
- The education provider works with the health services to ensure that the capacity of the health care system is effectively used for service-based training, and that trainees can experience the breadth of the discipline. It uses an appropriate variety of clinical settings, patients, and clinical problems for the training purposes, while respecting service functions.

8.1 Supervisors, assessors, trainers and mentors

The College has an extensive network of training sites across Australia and New Zealand. Given the extensive number of sites and trainees, the College is heavily reliant on a large number of committed hospital and community practitioners to provide and coordinate training at the accredited training sites. There is appropriate College documentation, in the

form of the *RANZCOG Position Description for ITP/Elective Training Supervisors and ITP Co-ordinators* describing the respective roles of the practitioners involved and the College's responsibilities in supporting these practitioners.

Regional Training Accreditation Committees (TACs) are responsible for overseeing the effective delivery of training in the various regions across Australia and New Zealand, including the appointment of local Training Supervisors and Integrated Training Program (ITP) Co-ordinators. At the individual hospital level, training is coordinated by the head of the obstetrics and gynaecology department at the respective training site, in conjunction with the Training Supervisor(s) and supported by the ITP Co-ordinator who has responsibility for the effective coordination of training across training sites.

Training Supervisors

Hospitals with training posts must have a Training Supervisor to coordinate training within that hospital. This is a prerequisite for College accreditation of the hospital as an approved training site.

The qualifications and skills required of Training Supervisors are well described by the College, including post-fellowship experience in a teaching obstetrics and gynaecology department (highly desirable); demonstrated commitment to teaching and training; good interpersonal skills and the ability to communicate effectively with trainees, other medical staff and patients; an understanding of the functions of formative and summative assessment, and ability to contribute to the planning and delivery of an effective training program at the hospital level.

The process of appointment of Training Supervisors is documented on the College's website. Potential Training Supervisors are identified at the training site and, if suitable, are appointed by the Regional TAC. A comprehensive information pack describing the role and associated responsibilities is provided. Supervisors are required to attend a RANZCOG Training Supervisor Workshop within three years of appointment and every three years thereafter. In addition, an online suite of modules relating to clinical education and supervision is available through the College's CLIMATE (Curriculum Lead Internet Managed Accessible Training Environment) e-learning platform.

The Training Supervisor, once appointed, reports to the relevant ITP Co-ordinator and Regional TAC. Ultimately, Training Supervisors are responsible to the College, as they are the College's representative on training in accredited units and provide liaison between trainees, the hospital authorities and the College.

The primary purpose of Training Supervisors is to oversee, in close consultation with the relevant ITP Co-ordinator and the relevant Regional TAC, all aspects of the in-hospital training of an ITP/Elective trainee or group of up to three trainees (seven trainees for two supervisors). This includes ensuring that the trainee(s) is provided with the theoretical and practical instruction, ongoing support and appropriate assessment to enable them to meet the professional and educational requirements specified in the *RANZCOG Curriculum*.

Evaluation of training supervision occurs through a number of mechanisms. These include: direct approaches from trainees to the supervisor, Regional TAC, Trainees' Committee or College staff; as part of the RANZCOG training site accreditation process; and from confidential information provided through trainees' six-monthly summative assessment

forms, with compulsory completion of trainee surveys being introduced from December 2013.

While evaluation of Training Supervisor effectiveness will be a focus of the newly formed evaluation unit, performance appraisal of individual supervisors has been trialled by the College and considered not to be feasible (see Standard 6).

ITP Co-ordinators

The primary purpose of the ITP Co-ordinators is the coordination of the training program across the participating hospitals, in close consultation with the relevant Regional TAC, which appoints coordinators, in most instances from the ranks of existing or previous Training Supervisors.

The qualifications and skills for ITP Co-ordinators as described by the College are similar to those for Training Supervisors, in addition to demonstrable administrative skills. Subject to ratification by the College, ITP Co-ordinators are appointed by the relevant hospital or group of hospitals for a minimum of two years. College documentation indicates that the ITP Co-ordinator is a senior specialist, who is a member of staff of one of the participating hospitals, usually the 'home' or 'base' hospital in the ITP.

The aim of the ITP Co-ordinator role is to ensure that the combined hospitals in an ITP, over the four years of the program, provide trainees with appropriate clinical experience to meet the core requirements of the curriculum and gain an appropriate level of clinical competence. The role also liaises closely with the relevant Training Supervisors and Regional TAC chair (including attending TAC meetings when required) in order to discuss training issues and problems, particularly where one or more hospitals in the consortium may be having difficulties in providing trainees with the necessary clinical experience and support.

The ITP Co-ordinators also assist in the counselling of trainees experiencing difficulties during training and, where necessary, assisting in the implementation of a remedial plan for such trainees. In this role they are supported by the Regional TAC and College staff.

The College does not have a comprehensive, coordinated mentoring program for trainees, but where it is considered beneficial for a trainee, a pairing with an appropriate mentor can be facilitated. Mentors are provided to support trainees with day-to-day training, workplace negotiations and to assist in preparing for the examinations.

Examiners

Examiners for the MRANZCOG, subspecialty and diploma written and oral examinations are appointed by the College Education and Assessment Committee (EAC). Written applications, along with a curriculum vitae and written referee reports, are made to the EAC, although no interviews are undertaken. Examiners must have ten years of College fellowship, must commit to participating in one examination each year and can be appointed for three terms to a maximum of nine years as an examiner.

Initial appointment is as a probationary examiner, normally beginning as a member of the DRANZCOG Board of Examiners and involvement in the diploma written and oral examinations, before being an examiner for the MRANZCOG examinations. Probationary examiners are accompanied by an experienced examiner and their marks are not counted

toward the trainees' results for the first examiner role. Progression from probationary status is subject to satisfactory evaluation based on statistical analysis of performance and observation by examination coordinators.

The examination reports, presented to the Examination Committee following each DRANZCOG and MRANZCOG examination, provide feedback on the performance of each examiner. The Chair of the Examination Committee or the College Censor follows up with any examiner whose performance is questioned. Examiner performance is reviewed by comparing each individual examiner's passing estimate (for the written examination) and mean scores and/or standard deviations (for oral examination stations) against all examiners.

There is a separate process for selection of assessors for the In-hospital Clinical Assessments. The College maintains a list of approved assessors for this purpose. A member of the EAC approves inclusions on the list according to criteria relating to active clinical practice, and in the case of the diagnostic ultrasound and the colposcopy assessments, certification or special interest in the area. The ITP Co-ordinator or the trainee's Training Supervisor selects the assessor from this list. The Training Supervisor delivers feedback to the College on the effectiveness of the assessor via interview.

8.1.1 Team findings

The College is strongly supported by a large number of committed hospital and community practitioners providing and coordinating training at the accredited training sites. There is appropriate College documentation describing the respective roles of involved practitioners and the College's responsibilities in supporting these practitioners.

The College's effort in developing and maintaining a skilled and adequately-sized workforce of Training Supervisors, ITP Co-ordinators, assessors and examiners is commendable. The commitment and enthusiasm demonstrated by Training Supervisors and ITP Co-ordinators is much appreciated by trainees and is commended.

The College has comprehensive documentation for the selection, capability requirements, training of, and professional development support for Training Supervisors, ITP Co-ordinators, examiners and assessors.

According to the document, *Position Description for ITP/Elective Training Supervisor*, 'good interpersonal skills and the ability to communicate effectively with trainees, other medical staff and patients' are required. Given the inter-professional milieu in which trainees and fellows operate, it is suggested that the ability to communicate effectively should also refer to communication with other medical specialists and health professionals.

Training Supervisors are required to attend a RANZCOG Training Supervisor Workshop within three years of appointment and every three years thereafter, although attendance at workshops subsequent to the first workshop attendance appears to be strongly encouraged rather than being mandated. These workshops are considered to effectively provide orientation and continuing professional development opportunities for, and are valued by, Training Supervisors.

In addition, Training Supervisors and ITP Co-ordinators have access to an online suite of modules relating to clinical education and supervision, available through the College's

CLIMATE e-learning platform, with variable uptake. The College should consider mandating completion of these e-modules for Training Supervisors and ITP Co-ordinators.

As discussed under Standard 6 of this report, feedback from trainees regarding Training Supervisor performance, while sourced from a number of mechanisms, does not comprehensively collect trainee feedback. Training Supervisors reported that they would value feedback on their performance. Likewise, trainees are often unaware of what happens with any feedback provided. However, this will be improved from December 2013 when the six-monthly assessment feedback from trainees becomes compulsory, including the requirement for feedback on Training Supervisor performance.

The College must ensure that trainee feedback on Training Supervisors is contained in all formal trainee feedback surveys and that trainees are aware that the feedback is analysed and that only de-identified feedback is provided to supervisors. During the site visits, the Team heard residual concern and confusion about how their data is handled and whether their anonymity is preserved. The College provided additional information following the accreditation visit which indicated that all current surveys of trainees include questions on their Training Supervisor with introductory wording to ensure trainees are aware their feedback is de-identified prior to the reporting of results. The Team recommends the College ensure any additional surveys include an opportunity for trainees to provide feedback on their Training Supervisor which is de-identified prior to being provided to supervisors.

Within individual attachments, the Training Supervisor is an important source of support and advice for trainees who generally felt their supervisors were committed and approachable. A few trainees and supervisors noted that the Training Supervisor may have little contact with their trainees, which it was felt made it difficult for a strong supportive relationship to develop and for a meaningful assessment of the trainee by the supervisor.

Overall, trainees were very clear about the requirements for completion of their training experience, including clinical and procedural exposure, outcomes and examinations and felt the College documentation was clear and comprehensive.

There is adequate evaluation and feedback for examiners and examiner training, including workshops prior to oral and written examinations. This feedback is appreciated by the examiners and the College believes it improves the reliability of the examinations.

With respect to training opportunities for specialist teachers and workplace based assessors (other than Training Supervisors), there does not appear to be a clear articulation of specific training for their teaching and assessment roles. This is not sufficiently identified, described and prioritised. The Team considers that specialist teachers and workplace based assessors are critical to the effectiveness of the training program and require specific training for their teaching and assessment roles.

The College outlined the history of providing mentors for ITP trainees. However, the current approach is that mentors are provided to trainees only in selected cases. At the present time, many of the Training Supervisors are regarded as mentors. The Training Supervisor is not the ideal person to be a trainee's mentor given both the supervisory and assessment components of the role. The Team encourages the College to separate mentoring from assessment. This issue was also raised in the College's 2003 AMC accreditation report.

The College must evaluate the potential benefits of providing a mentorship program for all trainees during training. The Team heard during site visits that there is widespread support for a mentoring program for all trainees. It was also suggested that it would be highly desirable for the mentor to be in the geographic vicinity of the trainee.

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.

Conditions to satisfy accreditation standards

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

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)

8.2 Clinical and other educational resources

The College accredits training sites in Australia and New Zealand. There are 105 accredited training sites in Australia and 14 in New Zealand, providing the first four years training.

There are comprehensive, publicly available standards for the accreditation of training sites, first published in November 2006 and titled *Re-accreditation of Hospitals in the RANZCOG Integrated Training Program: Standards and Procedures*. These clearly specify the clinical experience, infrastructure and educational support required of the accredited hospital and its relevant staff. Coordination of the accreditation and reaccreditation process is the responsibility of the chair of the TAC and the College Chief Executive Officer.

Hospitals seeking College accreditation complete a detailed application form which must be approved by the TAC and ratified by Council. Approval of an accreditation application is normally for a period of up to four years, subject to the outcome of the accreditation and re-accreditation visit and satisfactory bi-annual reports from the hospital/site to the College.

The four-yearly hospital reaccreditation is conducted via a site visit. The accreditation team comprises a fellow from a state other than the one in which the review is being undertaken, a senior member of the RANZCOG Training and Assessment staff, a non-local trainee at least

at year 3 level and an invited jurisdictional representative, if one is nominated by the jurisdiction.

Two months prior to the site visit, a standard questionnaire is sent to the head of the obstetrics and gynaecology department at the hospital to obtain information on clinical procedure numbers, rosters and the in-house education program available to trainees. Trainees are asked to complete a feedback questionnaire asking for comment on their training experiences. The results of these questionnaires assist the assessment team to identify areas of concern for further investigation during the site visit.

Reaccreditation decisions range from full accreditation for a period of four years; provisional reaccreditation for a period of four years but subject to the implementation of specific recommendations within a stipulated period; and reaccreditation for shorter periods of time, one to two years, where there are significant issues with a training site. In the case of reaccreditation of less than four years, a follow up site visit will be conducted at the end of the specified period to assess the hospital progress. These visits are conducted in the same format as the reaccreditation visit.

In the five years from 2008–12, of the 107 re-accreditation visits, 31 achieved a full four-year accreditation and 55 a provisional four-year accreditation, with 16 being granted a 12 or 18-month provisional accreditation. There were no visits which resulted in non-accreditation.

All sites undergoing reaccreditation receive a detailed draft report with the accreditation decision. Each site is given one month to comment on the draft report. The final report is distributed to the head of obstetrics and gynaecology, the hospital chief executive and the chair of the relevant Regional TAC.

In terms of subspecialty training site accreditation, each subspecialty Training Supervisor must apply every three years for the site to be accredited. This requires two subspecialists at the site who practise the majority of their time in the subspecialty at the training facility (at least 65%). The accredited subspecialty training site must advise if a training post is available each year. The selection process is overseen by the College Director of Education and Training and the Chair of the relevant Subspecialty Committee. Applicants who are assessed as suitable are responsible for obtaining employment in an accredited subspecialist post.

The Regional TACs across Australia and New Zealand maintain strong engagement with state/territory/national departments of health in relation to trainee selection and the accreditation/reaccreditation of training sites, and at times interact on local issues related to workforce planning and women's health. The College promotes jurisdictional representation on its hospital accreditation teams.

8.2.1 Team findings

There are comprehensive, publicly available College standards for the accreditation of training sites. The College is commended for promulgating such extensive and detailed documentation which clearly articulates the requirements and processes related to the accreditation and reaccreditation of training sites, including those for subspecialty training.

Numerous examples were provided of a range of accreditation outcomes for sites ranging from 12-month provisional accreditation to a full, unconditional four-year accreditation status consistent with appropriate application of the accreditation standards.

Accreditation team composition is clearly defined. However, it was noted that the composition of accreditation teams for any site where a revisit is required to assess progress against recommendations may be identical to the original team which made the accreditation recommendations. It is suggested that a reaccreditation team should comprise at most one or two of the original team members for continuity and to provide advice on previous deliberations, combined with new members who provide a fresh perspective on the assessment of the site.

Comments to the Team from health departments and services indicated support for the College's selection and accreditation processes and acknowledgement of the quality of its graduates. However, it was noted that the College's usual process for communicating with hospitals/sites regarding accreditation and reaccreditation matters is directly with the local head of obstetrics and gynaecology department (or equivalent). A number of sites commented that, as many accreditation issues are contingent on managerial responsiveness and have budgetary implications, correspondence regarding accreditation and reaccreditation of sites should routinely be communicated to the hospital/site general manager/chief executive. This would help foster a positive relationship between the College and hospital/site administration and remove the potential for communication failures between the head of department and hospital/site administration.

Currently the RANZCOG Training Program has 36 ITPs spread across Australia and New Zealand. The intention is to provide effective planning and coordination of the training experience and balancing the needs of all levels of trainees within the first four years of training. Trainees are generally expected to remain at their allocated ITP for the full four years. However, College accreditation of training sites is approached on a site-specific basis, rather than approaching the accreditation process from the perspective of the full ITP, four-year training experience. The College is encouraged to consider the accreditation of ITPs rather than individual sites. This would allow sites to work as networks to provide the totality of training opportunities required of the program.

The Team was advised of a range of College-related discussions about exploration of training experiences available in the private sector. The Team applauds the Ballarat model where advanced trainees operate across both public and private sectors. However, the opportunities to increase trainee access to private training experience, to complement the sometimes restricted access to public training exposure, appear limited.

With the current and foreseeable limited access for trainees at various levels to an appropriate range and number of training experiences, including gynaecological surgery and ultrasound, the College risks facing insufficient training exposure for trainees to satisfy College curriculum requirements. This limited access for trainees is exacerbated by the creation of a number of subspecialty training posts which appear to limit access to subspecialty training for trainees other than those subspecialty trainees.

The College accreditation process must optimise the range of public and private training opportunities and ensure the even distribution of these opportunities among all trainees.

Commendations

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

Conditions to satisfy accreditation standards

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

Recommendations for improvement

- WW Consider accrediting/reaccrediting networks of training facilities rather than individual sites or posts. (Standard 8.2)
- XX Consider including new members on accreditation teams where a follow-up is required as well as one or two original team members. (Standard 8.2.1)
- YY Routinely send all correspondence regarding hospital site accreditation and/or reaccreditation to the hospital/site general manager/chief executive. (Standard 8.2.1)

9 Continuing professional development

The accreditation standards concerning continuing professional development (CPD) are as follows:

- The education provider's professional development programs are based on self-directed learning. The programs assist participants to maintain and develop knowledge, skills and attitudes essential for meeting the changing needs of patients and the health care delivery system, and for responding to scientific developments in medicine as well as changing societal expectations.
- The education provider determines the formal structure of the CPD program in consultation with stakeholders, taking account of the requirements of relevant authorities such as the Medical Board of Australia and the Medical Council of New Zealand.
- The process and criteria for assessing and recognising CPD providers and/or the individual CPD activities are based on educational quality, the use of appropriate educational methods and resources, and take into consideration feedback from participants.
- The education provider documents the recognised CPD activities of participants in a systematic and transparent way, and monitors participation.
- The education provider has mechanisms to allow doctors who are not its fellows to access relevant continuing professional development and other educational opportunities.
- The education provider has processes to counsel fellows who do not participate in ongoing professional development programs.

The accreditation standards relating to retraining are as follows:

- The education provider has processes to respond to requests for retraining of its fellows.

The accreditation standards relating to remediation are as follows:

- The education provider has processes to respond to requests for remediation of its fellows who have been identified as under-performing in a particular area.

9.1. RANZCOG continuing professional development program including additional MCNZ criteria: Continuing Professional Development

The Continuing Professional Development Committee is responsible for the governance of the College's continuing professional development (CPD) programs. The Committee and CPD program are supported by staff in the College's Women's Health Unit with specific educational and online resource expertise. The Committee and staff are aware of developments in CPD and revalidation for medical specialists and are engaged in ongoing debate on these issues in Australia and New Zealand.

Participation in the RANZCOG CPD program is mandatory for all active fellows and associate members. Participation is also offered to educational affiliates and any other medical practitioner with an interest in women's health.

The CPD program is underpinned by the principles of adult and self-directed learning. The program is completed in three-year cycles. Each triennium starts on the anniversary of the participant's admission to RANZCOG fellowship or on joining of the program. Participants

are responsible for selecting activities to address their individual CPD needs. The College awards prospective approval to its own continuing medical education events and activities, and considers applications for prospective approval by other event coordinators or participants against standard criteria. Participants may also self-assess the relevance of the activities that they undertake. This reinforces the self-directed nature of the College's program.

The College, through its head office, annual scientific meeting, regional committees and special interest groups provides a range of continuing medical education opportunities for its fellows. The online learning resources, including the CLIMATE modules and 'landmark' papers, are also available for use by program participants. Participation in College committees and in the College's trainee assessment processes also qualify as activities in the program.

The framework for the College's program has recently been revised and a new framework implemented following extensive consultation and piloting. Previously the program was based on four domains (practice review and clinical risk management, educator activities, meeting attendances and self-education activities) and participation was measured by points. The new program is also organised around the four domains however these are now aligned with the major domains of the *FRANZCOG Curriculum* (clinical expertise, academic abilities, professional values and responsibilities, as well as practice audit and reflection) and participation is measured in hours spent undertaking approved activities. The new program also mandates an initial CPD plan for the triennium. Fellows with subspecialty certification must comply with their subspecialty committee's requirements in terms of the proportion of CPD credit supporting subspecialty and general obstetrics and gynaecology practice.

There are a number of options for fellows to include participation in cultural competence activities as part of their CPD. Participation in practice review and audit is also encouraged via the requirement to undertake a minimum of 25 hours in this activity per triennium. This framework is suitable for fellows wishing to meet annual registration requirements in New Zealand. The College is making tools available to support the audit of medical practice requirement for participants in New Zealand.

Participants must complete annual claim forms in order to receive recognition of participation for registration purposes. At the conclusion of a triennium, the participant's hours (in the previous CPD program a unit of CPD was based on points) are checked against the framework and a certificate of completion is awarded. The College undertakes a sampling exercise whereby 5% of participants who complete a triennium in each calendar year are required to provide documentary evidence supporting their claims for hours of participation as part of the College's audit process.

Fellows who fail to complete either annual or triennial applications for approval are contacted by College staff and members of the Continuing Professional Development Committee, who aim to assist participants with activity completion and/or documentation where possible. Fellows who persist in failing to comply are referred to the Fellowship Review Committee. The ultimate sanction is removal of fellowship of the College and/or reporting to the Medical Board of Australia or Medical Council of New Zealand. To date, this has not occurred. The College's *Exceptional Circumstances, Special Consideration and Reconsideration Policy* also applies to participants in the College's CPD program.

The College is transitioning participants from a hard-copy portfolio to an online planning and recording platform. This tool will also be available on smart phones and tablet devices in the future, and automatic uploading of hours for College-based activities is anticipated.

The College's diploma programs are re-certifiable and participants are required to accrue 'Women's Reproductive Health' points in the CPD programs of the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine.

RANZCOG CPD Program participation as of October 2013:

Class	Total	Overseas & participating in approved program	Participating in RANZCOG CPD Program				% Participating in RANZCOG CPD program
			Overall	Australia	New Zealand	Other Overseas	
Fellows	1,941	39	1,902	1,601	249	52	97.99
Associate Members	1	0	1	0	1	0	100
Educational Affiliates	24	0	23	17	6	0	95.83
Associate Members in the Pacific	26	0	26	0	0	26	100
Diplomates	2,460	0	2,050	2,027	2	21	83.33

9.1.1 Team findings

The College's current CPD program is based on self-directed learning and has been designed to meet the requirements of relevant authorities. The program domains are aligned with the training curriculum and require participation in a variety of activities including practice audit and reflection. Whilst the program is mandatory for active fellows and associate members, and removal of fellowship/membership is a possible consequence of failure to participate, the ethos at the College is to assist participants with completion of the required activities and/or the required documentation. The College is to be commended for the recent revision of its CPD program and its flexibility in allowing self-assessment and direction of activity by participants.

As the AMC-accredited education provider for the specialty, the College sets the standard for CPD by specialist obstetricians and gynaecologists in Australia. The College may wish to publish an explicit statement of this standard in the public domain. This standard would then serve as a framework for its own program and that of any other individual or CPD program provider who may enter the market.

The College interacts appropriately with the Medical Council of New Zealand and its New Zealand-based participants in relation to CPD. The College recently wrote to all New Zealand-based participants pointing out the Medical Council's requirements for annual audit, an activity which is accommodated in the College's program. The College also advised

fellows of the Medical Council's requirement for information regarding fellows' participation and the protections provided by privacy legislation and policies.

9.2 Retraining

The College has well-documented policies and procedures for retraining in preparation for re-entry into specialist practice in obstetrics and/or gynaecology. The College statement WPI 13 *Re-entry guidelines following a period of absence from practice and retraining* is available on the College website. Re-entry programs are individualised and directed at fellows who have been absent from practice for an extended period. The programs address those areas of clinical competence in which the fellow intends to practise, subject to appropriate registration and credentialing. Each re-entry program is based on the domains in the *FRANZCOG Curriculum* (clinical expertise, academic abilities and professional qualities). The policy includes a model re-entry program for use as a guide by fellows and their mentors.

The College's policy also governs the retraining of fellows who have self-identified, or been identified by other authorities, as being in need of retraining. In this case, the process requires approval by the College's Chief Executive Officer and oversight by a College Vice President.

Satisfactory participation in the College's CPD program is required of all fellows under re-entry or retraining processes.

9.2.1 Team findings

The College's re-entry and retraining processes are fit for purpose and available for use. The College receives few requests for assistance with re-entry to practise from its fellows. Four such fellows have been assisted by the College's retraining process in recent years.

9.3 Remediation including additional MCNZ criteria: Remediation of poorly performing fellows

The College does not assess the competence or performance of its members, nor does it play an active role in identifying incompetent or poorly performing practitioners. The College does, however, encourage lifelong learning and participation in educational activities through its mandatory CPD program. Participants who fail to comply with the program, whether they are suffering from competence or performance issues, or are merely unable or disinclined to complete the required activities or documentation, are assisted by the College staff and Committee members.

The College is committed to advising the Medical Board of Australia and/or Medical Council of New Zealand of any program participant's failure to comply with the CPD standard set by the College. The College is also aware of mandatory reporting requirements should it become aware of sub-standard practice by one of its members.

The College statement WPI 13 *Re-entry guidelines following a period of absence from practice and retraining* is relevant to this accreditation standard as well as to Standard 9.2. In this context the College is acting as a facilitating intermediary rather than the body primarily responsible for remediating poorly performing practitioners. Professional indemnity insurance for College fellows participating in such activities is a matter for the fellow and the originating body to negotiate.

The College statement WPI 23 *Credentialing in Obstetrics and Gynaecology* is also relevant.

9.3.1 Team findings

The College's remediation processes are fit for purpose and available for use. The College receives few requests for assistance with remediation of its fellows.

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)

Appendix One Membership of the 2013 AMC Assessment Team

Professor Kate Leslie (Chair) MBBS, MD, MEpi, FANZCA, FAICD

Staff Specialist and Head of Anaesthesia Research, Department of Anaesthesia and Pain Management, Royal Melbourne Hospital

Mr Mark Bodycoat B. Juris, LLB, BA, Acc. M. LEADR

Community Member, South Australian Board of the Medical Board of Australia, Consultant Mediator

Dr Andrew Connolly BHB, MBChB, FRACS

Head of Department, General Surgery and General and Colorectal Surgeon, Middlemore Hospital

Dr Brad Hayhow BMBS, BA (Hons)

Senior Psychiatry Registrar, State Neuropsychiatry Unit, Royal Melbourne Hospital

Professor David McIntyre MBBS (Hons), FRACP, MD

Staff Endocrinologist and Obstetric Physician, Director of Obstetric Medicine, Mater Mothers' Hospital

Dr Clare McKenzie MBChB, FRCOG

Consultant Gynaecologist, NHS Tayside, Dundee, Royal College of Obstetricians and Gynaecologists, Vice President (Education)

Dr Paul Scown MBBS, BHA, FRACMA, AFCHSM

Consultant to the Health, Research and Education sectors

Professor Jill White AM RN, RM, BEd, MEd, PhD

Dean and Professor of Nursing and Midwifery, Sydney Nursing School, University of Sydney

Ms Jane Porter

Manager, Specialist Training and Program Assessment, Australian Medical Council

Appendix Two List of Submissions on the Programs of RANZCOG

ACT Health

Australian Indigenous Doctors' Association

Australian and New Zealand College of Anaesthetists

Australian College of Nursing and Australian College of Midwives – joint submission

Australian Medical Association

Australian Society for Psychosocial Obstetrics and Gynaecology

Australasian Menopause Society

Deakin University

Department of Health and Human Services

Department of Health, Victoria

Health Education and Training Institute, NSW Health

Health Workforce Australia

International Society for Pelviperineology

James Cook University

Midwifery Council of New Zealand

New Zealand Family Planning Association

NSW Ministry of Health

Perinatal Society of Australia and New Zealand

Queensland Health

Royal Australasian College of Physicians

Royal Australian College of General Practitioners

SA Health

Society of Obstetric Medicine of Australia and New Zealand

The Royal Australian and New Zealand College of Psychiatrists

The Royal Australasian College of Physicians

Royal New Zealand College of General Practitioners

University of Auckland

WA Health

Appendix Three Summary of the 2013 AMC Team's Accreditation Program

WELLINGTON, NEW ZEALAND

Monday 26 August 2013

Dr Andrew Connolly, Dr Brad Hayhow

<i>Location</i>	<i>Meeting</i>
Ministry of Health, New Zealand	Chief Medical Officer - Clinical Leadership, Protection and Regulation
Wellington Hospital	Doctors who work in the site being visited that contribute to RANZCOG training
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
	Representatives of related health disciplines
	Senior Hospital Staff
RANZCOG New Zealand Regional Committee	RANZCOG New Zealand Regional Committee representatives Maori Women's Advisory Group representatives
Teleconference with Specialist International Medical Graduates	Specialist International Medical Graduates

AUCKLAND, NEW ZEALAND**Tuesday 27 August 2013**

Dr Andrew Connolly, Dr Brad Hayhow

<i>Location</i>	<i>Meeting</i>
Auckland City Hospital	Head of Obstetrics and Gynaecology department
	Senior Hospital Staff
	Training Supervisors, ITP Co-ordinators
	Representatives of related health disciplines
	Doctors who work in the site being visited that contribute to RANZCOG training
	Obstetrics and Gynaecology Trainees
Teleconference with Palmerston North Hospital	Senior Hospital Staff, including Medical Head
	Obstetrics and Gynaecology Trainees
	Representatives of related health disciplines
	Training Supervisors, ITP Co-ordinators

BRISBANE, QUEENSLAND**Monday 26 August 2013**

Professor Kate Leslie, Professor David McIntyre

<i>Location</i>	<i>Meeting</i>
Teleconference with Queensland Health	Manager, Medical Workforce, Health Service and Clinical Innovation Division Manager, Queensland Medical Education and Training (QMET), Office of the Principal Medical Officer Audit Liaison Officer
Royal Brisbane and Women's Hospital	Representatives of related health disciplines
	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology trainees
	Training Supervisors, ITP Co-ordinators
	Doctors who work in the site being visited that contribute to RANZCOG training
RANZCOG Queensland Regional Committee	Chair Deputy Chair Executive Officer
Teleconference with Cairns Base Hospital	Head of Obstetrics and Gynaecology department
	Senior Hospital Staff
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators

GOLD COAST, QUEENSLAND

Monday 26 August 2013

Professor Kate Leslie, Professor David McIntyre

<i>Location</i>	<i>Meeting</i>
Queensland Ultrasound for Women	Specialist Training Program Supervisor
	Obstetrics and Gynaecology Trainees
	Senior Sonographers
Gold Coast Hospital	Senior Hospital Staff
	Representatives of related health disciplines
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
	Doctors who work in the site being visited that contribute to RANZCOG training
	Head of Obstetrics and Gynaecology department
Teleconference with Toowoomba Hospital	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Representatives of related health disciplines
	Training Supervisors, ITP Co-ordinators
	Obstetrics and Gynaecology Trainees

SYDNEY

Wednesday 28 August 2013

Professor Jill White, Dr Paul Scown, Dr Clare McKenzie, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
RANZCOG NSW Regional Committee	Chair Deputy Chair Executive Officer
Teleconference with Calvary Hospital	Representatives of related health disciplines
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
Hornsby Hospital	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
	Head of Obstetrics and Gynaecology department
Liverpool Hospital	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Nursing Unit Managers
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators

Thursday 29 August 2013

Professor Jill White, Dr Paul Scown, Dr Clare McKenzie, Ms Ellana Rietdyk (AMC staff)

<i>Location</i>	<i>Meeting</i>
NSW Ministry of Health	Medical Adviser, Workforce Planning & Development
	Director, Workforce Planning & Development
	Associate Director, External Relations, Workforce Planning & Development
	Senior Policy Officer
Westmead Hospital	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
Royal Hospital for Women	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees
	Representatives of related health disciplines
	Training Supervisors, ITP Co-ordinators

ADELAIDE**Thursday 29 August 2013**

Professor Kate Leslie, Mr Mark Bodycoat, Ms Jane Porter (AMC staff)

<i>Location</i>	<i>Meeting</i>
Lyell McEwin Hospital	Head of Obstetrics and Gynaecology department
	Doctors who work in the site being visited that contribute to RANZCOG training
	Representatives of related health disciplines
	Senior Hospital Staff
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
	Northern Adelaide Local Health Network Chief Operating Officer and Head of Obstetrics
RANZCOG SA/NT Regional Committee	Chair Training Accreditation Committee Chair Executive Officer
Teleconference with Flinders Medical Centre/Flinders Reproductive Centre	Senior Hospital Staff and Training Supervisors
	Obstetrics and Gynaecology Trainees
	Head of Obstetrics and Gynaecology department

MELBOURNE**Monday 2 September 2013**

Mr Mark Bodycoat, Dr Paul Scown

<i>Location</i>	<i>Meeting</i>
Teleconference with Ballarat Base Hospital	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
Teleconference with practitioners undertaking the Certificate of Women's Health, Diploma and Advanced Diploma	Practitioners undertaking the Certificate of Women's Health, Diploma and Advanced Diploma

MELBOURNE**Monday 2 September 2013**

Professor Kate Leslie, Dr Andrew Connolly

<i>Location</i>	<i>Meeting</i>
RANZCOG Victoria Regional Committee	Chair Training Accreditation Committee Chair Executive Officer
Mercy Hospital	Training Supervisors, ITP Co-ordinators
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees

MELBOURNE**Monday 2 September 2013**

Professor David McIntyre, Professor Jill White

<i>Location</i>	<i>Meeting</i>
Sunshine Hospital – Western Health	Senior Hospital Staff
	Head of Obstetrics and Gynaecology department
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators
	Doctors who work in the site being visited that contribute to RANZCOG training
	Representatives of related health disciplines

MELBOURNE**Monday 2 September 2013**

Dr Clare McKenzie, Dr Brad Hayhow, Ms Ellana Rietdyk (AMC staff)

<i>Location</i>	<i>Meeting</i>
Monash Medical Centre	Head of Obstetrics and Gynaecology department
	Senior Hospital Staff
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators

MELBOURNE**Monday 2 September 2013**

Dr Paul Scown, Professor Jill White

<i>Location</i>	<i>Meeting</i>
Teleconference with Wagga Wagga Base Hospital	Representatives of related health disciplines
	Obstetrics and Gynaecology Trainees
	Training Supervisors, ITP Co-ordinators

Meetings with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists' Committees and College Staff

Tuesday 3 September – Thursday 5 September 2013

Professor Kate Leslie (Chair), Mr Mark Bodycoat, Dr Andrew Connolly, Dr Brad Hayhow, Professor David McIntyre, Dr Clare McKenzie, Dr Paul Scown, Professor Jill White, Ms Jane Porter (AMC staff)

Date	Meeting	Attendees
3 September 2013	The context of education and training	RANZCOG Board
	Organisational purpose and outcomes	
	Implementing the curriculum – trainees	
	The context of education and training	Education Strategy Committee Conjoint Committee for the Diploma of Obstetrics and Gynaecology (CCDOG) Chair
	Organisational purpose and outcomes	
	The education and training program – curriculum content	
	Assessment of learning	
	Monitoring and evaluation	
	Organisational purpose and program outcomes	Education and Assessment Committee including eLearning Editorial Subcommittee Research Project Assessment Subcommittee
	The education and training program – curriculum content	
	Assessment of learning	
	Implementing the program – educational resources	
	Implementing the curriculum – trainees	Trainees' Committee
	Monitoring and evaluation	

4 September 2013	Teleconference with SA Health	Manager, South Australian Medical Education and Training Unit Director, Medical Services, Central Adelaide Local Health Network
	Teleconference with Health Workforce New Zealand	Acting Director
	The educational and training program – curriculum content Teaching and learning methods Assessment of learning Monitoring and evaluation Implementing the curriculum – trainees Implementing the program – educational resources	Training Accreditation Committee Training & Assessment Record Subcommittee of Conjoint Committee for the Diploma of Obstetrics & Gynaecology
	The education and training program – curriculum content Assessment of learning Continuing professional development	Subspecialties Committee
	Continuing professional development The context of education and training	Continuing Professional Development Committee
	Assessment of learning	Specialist International Medical Graduate Assessment Committee
	Role of College staff in supporting education, training and continuing professional development	College staff
	The education and training program – curriculum content	Women's Health Committee
	The education and training program – curriculum content	Indigenous Women's Health Committee
5 September 2013	Presentation of preliminary statement of findings	AMC Assessment Team RANZCOG representatives

