

President's Report



Dr Christine Tippett
President

It gives me great pleasure to present the Annual Report of the Royal Australian College of Obstetricians and Gynaecologists for 2007. The work and activities of the College have continued to increase and become more demanding as the expectations of Fellows, Members, Diplomates, Trainees and external organisations both in the government and non-government sector increase. In response to these demands, the College has become a more efficient and sophisticated organisation and I am confident it will continue to fulfill its role in the future whilst ensuring the College remains in its current sound financial position.

The financial position of the College has benefited from the considerable growth in investments and investment income during this period, but careful financial planning and oversight is essential as we continue to expand and improve the organisation. The ability of the College to review and adjust its structures as necessary over the coming years will be essential to ensure we are an effective, efficient and transparent organisation.

The Constitution

At the Annual General Meeting in November 2006, the new Constitution was accepted. The Memorandum and Articles of Association (MOA), which had been developed at the time of the amalgamation of the Australian and New Zealand College in 1998, were no longer providing an appropriate 'rule book' underpinning College activities. We were aware at the time the Constitution was accepted that changes would be needed occasionally and that new regulations would need to be developed. This highlights one of the most important changes to the Constitution, which is the ability for the Constitution to be changed by a postal ballot or at an Annual General Meeting (AGM). Changes to the MOA were extremely difficult to make as they had to be approved by the Federal Attorney General after being passed at an AGM. When changes to the Constitution are proposed you will be notified with the AGM agenda documents, or as has already been done, by a postal ballot. It is very important that you take time to consider any proposed changes and take the opportunity to vote either in person, or by proxy, at the AGM or by postal ballot when it is appropriate.

Diplomates

The new Constitution recognises Diplomates as a distinct category of members for the first time. This is most appropriate as they have a very important role in the delivery of women's health services,

particularly in rural and remote areas. The General Practitioner Obstetrics Advisory Committee has facilitated an increasing number of educational activities for general practitioners, particularly in conjunction with scientific meetings, which have been most successful to date.

The development of a new diploma curriculum has commenced and will be progressed in collaboration with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine to ensure it is relevant and applicable to the different specialist groups.

Associate Membership and Educational Affiliates

The new Constitution also enables us to broaden our categories of membership to include individuals involved in the provision of women's health services, who do not hold a qualification awarded by RANZCOG. At the March Council meeting, two new categories of membership were accepted - Associate Members and Educational Affiliates. Neither Associate Members nor Educational Affiliates will have voting rights or a post-nominal attributable to the College, but will be able to access Continuing Professional Development (CPD) and be involved in College activities. Many of these doctors are making a considerable contribution to the provision of women's health services and we consider that both the doctors and the women for whom they care will benefit from being included in the College, and in particular, from being able to access our educational activities.

At the recent meeting of the Pacific Society for Reproductive Health in Samoa, a number of doctors who are recognised as specialists in their countries and who have completed a three-year CPD cycle overseen by the College were the first individuals to be presented with their Associate Membership certificates.

Regional Committees

The regional committees play an important role in the overall functioning of the College. We have considerably increased the funding of regional committees to ensure that they have adequate resources. In April 2007 we had a meeting at College House with regional treasurers and representatives to discuss financial issues as well as governance matters and appeals procedures. Consistency of practice and procedures across all regional committees is essential to ensure that the College acts fairly, is not exposed to unnecessary risks, and can defend its processes, particularly in relation to Trainee matters.

Workforce Issues

The very real medical workforce shortages in Australia and New Zealand and the maldistribution and ageing of the medical workforce in Australia, particularly in rural and remote areas, is of great concern. Until the increase in medical graduates translates to an increased number of trained specialists commencing in 2018 there will be ongoing problems. The recruitment of overseas trained specialists is an important, although not ideal, part of building the workforce in the short-term.

The assessment of overseas trained specialists and medical practitioners applying for Area of Need positions has been the focus of much government attention. We recognise that this is

an extremely difficult and demanding but essential role for the College. We have received Federal Government grant funding to enhance and improve the assessment processes as part of the Rapid Assessment Unit projects and had considerable input into the Federal Government initiatives, which aim to have common assessment processes for all overseas trained medical practitioners.

Australian Medical Council (AMC) 2007 Report

The Australian Medical Council reviews and accredits all specialist medical colleges. The RANZCOG was reviewed and accredited in 2003 and following that review we were accredited for six years, however, we do have ongoing mandatory reporting requirements. These requirements cover many areas in relation to Trainees, including selection and supervision of Trainees, implementation of the new curriculum, and examinations and evaluation of the training programs. It also covers the assessment of overseas trained specialists.

A major three-year AMC report was submitted at the end of March 2007. The RANZCOG report was well received. We are now required to prepare and submit a further report by December 2007 detailing how we plan to expand training settings outside the teaching hospitals and to provide further information addressing the recommendation for stakeholder participation in Trainee selection.

Training Issues

The challenge of providing a high standard of training in all areas of obstetrics and gynaecology, and in particular, procedural skills is increasingly difficult. We are acutely aware of the many problems and challenges and are taking steps to try to ensure that at the completion of specialist training, our Trainees are competent and confident specialists. A review and restructure of the advanced training years is to commence to ensure that these two years are a constructive and worthwhile part of the training program.

Accreditation of Integrated Training Sites

The Australian Medical Council, who accredits our training programs, requires us to accredit training sites. The re-accreditation of all hospitals in the RANZCOG Integrated Training Program commenced in February 2007 and will continue throughout 2007 and 2008. The Guidelines for this accreditation process were approved by Council in November. The draft document was circulated widely last year and revised after feedback from Fellows, Trainees, hospitals, a wide range of statutory bodies, health jurisdictions, midwifery organisations in Australia and New Zealand, and the Australian Health Workforce Principal Committee (AHWPC), which is made up of representatives from the jurisdictions. The Accreditation Project is working extremely well, but is both time consuming and expensive and we have budgeted for the considerable ongoing cost of this process. I am confident that the outcome of this process will be to improve training sites and in particular support for trainees.

Training in the Private Sector

With approximately 50 per cent of medical services now being provided in the private sector, there is increasing recognition that the utilisation of the private sector for undergraduate and

postgraduate medical training will be essential in the future with the dramatic increase in medical graduates, which will occur over the next seven years with the rapid expansion of medical school places. The increased number of graduates will then translate into an increased numbers of specialist trainees. The Federal Government has committed significant resources to developing the Expanded Settings for Specialist Training Program (ESSTP). We have been working closely with federal representatives to ensure that positions in the private sector are appropriate for specialist training and are accredited by the College before they are funded by the Federal Government. Three advanced training positions have been approved for 2008 and will be subject to review during the year.

Externally Funded Projects

In recent years, the College has been very successful in obtaining grants for external projects. These projects are self-funding and provide significant benefits to the College. They often enable us to develop programs which will have long-term benefits for the College and its members which we would be unable to fund internally. This year an oversight committee has been established, whose task is to scrutinise these projects and ensure that there is a net benefit to the College. The Specialist Obstetrician Locum Scheme (SOLS) is one such project which has ongoing funding support until September 2008. The Nuchal Translucency Project has also received ongoing funding and further federal funding will be available for two Support Scheme for Rural Specialists (SSRS) projects – a colposcopy project and the extension of the Perinatal Mortality and Morbidity audit in South Australia and Western Australia. We have also received funding for long-term evaluation of previous SSRS projects.

The Year Ahead

The very real problems of workforce shortages and the provision of equitable and cost-effective health care services will continue to drive many government initiatives in the coming years, both in Australia and New Zealand. It is essential that all the specialist colleges are not only receptive and responsive to proposed and current initiatives, but are actively involved in and inform the discussion and development of such initiatives to ensure that the high standards of specialist training which have been sustained in Australasia for many years are maintained. We have continued to develop and strengthen our professional relationships, both nationally and internationally, to ensure that we are well-informed and included in discussions which may have implications for the specialist workforce, and in particular, the provision and delivery of women's health services in Australia and New Zealand.

The progress and achievements over the past year would not have been possible without generous contributions made to the College by many individuals, in particular, the members of the Executive, Councillors, the Chairs of Committees of Council and their members, all of whom I wish to thank. I also wish to acknowledge the support and professionalism of Dr Peter White, the College Chief Executive Officer, and College House staff, and to thank them for their valuable contribution to the College.