

Subspecialties

Certification and Training

The College has five subspecialty three-year training programs.

In the past 12 months, 11 Fellows have met the training and assessment requirements for certification:

Obstetrical and Gynaecological Ultrasound (COGU)	1
Gynaecological Oncology (CGO)	3
Maternal Fetal Medicine (CMFM)	4
Reproductive Endocrinology and Infertility (CREI)	2
Urogynaecology (CU)	1

Five overseas trained specialists have been awarded the Diploma:

Gynaecological Oncology (CGO)	4
Maternal Fetal Medicine (CMFM)	1

This completes the cohort of those enrolled in the Diploma, which is no longer offered by the College and has been replaced with the Certificate of Recognised Training (CORT). The CORT has been introduced for overseas specialists who wish to undergo some subspecialty training in a RANZCOG-approved subspecialty training unit for up to two years and who wish to obtain formal recognition of such training. Overseas specialists registered for this certificate are not required to complete a Research Project and are not eligible for the subspecialty examinations.

The table below indicates the number of Trainees in the five subspecialty training programs in June 2009.

Subspecialty	Year 1	Year 2	Year 3	Year 3+*	Total
CGO	5	2		1	8
COGU	1	2	4	2	9
CREI	7	4	7	6	24
CMFM	3	4	5	4	16
CU	2	4	2	2	10
Total	18	16	18	15	66

* Year 3+ includes Trainees who have completed the training component but not the assessment component and those overseas trained subspecialists who have been assessed as substantially comparable to an Australian-trained subspecialist and who are waiting to complete the relevant examination.

The numbers of current certified subspecialists:

COGU	36
CGO	48
CMFM	44
CREI	58
CU	28

Key Policy Decisions

The new pathway to subspecialty recertification was introduced for all subspecialists in November 2008. Fellows seeking recertification must now demonstrate involvement in their subspecialty across a range of key areas, including education and training, research, leadership and governance. PR&CRM activities must be in the relevant subspecialty discipline.

Regulations related to subspecialty training were reviewed during 2008. Changes were made to:

- Ensure alignment and consistency with the training and assessment regulations that govern the MRANZCOG/FRANZCOG

training program, as well as those that relate to the assessment of overseas trained specialists; and

- Better reflect revised College administrative processes.

The current syllabi for each subspecialty have been restructured and aligned to the format of the RANZCOG curriculum that underpins the MRANZCOG/FRANZCOG training program, thus allowing a more seamless transition to those ITP trainees who enter one of the subspecialty training programs. Four new curricula have been finalised, with CGO, CU and CMFM implemented at the beginning of 2009 and COGU mid 2009. It is envisaged that CREI will be ready for implementation in 2010.

A review of subspecialty assessment components has also been undertaken, with new and revised work-based assessment tools in all subspecialties in development.

A new Recognition of Prior Learning (RPL) policy for subspecialty training has been developed and approved in line with the recently agreed upon RPL for ITP/Elective training. Cases of significant previous training (as defined in the document) which predates the commencement of prospectively approved RANZCOG subspecialty training may count towards partial fulfilment of the training and assessment requirements for the relevant subspecialty qualification. A period of up to 12 months may be approved.

The accreditation standards and procedures for all subspecialty training units have been reviewed and revised by their respective subcommittees, with criteria broadened to help address workforce needs, in particular, in Obstetrical and Gynaecological Ultrasound (OGU) and Maternal Fetal Medicine (MFM).

The Reproductive Endocrinology and Infertility (REI) Subcommittee has recently introduced formal site visits as part of their reaccreditation process. Visits to five units were conducted in June 2009 with plans for all 14 units to be visited by a review team by the end of 2012. At this stage there is no decision to conduct site visits as part of the formal accreditation or reaccreditation process for the other subspecialties. However, if areas of concern arise, site visits to such subspecialty units can be conducted at the discretion of the relevant subspecialty committee.

Entry into the subspecialty programs is through the National Selection Process. The process has been reviewed and refined over the last 12 months with changes introduced to the application form, selection criteria, number and make-up of the interview panel and the scoring and ranking system used.

A working party was convened in 2008 to undertake a broad review of the training, assessment, workforce and recruitment issues of the two subspecialties, OGU and MFM. The working party acknowledged that while there was some overlap in the training program and services provided, the two subspecialties should remain separate. Both subcommittees have since relaxed their accreditation guidelines for training sites to help address, albeit in a small way, some of the service provision shortfalls. Current discussions are now focusing on the possible sharing of various resources.

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