

RANZCOG Curriculum

With the RANZCOG Curriculum now firmly established, work has shifted, as was highlighted in last year's report, from the systematic introduction of various components to ongoing evaluation of its implementation and refinement as necessary.

Membership Examinations

While the format of the examinations remains unchanged, there have been several significant developments.

The oral examination may now be attempted earlier in the training program—from the beginning of the fourth year of training—thus smoothing the transition to post-Membership training. The minimum six month gap between written and oral examinations remains but the educational reasons for it have been more successfully communicated to Trainees and the desirability of this gap is now well accepted.

Satisfactory completion of the In-hospital Clinical Assessments is no longer an eligibility requirement for candidates applying to sit the MRANZCOG Oral Examination (these assessments still need to be completed as a prerequisite for Membership).

A concerted drive to recruit more examiners has been undertaken and applications are now considered three times a year. The number of Trainees entering the training program has increased significantly in recent years and accommodating these candidates in the oral examination would be problematic without more examiners. Although College regulations permit the limiting of candidate numbers at any given oral examination (this has been implemented on one occasion), such a measure is neither desirable nor sustainable. The examiner recruitment drive is designed to render recourse to such a measure unnecessary.

Considerable work has been done in improving the validity and reliability of the written examinations, following on from work initiated in the previous year. The measures described in the 2006 Annual Report have been fully implemented and have resulted in written examinations that cover the curriculum more comprehensively and which are better constructed, both in terms of the questions themselves and their attendant marking schemes. The rigorous processes for putting together an examination paper, and subjecting it to formal expert review before use, are now well established and have resulted in examinations in which the College can have great confidence.

Workshops on writing quality multiple-choice questions have now become a regular feature and have resulted in a significant increase in both the quantity and the quality of the questions in the College's item bank.

An investigation has been initiated into the possibility of adopting a modified Angoff style standard setting procedure for the short answer question paper, based on the procedure used for the oral examination. Also, for the short answer question paper, a more structured feedback mechanism whereby examiners would employ a standardised process, is also under consideration. It has been agreed that these two initiatives would undergo trials prior to any decision regarding formal adoption. These trials are under way.

Subspecialty Examinations

In recognition of the fact that both the written and oral subspecialty examinations are, in fact, exit examinations, candidates may now sit these examinations in the order they prefer. In addition, all candidates must attempt a written or oral subspecialty examination

for the first time within two years of completing prospectively approved subspecialty training and must pass both the written and oral examinations within six years of completing prospectively approved subspecialty training. This new measure is designed to shorten the time available to subspecialty Trainees to obtain certification.

The quality improvement methods mentioned above with regard to the Membership written examinations have also been fully implemented with regard to the Subspecialty written examinations, with similar pleasing results.

Changes to Ultrasound Training Requirements

The ultrasound section of the RANZCOG Curriculum has undergone revision. This is the first section to be revised since the introduction of the curriculum. Although the new learning outcomes have been determined, it has been agreed that their addition to the curriculum document will be held over until an accompanying online education package and a suitable assessment process have been developed, the idea being that a complete ultrasound training program will be introduced. Work on both of these has begun. It should be noted, however, that the changes to the curriculum have already been incorporated into the hospital re-accreditation guidelines and, as such, the time dedicated to ultrasound training is steadily increasing.

Research Project

Review of trainee progress in this area is an ongoing activity. There has been concern regarding how late many Trainees are leaving the planning and execution of their research project. Accordingly, regulations were passed so that new Trainees would be required to initiate and complete work on the research project earlier in the training program. Specifically, Trainees entering the training program from 1 December 2006 must submit a research proposal and have it approved by the Assessment Subcommittee no later than the end of Year 2 and are required to present a research study that meets satisfactory completion criteria no later than the end of Year 5.

The College has developed extremely efficient procedures for obtaining feedback from Trainees, the preferred methods being short online surveys, notification of which is given via email and in face-to-face forums. Trainees have been surveyed about their experiences in relation to meeting the requirement of approval for a research project proposal. Feedback such as this will prove very useful in fine tuning the requirements of the research project.

Surgical Procedures Competency Assessment

As part of the ongoing review of the curriculum, the Examination Committee has responded to feedback from Trainees regarding basic surgical procedures requirements and has implemented a decision to now require trainee competence in prolapse repair as an advanced surgical procedure and remove posterior and/or anterior repair from the required basic surgical procedures.

This is an excellent example of the very positive contribution the Trainees' Subcommittee has been making towards review and improvement of the RANZCOG Curriculum.

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