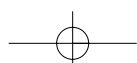


THE ROYAL AUSTRALIAN AND  
NEW ZEALAND COLLEGE OF  
OBSTETRICIANS AND GYNAECOLOGISTS

ANNUAL REPORT 2001





2000—2002 COUNCIL (from left) DR JOHN M SVIGOS, DR PETER J HUGO, DR JOHN G WILSON, PROFESSOR GABOR KOVACS, PROFESSOR DAVID A ELLWOOD\*, DR ROBERT D ROBERTSON, DR ANDREW G CHILD, PROFESSOR MICHAEL D HUMPHREY, PROFESSOR J MICHAEL H PERMEZEL, DR ELEANOR M LONG\*\*, DR A JOHN CAMPBELL (President), DR MICHAEL C O'CONNOR, DR ALASTAIR J HASLAM, DR JANET E DUKE, DR G MARK INSULL, DR EDWARD W WEAVER, DR ROY I WATSON, DR IAN G PETTIGREW, DR KENNETH F CLARK, DR JAMES K R BRODRIBB AND DR CHRISTINE G T TIPPETT  
(Absent: MISS ANNE M JEQUIER, DR DAVID R WOODHOUSE and DR BISWANATH MUKERJEE).

\* visitor to Council representing subspecialties

\*\* CEO, RANZCOG

THE SECOND COUNCIL of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists has had a productive first year of office as it continues to build on the frameworks established in 1999–2000.

### STRATEGIC PLAN 2001

At the start of 2001 the Executive Committee produced a strategic plan for the life of this Council (until October 2002). The plan addresses five strategic themes:

**TO DEVELOP THE CURRICULUM FOR THE COLLEGE'S EDUCATION AND TRAINING PROGRAM.** A small committee (comprising Kenneth Clark, Eleanor Long and Michael Permezel) is coordinating the development of the new curriculum. The committee is constructing a profile of an obstetrician and gynaecologist for the 21<sup>st</sup> century and it is documenting the skills, knowledge and attributes that future Fellows of the College need to develop. A surgical skills training module will also be introduced in 2002.

**THE FUNCTIONALITY AND STREAMLINING OF COUNCIL.** This issue has now been addressed. Although it was acknowledged that the current Council's size and structure is large and expensive to run, Councillors agreed after consultation with Fellows in their own local regions that the proposal to reduce the number of Council representatives was unworkable. It was felt that to change the functionality of Council would compromise the quality of representation and result in the disenfranchising of the regional committees and New Zealand.

**COLLEGIALITY AND COMMUNICATIONS.** Council resolved to improve its role in the management of impaired and under performing doctors and it will meet in November 2001 to devise a positive and user-friendly program. Council will consider the viability of options such as a mentoring system and mechanisms for the support of colleagues in crisis.

Other communications directives overseen by Council include a restructuring of *The Australian and New Zealand Journal of Obstetrics and Gynaecology* (ANZJOG) and a renewed commitment to the continuation of Annual Scientific Meetings beyond 2003.

In June 2001, on the recommendation of the ANZJOG Management Committee, Prof Michael Humphrey was appointed as the editor of the ANZJOG, replacing Prof Shaun Brennecke. Prof Humphrey's appointment takes effect from November 2001 and he will step down from his position as Honorary Treasurer.

**CONTINUING PROFESSIONAL DEVELOPMENT.** At a policy level, Council is committed to continuing education and practice improvement activities, for instance, ensuring that the logistics are in place to monitor the new three-year, self-regulated continuing professional development program, organising a risk management workshop and including Diplomates in more continuing professional development activities.

## PRESIDENT'S REPORT



DR A JOHN CAMPBELL President

**POLICY DEVELOPMENT.** The College is committed to maintaining its role as the pre-eminent organisation in the provision of the highest standards of obstetrics and gynaecological services in Australia and New Zealand. To that end, Council has resolved to re-examine the College's role in the assessment and application of new technologies, to develop a College code of ethics, and to assume a more active role in indigenous women's health issues and maternity services in Australia and New Zealand.

Council has also agreed to convene a workforce committee to consider the results of the RANZCOG/NASOG workforce survey that was completed by 80 per cent of Fellows and which aimed to identify patterns in the future workforce planning and practice intentions of Fellows, Members and trainees. Council has also resolved to develop a facilitation process for young researchers by way of the RANZCOG Research Foundation.

### INTERNATIONAL LINKAGES

The College continued to develop important and effective linkages with international colleges and societies in 2000–2001. I and other Council members have represented the College at international meetings in Hong Kong, Nepal, Canada and Britain.

The Canadian meeting was attended by the presidents of the American College of Obstetricians and Gynaecologists (ACOG) and the Royal College of Obstetricians and Gynaecologists (RCOG). This created an excellent opportunity to investigate and discuss areas of common concern and endeavour in all four colleges. These networks enable the RANZCOG to have important access and contacts with kindred organisations. An example of a mutual endeavour is the generosity of both the RCOG and ACOG in sharing their expertise with the RANZCOG on the development of guidelines for fetal monitoring. At the RCOG Congress in Birmingham, the presidents of RANZCOG, the Society of Obstetricians and Gynaecologists of Canada and the RCOG presented information from each region on workforce and practice improvement issues. Again the mutual benefits of sharing experiences was demonstrated.

The College's involvement in Asia and Oceania continues to be facilitated by its association with and contributions to the Asia and Oceania Federation of Obstetrics and Gynaecology (AOFOG) and the Pacific Society for Reproductive Health (see page 16). In October 2001 the College will host the Council meeting of AOFOG, again an indication of commitments to Asia and Oceania.

There are many people who deserve credit for all the work of the College and Council, including the Executive Committee, Council, Standing Committees of Council and College staff. I have also been fortunate to have attended regional meetings in Victoria, South Australia, New Zealand, and Tasmania and I have been very impressed by the number of Fellows who give so much of their time at this vital level of activity, with often so little recognition for their work. Every Fellow on every regional committee and subcommittee deserves a special vote of thanks from the College.

**A J CAMPBELL**  
*President*

## COLLEGE OFFICE BEARERS AND COUNCILLORS OCTOBER 2000–OCTOBER 2002



2000–2002 EXECUTIVE COMMITTEE



2000–2002 COUNCIL

#### PRESIDENT

*A John Campbell (Vic)*

#### HONORARY SECRETARY

*Janet E Duke (Vic)*

#### HONORARY TREASURER

*Michael D Humphrey  
(Provincial Fellows)*

#### VICE PRESIDENTS

*Andrew G Child (NSW)*

*Kenneth F Clark (NZ)*

*David R Woodhouse (NSW)\**

#### COUNCILLORS

*James K R Brodribb (Tas)*

*Alastair J Haslam (NZ)*

*Peter J Hugo (WA)*

*G Mark Insull (NZ)*

*Anne M Jequier (WA)\**

*Gabor Kovacs (Vic)*

*Biswanath Mukerjee (ACT)\**

*Michael C O'Connor (NSW)*

*J Michael H Permezel (Vic)*

*Ian G Pettigrew (Provincial  
Fellows)*

*Robert D Robertson (NSW)*

*John M Svigos (SA)*

*Christine G T Tippett (Vic)*

*Roy I Watson (SA)*

*Edward W Weaver (Qld)*

*John G Wilson (Qld)*

*\* Not in photographs.*

**CHIEF EXECUTIVE OFFICER**

*Eleanor Long*

Liaison with government and collegial bodies  
 Personnel management  
 Design and direction of educational programs, curriculum development  
 Medico-legal issues, Appeals  
 (Assisted by Kerren Clark)

EXECUTIVE SERVICES	FELLOWSHIP SERVICES	TRAINING SERVICES	BUSINESS & FINANCE SERVICES	NZ & REGIONAL COMMITTEES
Manager: <i>Penelope Griffiths</i> Council coordination Executive Committee coordination Executive Committee communications Executive services: Complaints and Honours Committee Coordination College publications O&G Annual Report Website College Connexion Information brochures Reception Maintenance of records Mailing Stock control Catering Elections Records management: current & archival College collections	Manager: <i>Valerie Jenkins</i> Practice Improvement projects: development and implementation Practice Improvement activities: development and implementation Continuing Education programs coordination ASM support Nuchal translucency database (Ann Robertson) Recertification records Fellows Subspecialists Diplomates O/S Fellows Women's Health coordination and communications Submissions and responses: women's health interests Workforce surveys Educational Publications Continuing Education Patient information Review of programs Research Foundation	Manager: <i>Shawn McCarthy</i> Training programs coordination: Registration Reports & records IHC assessment DEP assessment Elevation to M/RANZCOG Subspecialties OTS assessment Support for supervisors Review of programs Accreditation of training positions Examinations coordination (MRANZCOG, DRANZCOG, Subspecialties) Registration Organisation and implementation Records Statistical analysis Review and development Educational Publications Training Handbook Subspecialties manuals DEP editing	Manager: <i>Bob Kelly</i> Finance: Financial reports Subscriptions Fees: training, exams Budget Banking Investments Payroll Transactions Reconciliation ANZIOG NZ & Regional Committee liaison Audit liaison Internal financial liaison Business management Information technology Maintenance: buildings and assets Room hire Finance Advisory Committee to Executive	Offices located in New Zealand, New South Wales, Western Australia, Victoria, Queensland Administration of NZ/Regional Committee of Council Administration of local Training & Accreditation Committee Revision courses Organisation of local Annual Scientific Meetings Meeting organisation Correspondence First Year ITP applications Trainee liaison Local budget External liaison

THE PURPOSES FOR WHICH the College exists are clearly stated in its Articles of Association. Firstly the College must ensure that the profession is robust and convincing in its current practices; secondly it must provide appropriately for future obstetric and gynaecological services. The contribution made by Fellows of the College is fundamental in achieving these ends.

The College is a complex organisation requiring professional management and co-ordination of the work of individuals and groups in many centres across two nations. In my capacity as chief executive officer of the College I have established systems and appointed staff to deliver these support services. It is also my responsibility to ensure their optimal functioning.

At the beginning of this year, and with the full support of the Executive Committee, I redefined College House work in terms of new and existing service expectations, and restructured staffing to meet these needs in the best possible ways. Four areas of core College work identify the services provided, with each area assigned well-qualified management and support staff. Similarly skilled personnel in the College's New Zealand and larger regional offices liaise regularly with staff at College House and are responsible for a range of local services.

College services and management staff are presented on the next page.

**EDUCATIONAL SERVICES**

The purposes of the College are fulfilled primarily through educational means; thus the education of trainees and Fellows must be a priority within the services offered by the College. Indeed the capacity of medical colleges to provide high quality educational programs and services is a strength that is being utilised in new government legislation concerning the training and continuing education of specialists. Specifically, the training and continuing education programs of medical colleges are to be reviewed through formal accreditation processes, and specialist registration will require evidence of participation in professional development activities in areas of current practice.

The College is well prepared for the introduction of these external measures. Services to trainees and Fellows have been streamlined systematically over the past couple of years, and committees and working parties have succeeded in strengthening and enhancing the educational activities offered. The College has also been successful in attracting considerable funding support from the Australian Government. Examples of the impressive range of educational initiatives undertaken by the College in the past year are included in this Annual Report.

The College is fortunate to be able to draw on rich resources in fulfilling its pursuit of 'excellence in the delivery of health care to women throughout their lives'. I extend my sincere thanks to all who have made this vision a reality over the past year.

ELEANOR LONG  
*Chief Executive Officer*

**CEO'S REPORT**



DR ELEANOR LONG  
*Chief Executive Officer*

## EXECUTIVE SERVICES

### INTRODUCTION TO EXECUTIVE SERVICES

Executive Services supports the delivery of professional communication to Fellows, Members, Trainees and Diplomates and provides administrative and organising support for Council and its Executive.

It is responsible for the production of *O&G* magazine, the College's quarterly news and human interest publication and oversees the distribution of the *Australian and New Zealand Journal of Obstetrics and Gynaecology* (ANZJOG), the College's premier scientific journal. It also oversees the College website and also produces *The College ConneXion*, a monthly email newsletter.

The Executive Services section is responsible for maintaining the College's valuable collection of historical books and items and supports and resources the Frank Forster Library. Activities of the ANZJOG, Historical Collections and Medico-legal Committees during the 2000–2001 financial year are highlighted.

### ANZJOG MANAGEMENT COMMITTEE

During 2000, the College Council and the RANZCOG Research Foundation assumed control of *The Australian and New Zealand Journal of Obstetrics and Gynaecology* (ANZJOG). This change coincided with the winding up of the ANZ Journal Company and involved the establishment of the ANZJOG Management Committee that reports directly to Council and the Research Foundation.

The primary activity of the ANZJOG Management Committee is support and supervision of the editor and the editorial activities. It has undertaken this by regular meetings between the editor and chair of the Management Committee, small business meetings, and two face-to-face committee meetings.

Prof Shaun Brennecke continued his editorship through 2000–2001, but in April 2001 notified the ANZJOG Management Committee that he would resign from the editorship in November 2001 to assume a new appointment.

The editor changed the format of the Journal in early 2000 to provide a diverse range of articles across the span of obstetrics and gynaecology for both Fellows and Diplomates.

During the past 12 months, 210 manuscripts were submitted and 97 were published. The rejection rate for articles was 48 per cent. Eighty-five per cent of published manuscripts came from Australia and New Zealand.

Case reports and case series made up a small proportion of these articles. A higher proportion of the articles accepted for publication were based on controlled trials, case control studies, clinical audits, clinical and laboratory studies, review articles and basic research reports. Articles on general obstetric and gynaecology topics made up 55 per cent of the published articles' subject areas, but with a broad representation from all the subspecialty areas.

The Journal has functioned satisfactorily within its budget during the past 12 months and there has been an increase in advertising.

The Management Committee has paid fresh attention to copyright matters to ensure that authors and the Journal are appropriately protected. A major webpage publicising the Journal within the College website is in development and other electronic publishing initiatives are being considered.

Six applications were received for the position of editor to replace Prof Brennecke. On the recommendation of the Committee, Council and the Research Foundation appointed Prof Michael Humphrey as the new editor, effective from November 2001. Prof Humphrey has proposed several stimulating changes to the Journal, and the Committee and the College wish his editorial team every success with their new directions for the Journal.

IAN S FRASER

Chairman ANZJOG Management Committee



### HISTORICAL COLLECTIONS COMMITTEE

#### Annual Report 2000–2001

This year there have been many generous donations of books, instruments, art works, personal papers and memorabilia, as well as financial donations through the Friends of the College Collection (FCC) to the Historical Collections.

The income from donations, combined with the interest received from the Frank Forster Memorial Fund, has enabled the Historical Collections to carry out conservation and framing of art works. Included in the conservation work was the framing of 21 prints from the Stephen Don Collection, donated to the College in 1987. Another outstanding donation requiring conservation was the Saliger etching *Surgeon rescuing maiden from death*, donated together with funds for cost of restoration, by Dr Nic Jools. Conservation work and maintenance was also performed on certificates, papers, books, furniture, silver and decorative arts.

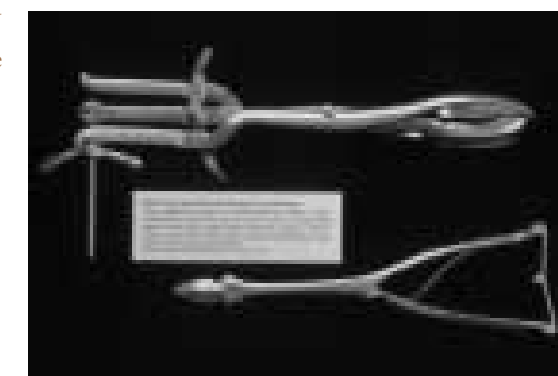
A Register of College Assets has been compiled, providing a complete record of the assets of the College for identification and insurance purposes.

The F A Maguire Library has been transferred from the Royal Women's Hospital, where it had been on loan since the 1950s. This collection is now being catalogued and added to the Frank Forster Library collection.

A revised biographical questionnaire is to be sent to all Fellows of the College to update information already held and to obtain information about new Fellows, in particular New Zealand Fellows. The completed questionnaire will provide useful biographical information about the Fellows for future histories of the College and also for award nominations and historical records.

PETER RENOU

Chairman Historical Collections Committee



## MEDICO-LEGAL COMMITTEE

The Committee has produced a College statement and a position paper on patient record management. It was initially crafted with the assistance of Ros Winspear and Kerren Clark and subsequently modified by the Committee. The position paper precedes federal private sector privacy legislation.

In conjunction with President John Campbell, past President Professor Ian Fraser and UNITED Medical Protection, the Committee is working to produce a meaningful set of claims data. The aim is to collect data from closed claims to identify high risk practices. The College can use this knowledge to focus teaching and continuing professional development activities.

The Expert Witness Register is administered by Dr Robert Lyneham and Kerren Clark and now has 118 Fellows registered. The Guidelines for Expert Witnesses are available on the College website.

In 2001–2002, the Committee will work toward producing educational activities related to medico-legal matters, producing a standardised consent form for sterilisation and addressing the continuing problem of the poorly performing practitioner.

MICHAEL SEDGLEY  
*Chairman* Medico-legal Committee

## INTRODUCTION TO FELLOWSHIP SERVICES

Fellowship Services brings together the areas of professional development, including practice improvement and continuing education, along with women's health.

Valerie Jenkins is the manager of Fellowship Services. Her key responsibility is in practice improvement, which aims to assist Fellows in developing their own projects based on their individual practices, as well as developing large scale projects for the Fellowship, administered by the College. The Practice Improvement Committee leads and informs the work in this area.

The continuing education section, which is coordinated by Val Spark, is responsible for the administration of the new continuing education program, a mandatory professional development program for all Fellows.

The broad area of women's health includes the development and on-going review of College statements, patient information pamphlets and responses to government and consumer issues on behalf of the College.

## PRACTICE IMPROVEMENT COMMITTEE

The Standing Committee on Quality Assurance changed its name to the Practice Improvement Committee and broadened its scope. The new terms of reference were adopted and confirmed by Council in September 2000. The role of the PI Committee is to promote systematic practice improvement to Fellows and Members of RANZCOG in the pursuit of excellence in the delivery of healthcare to women. The responsibilities of the committee are:

- to provide advice to Council on quality and practice improvement issues;
- to identify strategy and priority areas for practice improvement;
- to facilitate access to evidence based guidelines and standards already developed; and
- to act as a resource and advisory committee on practice improvement for other groups within the RANZCOG.

The Committee's objectives in 2000–2001 were:

- to resource the Fellowship in the techniques of clinical quality improvement and clinical audit, to enable Fellows to gain PI points for such activities;
- to review College based PI activities;
- to assist Fellows' understanding of the relevance of PI in their practice and to acknowledge that much of their work can fit within a quality improvement framework; and
- to address the challenge of special groups continuing PI such as semi-retired Fellows, those in research, in part-time practice and those on extended leave from practice.

Several programs were implemented or overseen by the Committee. These included successfully submitting a funding proposal to the Victorian Managed Insurance Authority for the development of an evidence-based clinical practice guideline on intrapartum fetal surveillance—cardiotocography (CTG). The committee also developed PI projects that built on the learning experience of Fellows, for example,

## FELLOWSHIP SERVICES

a PI project associated with a skills workshop and a PI project associated with operating and/or performing procedures with a peer. These 'hands on' projects can be value added by incorporating them into a practice improvement framework.

The Committee also liaised with the Gynaecological Oncology Subspecialty Committee to develop a critical event monitoring project for all gynaecological oncologists and a review of the management of labour and patient satisfaction surveys.

The Committee's challenges in 2001–2002 will be to continue to educate the Fellowship about the importance of practice improvement, to facilitate education on the audit process and to develop generic PI projects to meet the diverse needs of the Fellowship.

LESLIE RETI

*Chairman Practice Improvement Committee*

## WOMEN'S HEALTH

In 2000–2001, the College reviewed and revamped the outlets it uses to communicate women's health issues in Australia and New Zealand.

The foremost examples of these improved communications were in the development of a new series of patient information pamphlets, the development of a manual assisting doctors in the treatment of sexual assault victims, the Nuchal Translucency Project and the release of an educational video in female genital mutilation.

### Patient information pamphlets

The provision of well resourced and rigorously reviewed pamphlets for the use of Fellows in their consultations with patients is an important function of the College. In February 2001, Mi-tec Medical Publishing was commissioned to write and design a new series of College patient information pamphlets. A pamphlet subgroup of the Women's Health Committee has ensured that each pamphlet is rigorously reviewed by >20 Fellows and consumer representatives before it is finally approved for publication by the College.

The first two pamphlets in the new series, *Hysterectomy—a guide for patients and Caesarean Section—a guide for patients*, have been completed. A copy of these pamphlets will be distributed to all Fellows together with an order form. A further ten pamphlets will be developed in 2001–2002 and will be available for Fellows to purchase after publication.

### Sexual Assault Module

In 2000–2001, the RANZCOG co-ordinated the development of an educational manual, primarily for residents and registrars but also accessible to Fellows of other medical colleges, in the treatment of sexual assault victims. This manual, which will be launched at the end of 2001, was commissioned by the Australian Health Ministers Advisory Council (AHMAC), and the Council of the Presidents of Medical Colleges asked RANZCOG to manage the project.

The RANZCOG convened an expert working party consisting of representatives from: the Victorian Institute of Forensic Medicine, the National Adult Sexual

Assault Medical Committee, the Centre Against Sexual Assault, the Royal Australasian College of Surgeons, the Royal College of Pathologists of Australasia, the Australasian College of Emergency Medicine, the Royal Australasian College of Physicians, the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Psychiatrists.

This working party oversaw curriculum development, content and educational design and relevant experts were consulted as required. The working party was chaired and managed by Kerren Clark.

### Female Genital Mutilation

As a follow up to the College's previous information booklet on female genital mutilation (FGM) published in 1997, the RANZCOG assisted the Women's Individual Needs Project (WIN) of the Women's and Children's Health Network, Royal Children's Hospital, Melbourne, in the development of an educational video resource: *Female Genital Mutilation: issues for clinical practice*.

The video was developed to provide medical practitioners with a critical cultural understanding of the issues associated with FGM. The resource also offers advice on the gynaecological and maternal health issues surrounding pregnancy and birth as they relate to FGM.

The video is available for purchase through WIN and has been approved by the College as a continuing professional development activity for Fellows.

### Nuchal translucency

The College, in consultation with key stakeholders, is developing an education, credentialling and monitoring program for all practitioners performing nuchal translucency screening for pregnant women. First trimester nuchal translucency screening requires a high level of skill and practitioners who have a commitment to maintaining their skills. There is some evidence to suggest that the utilisation of nuchal translucency scanning is increasing in some States and there is no formal data collection in place to monitor this trend.

The program will reflect evidence-based best practice and incorporate an extensive specialist education program and credentialling, consumer education and a monitoring and audit of outcomes. The program will provide women and their families with a clear demonstration of the commitment of health care professionals to providing quality care to the community, based on evidence from excellent research and practice.

### College statements

The Women's Health Committee reviews all of the College's statements on a biennial basis (unless an earlier review is required). As a result, all College statements published on the website are endorsed by the College.

In 2000–2001, the Committee developed College statements on the topics of breech deliveries at term and Mifepristone (RU486). These statements have been added to the website.

In order to promulgate and make accessible to Fellows guidelines and statements on obstetrical and gynaecological areas produced by bodies outside the College, a procedure for review and endorsement of policies and statements of other organisations has been instituted.

Where the College provides its endorsement to a policy, guideline or statement submitted by another body, this statement will either be reproduced on the RANZCOG website or a hotlink is provided to the website which carries this policy or guideline.

In addition, recent guidelines/statements published by other bodies on areas affecting the practice of obstetrics and gynaecology and endorsed by the College are printed in *O&G*.

**Infectious diseases**

Associate Professor Sue Garland made an important contribution to women's health in the area of expert advice on infectious diseases, and through relevant topical articles on infectious diseases in pregnancy in the College's publications.

**Other methods of communication**

Valerie Jenkins, Fellowship Services Manager, and Ann Robertson, Special Projects Officer, continually monitor, document and inform the committee on inquiries and areas of concern reported to the College via verbal and electronic communications. Such inquiries arise from members of the public, the media, Fellows and government departments. Trends in inquiries are documented and may be followed through to the development of College statements or other mechanisms to address the issues raised.

GABOR KOVACS

*Chairman* Women's Health Committee

CARMEL WALKER

*Co-ordinator* Women's Health Committee

**INDIGENOUS WOMEN'S HEALTH COMMITTEE**

The Indigenous Women's Health Committee was established in 1988 to focus on the poor reproductive health of indigenous Australian women. Since the formation of the RANZCOG in 1998, that focus has widened to encompass the health issues of New Zealand's indigenous women.

The Indigenous Women's Health Committee comprises of RANZCOG Fellows and indigenous representation from all of the mainland Australian States, New Zealand and the National Aboriginal Community Controlled Health Organisation.

The key activity of the Committee is to oversee and support the Maternal Health Skills Transfer Program and the Basic Obstetric Ultrasound Training Program for indigenous health workers. These courses are designed and taught in cooperation with indigenous health professionals who assure their cultural appropriateness and relevance to indigenous patients.

The courses are conducted through the National Centre for Maternal Health Education for Aboriginal and Torres Strait Islander Health Workers, School of Public Health and Tropical Medicine, James Cook University, Townsville. Abstudy (DEETYA) and Office of Aboriginal and Torres Strait Islander Health Services (OATSIHS) grants from the Australian Commonwealth Government have funded these courses.

Forty-six trainees completed the antenatal skills course in 2000-2001 and overall, 190 trainees have been trained in the past three years.

Over the next 12 months the existing maternal health program for health workers will continue if the Committee's request for ongoing federal funding is successful. A planned market survey should verify the Committee's estimates of the national demand for indigenous women's health courses: 500 for antenatal skills, 20 for basic obstetric ultrasound.

The conclusion of the first triennial federal funding agreement in June 2001 has prompted an internal and external review of the program. Staff at James Cook University in Townsville performed the internal review. The key issue is how RANZCOG trainees are employed and integrated into the existing maternal and child health services. It is recognised that in the short-term, that role is chiefly in providing antenatal rather than intrapartum care. Given that reality, the Committee has endorsed modifications to existing courses which emphasise the primary care components; less time will be spent in clinical placements at tertiary maternity units in favour of more time at peripheral Aboriginal and Torres Strait Islander services which provide antenatal care. The outcome of the external review by the Federal Department of Health and Aged Care will determine future funding beyond June 2001.

MICHAEL O'CONNOR

*Chairman* Indigenous Women's Health Committee

**RESEARCH FOUNDATION:  
FUNDAMENTAL TO THE RANZCOG VISION**

Strong and vibrant research programs in the disciplines of obstetrics and gynaecology are fundamental to the RANZCOG vision to 'pursue excellence in the delivery of healthcare to women'.

The RANZCOG Research Foundation seeks to fulfil that vision by offering six Scholarship and Fellowship awards annually. Research has already delivered new and exciting technologies to clinical practice and there are many opportunities for Fellows to enhance their disciplinary thinking and clinical skills.

The awards are highly sought after and each year high calibre proposals for research projects are submitted. The Scholarship Selection Committee, under the chairmanship of Professor Bill Walters, is always faced with difficult choices in selecting awardees.

The research opportunities the Research Foundation offers through its awards are beneficial to both Fellows and Trainees alike. Past President Prof Ian Fraser has previously written of the 'increasing need for all clinicians to understand the principles of good research' to enable them to interpret and respond to 'new medical breakthroughs and disasters' in a confident and knowledgeable manner. (The increasing importance of research. *O&G* 2000; 2(4): 245) Indeed, he has expressed his belief that the survival of obstetrics and gynaecology as a specialty is underpinned by 'an understanding of . . . research findings, and the ability to convert these into clinically relevant advances' and concluded that all obstetricians and gynaecologists, whether they are training or in practice, should engage in research activity. (*Aust N Z J Obstet Gynaecol* 2000; 40: 3: 239-243)

**RANZCOG Research  
Foundation Recipients  
2000-2001**

The following individuals were recipients of the RANZCOG Research Foundation's fellowships and scholarships in 2000-2001:

**2001 MAYNE WOMEN'S HEALTH  
FELLOWSHIP**

DR JODIE DODD, Women's and Children's Hospital, Adelaide  
*Misoprostol for induction of labour at term*



**2000-2001 FOTHERINGHAM  
RESEARCH FELLOWSHIP**

DR LUK ROMBAUTS, Monash University/Monash Medical Centre, Melbourne\*  
*Immunolocalisation of inhibin and activin subunits in human endometrium and endometriosis*

\* Dr Rombauts continued with the second year of the Fellowship.

## RANZCOG Research Foundation Recipients 2000–2001

### 2000–2001 ARTHUR WILSON MEMORIAL SCHOLARSHIP

DR PENELOPE SHEEHAN, Royal Women's Hospital, Melbourne\*  
*What triggers labour? The role of the 5 $\beta$ -dihydroprogesterone in the initiation of labour*

\* Dr Sheehan continued with the second year of the Fellowship.

### 2001–2002 ELLA MCKNIGHT SCHOLARSHIP

DR CAROLINE GARGETT, Monash University/Monash Medical Centre, Melbourne  
*Identification and characterisation of human endometrial stem cells*

### 2001 BROWN CRAIG TRAVELLING FELLOWSHIP

DR VINCE LAMARO, Royal Hospital for Women, Sydney  
*To study the physical layout, multidisciplinary makeup and treatment protocols, together with advanced laparoscopic techniques at the Pelvic Pain Centre, Birmingham, Alabama, USA.*

There are already moves within the College to promote the importance of clinical research, as the RANZCOG training program has made it mandatory for each trainee to gain experience in clinical research. All subspecialty trainees must also undertake a major research project as part of their training program.

The College is grateful for the support of individuals and corporate bodies who have supported the Research Foundation, not least Mayne Health, which has funded the Mayne Nickless Women's Health Fellowship for the last nine years. The provision of the Research Foundation Scholarships and Fellowships is a crucial investment in the future of the specialty of O and G.

The College is keen to expand the research opportunities for its Fellows, Members and trainees. The chairman and members of the Foundation Board of Directors welcome input about the Scholarships and Fellowships from individuals and corporate entities. In this way, these parties can make a meaningful contribution to the long term improvement of women's health.

## Research communications

The College's annual scientific meetings and the *Australian and New Zealand Journal of Obstetrics and Gynaecology* (ANZJOG) provide other opportunities for specialists to communicate research findings and discuss new research topics.

The College also supports and encourages its members to publish in *The Journal of Obstetrics and Gynaecology Research*, the official journal of the Asia and Oceania Federation of Obstetrics and Gynaecology.

The Ella MacKnight Memorial Lecture is now a fixture of the Annual Scientific Meeting for young investigators to present their research and findings. The inaugural lecture was given by Associate Professor Euan Wallace from the Monash University Department of Obstetrics and Gynaecology, Monash Medical Centre, Melbourne, at the Annual Scientific Meeting in Cairns in 2000.

## Donations to the Research Foundation

Fellows of the College and corporate bodies are encouraged to contribute to the RANZCOG Research Foundation.

If you are interested in finding out more about corporate donations or leaving a gift in perpetuity, please write to the Chairman, Board of Directors, RANZCOG Research Foundation, 254–260 Albert Street, East Melbourne, Victoria 3002, Australia, or contact Carmel Walker at College House, tel +61 3 9417 1699, fax +61 3 9419 0672, email [cwalker@ranzco.edu.au](mailto:cwalker@ranzco.edu.au)

Donations can be made by cheque or credit card (Visa, Mastercard and Bankcard only). Cheques should be made payable to the Research Foundation. All donations are tax deductible and donors will be acknowledged in *O&G*.

GEOFFREY BISHOP

*Chairman RANZCOG Research Foundation Board of Directors*

## CONTINUING EDUCATION COMMITTEE

Over the past year, there has been significant emphasis on continuing education. It is already compulsory in New South Wales and New Zealand for medical practitioners to produce documented evidence of their continuing education in order to obtain ongoing registration, and other states in Australia are likely to follow suit in the near future.

There are 1371 Fellows, including 148 subspecialists, enrolled in the RANZCOG Continuing Education program. Of these Fellows, 1131 are participating in the new three-year CE Program and 240 are still participating in the old five-year CE program.

The new three-year CE program was introduced on 1 January 2000 and the process of sending out annual points claim forms commenced on 1 January 2001. The new CE program includes self-documentation of continuing education activities; once a year this information is used by the Fellows to complete their annual points claim form.

RANZCOG has 3274 Diplomates and over 1000 have CME requirements during the current RACGP Triennium. The majority of these Diplomates have their CME administered through the RACGP with less than 30 having their points administered by RANZCOG.

There have been a number of changes to the content of the program for Fellows. It was agreed to discontinue the resource units as it was extremely difficult to keep them up to date with current literature. Numerous options in the self education category are comparable replacements, for example, *Best Practice and Research in Clinical Obstetrics & Gynaecology* has been approved for one point per chapter, and RCOG PACE, Greentop Guidelines and JASS and FRANZCOG Research Fellowships also attract CE points.

During the past 12 months, 123 meetings or workshops have been approved as meeting the criteria for classification as Category A/RANZCOG approved O and G meetings.

The CEC also recognised the Continuing Professional Development Program provided by the Health Professions Council of South Africa as suitable for RANZCOG Fellows practising in South Africa.

Another initiative has been to look at the evaluation and management of clinical competence of Fellows. This is a sensitive and difficult task and needs to be conducted with medical registration boards. Another practical initiative has been the development of a Practice Management Handbook for new Fellows. This handbook will contain useful information regarding business management principles and technology available for assisting a financially viable practice.



ANDREW CHILD  
*Chairman Continuing Education Committee*

ANDREW CHILD

*Chairman Continuing Education Committee*

## ASIA AND OCEANIA AFFAIRS COMMITTEE

The Asia and Oceania Committee continued to progress the College's involvement and provision of educational assistance to Asia and Oceania through a variety of initiatives and activities undertaken by College Fellows in 2000–2001. These included:

- teaching support to the Fiji School of Medicine and the University of Papua New Guinea to strengthen their Master of Medicines programs which will be the main source of specialist training in the Pacific region;
- representation at the Pacific Society of Reproductive Health (PSRH) conference in Papua New Guinea in July 2001;
- participation in the constitutional changes of the Asia and Oceania Federation of Obstetrics and Gynaecology;
- an application to start new twinning programs which if approved will attract funding from FIGO and the World Bank;
- the second O and G ultrasound in the Pacific update course at the Colonial War Memorial Hospital in Suva, Fiji, in April 2001; and
- participation by Fellows in assignments and educational workshops given in Mongolia, China and East Timor.

The Committee continues to assist postgraduate trainees from the Asia-Oceania region who are training in Australian and New Zealand institutions and is identifying hospitals prepared to train Asian and Pacific trainees. The Brian Spurrett Trust Fund has been established specifically to offer Fellowships to doctors and midwives from the Pacific region to undertake training in Australia.

The Committee is also seeking ways to help develop continuous professional development of specialists in the Pacific to improve care and standards. This initiative is now being jointly formulated with the PSRH.

A questionnaire was issued to all Fellows and Members in June 2001 to ascertain their recent teaching and work experiences in the Asia-Oceania region. From this, the Committee will collate a register of activities undertaken by Fellows in collaboration with developing countries. The Committee has also reactivated the volunteer register for Fellows who wish to nominate for future work opportunities in Asian or Pacific countries. The Register of Activities and Volunteer Register forms are available at [www.ranzcog.edu.au](http://www.ranzcog.edu.au)



DR JOHN WILSON  
member of Council and the Asia  
Oceania Committee of RANZCOG.

ALEC EKEROMA  
*Chairman Asia and Oceania Affairs Committee*

## INTRODUCTION TO TRAINING SERVICES

The RANZCOG Training Program is a structured postgraduate program that defines both the training experience required of registrars seeking to become specialists in obstetrics and gynaecology, and also the assessment process for determining their clinical competence.

The Membership/Fellowship Training Program includes a four-year Integrated Training Program (ITP) culminating in Membership of the College (MRANZCOG), and a two-year Elective Program (EP) culminating in Fellowship of the College (FRANZCOG).

Membership or Fellowship is awarded on the recommendation of Council after all training and assessments are completed, and all other requirements are met.

Fellowship of the RANZCOG is the only postgraduate qualification that leads to recognition as a specialist obstetrician/gynaecologist in Australia or New Zealand.

The College also offers a range of very specialised areas of study providing a high level of research, clinical practice, knowledge and teaching. This subspecialty training is available to Fellows and to Members who are in the last one or two years of their training. The certificate qualifications available are:

- Gynaecological Oncology (CGO)
- Obstetrical and Gynaecological Ultrasound (COGU)
- Maternal-Fetal Medicine (MFM)
- Certification in Reproductive Endocrinology and Infertility (CREI)
- Certification in Urogynaecology (CU)

All of the above subspecialty training programs have a duration of three years.

The College also provides a Diploma qualification for general practitioners in conjunction with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. At the completion of training, practitioners are awarded the Diploma in obstetrics and gynaecology (DRANZCOG). A DRANZCOG Advanced certificate is also available to GPs who wish to attain skills in advanced obstetrics and gynaecology.

## TRAINING AND ACCREDITATION

### Certification

#### MEMBERS

Sixty new Members have completed the four-year Integrated Training Program (ITP), which includes clinical and educational experience in training hospitals, the Distance Education Program, the In-hospital Clinical Assessment modules, and the MRANZCOG written and oral examinations.

#### FELLOWS

Seventy-two new Fellows have completed the final two years of the College training program (elective training) required to qualify for Fellowship. In addition, 24 overseas trained specialists were elevated to Fellowship after assessment and, where appropriate, additional postgraduate training.

## TRAINING SERVICES



CHRISTINE TIPPETT  
*Chairman Training and  
Accreditation Committee*

**TRAINEES**

There are currently 309 ITP and elective trainees in Australia, New Zealand, Singapore and other countries (183 female and 126 male). Of these, 60 started their first year in 2001.

	Number of trainees	female	male
NSW/ACT	96	53	43
QLD	48	26	22
SA	22	12	10
WA	15	8	7
TAS	6	3	3
NZ	30	20	10
SINGAPORE	11	4	7

A further 61 RANZCOG trainees are training to gain certification in one of the five subspecialties:

	Number of trainees	female	male
Reproductive Endocrinology & Infertility (CREI)	21	10	11
Urogynaecology (CU)	4	2	2
Gynaecological Oncology (CGO)	6	0	6
Maternal-Fetal Medicine (MFM)	19	11	8
Ultrasound (COGU)	11	5	6

**Integrated Training Program Reviews**

One of the major functions of Training Services is to ensure that trainees achieve a high standard of competence in general obstetrics and gynaecology in the course of their training. An essential element of this role is the review of each ITP every four years to assess whether trainees are receiving adequate practical experience and to determine how effectively each ITP is meeting its objectives. The reviews also identify areas of improvement in hospitals to ensure they maintain accreditation for RANZCOG training.

In the past 12 months, reviews of the following ITPs have been conducted in: South Australia/Northern Territory (September 2000); Queensland (November 2000); and Western Australia (April 2001).

Further reviews are scheduled for New South Wales (October 2001) and New Zealand (March 2002).



*2001 Training and Accreditation Committee*

**New Training Initiatives**

As from January 2002, all first-year trainees in Australia, New Zealand and Singapore will be required to complete a two-day workshop in basic surgical skills. The course comprises both general surgical skills and a core O and G curriculum, including episiotomy and repair and basic laparoscopy.

As part of the College's developments in surgical training, a new surgical techniques assessment form has been introduced as an additional training tool for supervisors. The form is used to rate the trainee's performance of major and minor procedures, as well as intraoperative decisions and communication with theatre staff.

Since January 2001, all first-year trainees must undertake neonatal resuscitation training, which is now a compulsory logbook requirement.

**New and Revised College Regulations**

To ensure that RANZCOG regulations meet the training and assessment requirements of the College, a number of new and revised regulations have been formulated. These cover areas as diverse as the College appeal procedures, the payment of annual training fees and arrangements for rural training.

**Trainee Assessment**

The assessment and reporting of trainees' progress and performance have been improved with more frequent assessment (the introduction of a mid-semester formative assessment for ITP trainees) and clearer guidelines. The standard six-monthly trainee report form has also been substantially revised to make it a more effective assessment tool.

Trainees who receive a total of three unsatisfactory reports in the course of their training are discharged from the program. To ensure that trainees unsuited for O and G are able to move on, counselling is provided for them to pursue alternative careers.

**Recruitment and Appointment of ITP Trainees**

The interview process for selecting ITP trainees is currently under revision to make it more rigorous and effective. The guidelines for prospective interview panels have also been substantially rewritten.

**'Area of Need' Guidelines**

In association with the CPMC (Committee of Presidents of Medical Colleges), new guidelines have been developed to enable the fast tracking of appointments of suitably qualified O and G practitioners to rural and remote areas.

### Future Initiative

Over the next 12 months, the College will be clarifying regulations and procedures in Australia and New Zealand in the areas of trainee entry requirements and overseas trained specialist assessment to ensure consistency between the two countries.

The elective training program will also be reviewed to ensure it has a stronger clinical component, including practical modules in such areas as advanced laparoscopy, ultrasound and maternal-fetal medicine.

CHRISTINE TIPPETT

*Chairman Training and Accreditation Committee*

## EXAMINATION COMMITTEE

The Examination Committee is responsible for the DRANZCOG written and oral examinations, Distance Education Program (DEP), In-house Clinical Assessments (IHCA), MRANZCOG written and oral examinations and subspecialty written and oral examinations. These functions require the resources of approximately 550 examiners who are not only RANZCOG Fellows, but also specialists from within and without obstetrics and gynaecology from Australia, New Zealand and Singapore.

The key issue confronting the Committee in 2000-2001 was to ensure that the College examinations remained at the forefront of medical education and assessment. This was achieved by reviewing their relevance to changing specialist practice and adopting the most up-to-date assessment techniques in a cost-neutral or cost-effective environment. Achievement of these goals has required a number of changes to the examinations, particularly affecting the Distance Education Program (DEP), DRANZCOG and MRANZCOG examinations.

### Distance Education Program

A new curriculum is being developed which includes the replacement of the Distance Education Program. There has been some consultation with trainees and the new curriculum is currently undergoing a detailed editorial process.

### DRANZCOG

In order to reduce the requirements for examiners and examination costs, but without losing this examination's consistently high reliability, the number of stations in the DRANZCOG oral examination in 2001 was reduced from 20 to 15 stations. The length of individual stations was increased from five to seven minutes to maintain validity and reliability.

From the end of 2001, the Joint Consultative Committee on Obstetrics (JCCO) will not offer the Certificate of Satisfactory Completion of Training. However, examinations will be provided for current trainees.

### MRANZCOG

The key challenge of the Committee in 2001 was to ensure that the competence of candidates in all areas of modern specialist practice can be proven before trainees are awarded Membership or Fellowship (this especially applies to surgical competence), and to maintain the enthusiasm and goodwill of all College examiners who are the most vital resource to the functions of the Committee.

The current MRANZCOG written examination consists of two multiple-choice papers. In response to concerns expressed about the limitations of multiple-choice questions to assess the dimensions of knowledge, the Committee decided to replace one multiple-choice paper with a standardised short-answer paper, commencing in 2002.

Similarly, the Committee has responded to concerns that the MRANZCOG oral examination, which consists of eight structured oral stations, needed an overhaul. Consequently, from September 2001, some structured oral stations will be replaced with alternative-style stations assessing competence in areas of specialist behaviour such as priority setting, critical appraisal and counselling.

The Committee has recognised that, irrespective of the method used to create a prospective passing standard for College examinations, the 'cut-off point' reached will only be approximate, as will the candidate's performance only represent an approximate estimate of his/her true competence. Consequently, the Committee devised a realistic 'borderline zone' of scores around the cut-off point that represents the approximation or uncertainty.

Prior to 2001, candidates in this borderline zone have had an additional assessment made of their performance before being classified as passed or failed. In order to preserve the highest quality of the examinations, the Committee has altered its policy on borderline candidates. From 2001, borderline candidates for the DRANZCOG and MRANZCOG written examinations will be allowed further assessment in the oral examinations, but borderline candidates from the oral examinations will fail.

ROBERT BRYCE

*Chairman Examination Committee*



ROBERT BRYCE  
*Chairman Examination Committee*

## SUBSPECIALTIES COMMITTEE

The Subspecialties Committee and its five subcommittees (representing each of the five recognised subspecialties) are responsible for the training, assessment, and examination of subspecialty trainees, approval of individual trainee applications and programs, the assessment of overseas-trained subspecialists, and determining and implementing the requirements for recertification. In addition the Committee serves as a voice for subspecialists in their interaction with the rest of the Fellowship and as a liaison point within the College framework.

The five subspecialties currently have extremely able chairpersons who have willingly worked together to achieve even greater consistency of process across the subspecialties.

Issues addressed by the Subspecialties Committee over the last year include:

- Initial consideration about the place of a Code of Practice, especially in regard to boundaries of practice and appropriate interaction between specialists and subspecialists.
- Consideration of the potential for closer ties between the subspecialty of Maternal Fetal Medicine and the subspecialty of Obstetric and Gynaecological Ultrasound, particularly in relation to training and examination in the practice of ultrasound.
- Consideration of the appropriateness of National Selection Processes for each



KENNETH CLARK  
Chairman Subspecialties Committee

of the subspecialties. Gynaecological Oncology has had such a process for some time, while Urogynaecology has recently adopted the same. Reproductive Endocrinology and Infertility have decided to move in this same direction as from 2003.

- After considering training and training assessment issues the subspecialties have decided that from 2003 all trainees must spend their first year of subspecialty training in an Australian or New Zealand training position.

In 2000, an article by each of the subspecialty chairs (previously presented to Council) has been published in *O&G* magazine in order to clarify the role and functions of each subspecialty as well as promote wider discussion within the Fellowship on these issues.

Challenges facing the Subspecialties Committee over the coming year include further consideration and formulation of a code of practice which may be incorporated in a College document for all Fellows, further consolidation of consistent training and examination processes, and endeavouring to perform all relevant functions within the inevitable budgetary constraints.

KENNETH CLARK  
Chairman Subspecialties Committee

## CREI SUBCOMMITTEE

The CREI Subcommittee focused its attention in the following areas in 2001:

- **SUBSPECIALTY TRAINING.** Regulations relating to microsurgical training were modified, allowing trainees to be involved with laboratory and animal microsurgery projects. Ongoing assessment of trainees has been facilitated by site visits and interviews as well as the introduction of 'trainee feedback' six monthly reports and the commencement of a semester formative assessment. It has been decided that from 2003 the first year of subspecialty training should occur in a CREI credentialled training unit in Australia with the possibility of spending up to two years in approved training centres overseas.
- **NATIONAL SELECTION PROCESS.** In tandem with other subspecialties, arrangements are in place for the introduction of a National Selection Process for CREI trainees in 2003. This selection will allow the involvement of specialists with an interest in infertility to be seconded to subspecialty centres as well as formal training for CREI subspecialist examination.
- **BASIC SURGICAL SKILLS TRAINING.** The Committee has been involved with the formative process of this training module made under the chairmanship of Dr Andrew Child.
- **PRACTICE IMPROVEMENT.** Committee members in South Australia have been involved in discussion with RANZCOG and the Division of General Practice in a consensus statement on the role of infertility subspecialist and specialist colleagues in the provision of fertility services. It is hoped that this statement will form a template for specialist/subspecialist interaction acceptable to the RANZCOG and colleagues in other States.

OSWALD PETRUCCO  
Chairman CREI Subspecialty Committee

## GYNAECOLOGICAL ONCOLOGY SUBSPECIALTY COMMITTEE

By June 2001, there were six CGO and seven DGO trainees in gynaecological oncology. There were two candidates for the CGO exam in 2000 and one was successful.

There were changes to the National Selection Process (NSP) for Australia and New Zealand subspecialty trainee positions, which were implemented in July 2001. Amendments were made to the trainee assessment process in line with the Integrated Training Program. Midsemester assessments must now be completed and will allow for remedial action if a trainee experiences problems. End of semester forms have been simplified with three categories: Satisfactory, Needs Improvement and Unsatisfactory. Independent mentors have also been recommended for trainees who experience difficulties.

The Committee continues to be involved in the dialogue regarding the interface between subspecialists and specialists, and strongly recommends that 'all women should have access to subspecialist care in the management of gynaecological cancer'.

IAN HAMMOND  
Chairman Gynaecological Oncology Subspecialty Committee

## MATERNAL-FETAL MEDICINE COMMITTEE

There are 19 Maternal-Fetal Medicine (MFM) trainees in 13 training sites, with a further five overseas graduates studying for the diploma. Only one candidate presented for examination in 2000–2001 but was unsuccessful in the clinical component. The MFM subspecialty is still small with only 19 holding the certificate in Australia and New Zealand, and two subspecialists working overseas.

The Committee is currently developing a new framework for the testing of ultrasound competency. Historically, the Diploma in Diagnostic Ultrasound (DDU) of the Australasian Society for Ultrasound in Medicine (ASUM) has been the required qualification for MFM trainees. However, it has become necessary for the subspecialty to develop its own framework for the testing of ultrasound competency, now that the subspecialty has a number of overseas graduates (who are not eligible to sit for the DDU) studying for the diploma. The new testing competency should be introduced in 2002.

One of the more interesting challenges facing MFM is the possible amalgamation of the MFM and COGU subspecialties. There is considerable overlap between the two fields, and there have been informal discussions between the two subspecialty committees.

To date, MFM does not recruit trainees via a National Selection Process, as there are many excellent training sites wishing to recruit trainees and still a significant shortage of MFM subspecialists. As the numbers increase over the next few years, this concept may need to be revisited.

DAVID ELLWOOD  
Chairman Maternal Fetal Medicine Subcommittee

## ULTRASOUND SUBSPECIALTY SUBCOMMITTEE

A new three-year training program for COGU trainees was introduced in 2001, although all current training posts are occupied by trainees in the old two-year system. Several sites have applied for approval for training over the three-year period and four sites have been approved: Royal Hospital for Women (Sydney), King George V Hospital (Sydney), Royal Women's Hospital (Melbourne), and Monash Medical Centre (Melbourne).

In October 2000, there were two successful candidates, and one unsuccessful candidate at the COGU Oral Examination. In 2001, the examinations are still in progress and three candidates have passed the In House Clinical Assessment and are eligible for sitting the written examinations.

The chairman has been involved with the support of the Ultrasound Working Party in the development of the Ultrasound Practice Improvement Project, which has been presented to 300 Fellows in Australia and New Zealand. Successful workshops were held in Tauranga, Perth, Sydney and Brisbane. Further workshops were to follow in Hobart and then Melbourne late in 2001.

The success of this Practice Improvement Project has generated so much interest that a Gynaecology Ultrasound Project is in development and should be available in late 2002.

AMANDA SAMPSON

*Chairman* Ultrasound Subspecialty Committee

## UROGYNAECOLOGY SUBSPECIALTY COMMITTEE(CU)

During the year the Urogynaecology Subspecialty Committee established strict guidelines for the practice of subspecialty.

The Committee has dictated that urogynaecology subspecialists must spend at least 66 per cent of their clinical time working in the area of their specialty (the remainder being split between either obstetrics or gynaecology) and that the subspecialist sees at least 300 new urogynaecology patients per year and performs at least 75 major urogynaecology operative cases per year. A logbook has been issued to trainees to record their work.

A minimum of 100 of the 150 cognate points for continuing certification must be obtained in the subspecialty of urogynaecology and he or she must participate in a prospectively approved subspecialty improvement activity in order to accrue a total of 25 cognate points.

The Committee is currently developing a code of conduct for the subspecialty, so that future trained urogynaecologists will achieve the highest standard of skill to enable them to function as academics, consultants and teachers, that they will be able to stimulate research into the treatment of pelvic floor dysfunction and that they can offer educational standards for existing and developing subspecialists.

ANDREW KORDA

*Chairman* Urogynaecology Subspecialty Committee

IN ADDITION TO the RANZCOG Executive and Council, there are eight committees representing all States and New Zealand.

The New Zealand and regional committees are responsible for the administration of the local side of the Integrated Training Program (including first year ITP applications), the organisation of revision courses for Fellows, Members, Trainees and Diplomates and the management of local annual general and scientific meetings and functions. Each committee also has members who represent the College on working parties of statutory bodies and local government.

With the exception of the South Australian/Northern Territory, Australian Capital Territory and Tasmanian committees, each committee receives administrative support from a local RANZCOG office in its region, comprising usually of one executive officer. These offices are located in Wellington, Sydney, Brisbane, Perth and Melbourne.

A summary of the work of the New Zealand, New South Wales, Queensland, South Australian/Northern Territory, Victorian, and Western Australian committees follows.

## NEW ZEALAND COMMITTEE

The year 2000–2001 was one of transition across the Tasman: a new executive officer, a new office and a change of chairman. Alastair Haslam succeeded John Doig as Chairman and Allan McPhee retired at the end of March. Shona Speedy began as Executive Officer in May.

New headquarters were also required and the office is now located in the headquarters of the Royal New Zealand College of General Practitioners at 88 The Terrace in Wellington.

The New Zealand annual scientific meeting was held in Tauranga. Over 120 specialists and trainees attended all or part of the meeting and 30 nurses and midwives attended the relevant sessions. Highlights included the first practice improvement session in early pregnancy ultrasound. A medico-legal seminar was conducted by Denys Court, a Fellow now working for the Medical Protection Society, by far the largest protection company in New Zealand.

Medico-legal affairs have played an all too prominent part of obstetricians' and gynaecologists' business. Complaints are initially lodged with the Accident Compensation Corporation or the Health and Disability Commissioner for evaluation. The New Zealand Committee has conducted meetings with both bodies, which are so dependent on written expert advice from Fellows. There is the view that the processes are unhelpful to those with legitimate grievances, and compensation is often inadequate. A QC was commissioned by the Government to review processes around adverse medical events and this report was released in March. A one-stop shop approach was suggested to stop some of the duplication that may occur between the various regulatory and disciplinary bodies. Undoubtedly there will be more debate on these matters.

New Zealand has undergone more health reforms and restructuring and it is likely that this will increasingly involve the time of the Committee as further changes are made in the maternity system. Matters such as a perinatal database, maternal deaths assessment, and competence assurance remain perpetual agenda

## NEW ZEALAND AND REGIONAL COMMITTEES

items. The Minister has at least given qualified support for declared quality assurance activities remaining protected under the Medical Practitioners Act. It is likely to be a busy year in 2001–2002.

ALASTAIR HASLAM  
*Chairman New Zealand National Committee*

## NEW SOUTH WALES REGIONAL COMMITTEE

The New South Wales Regional Committee held four meetings in 2000–2001.

For many years the Committee provided a secretariat to ARCS (the Association of Regulatory and Clinical Scientists). This activity ceased in February 2001 and Maureen O'Shea, who was the office manager, departed. The office is now managed by Lee Dawson.

The Committee conducted a MRANZCOG pre-examination course in November 2000 and hosted the DRANZCOG/CSCT Revision course in January 2001.

The most pressing issue currently confronting most practicing obstetricians and gynaecologists in NSW is medical indemnity. The Committee has resolved to form a working group to examine issues such as education of the judiciary and legal profession and is also considering professional representation and lobbying of key interests such as the Premier's and Attorney-General's departments along with a better representation of issues to the general public.

GLENN McNALLY  
*Chairman NSW Regional Committee*

## QUEENSLAND REGIONAL COMMITTEE

The Queensland Regional Committee of the RANZCOG began the 2000–2001 financial year by hosting the QLD/NSW Annual Scientific meeting. This was held at the Sheraton Noosa Resort from 29 September to 1 October 2000, with 78 delegates attending. The keynote speaker for the meeting was Professor Alistair MacLennan from the Women's and Children's Hospital, Adelaide.

The Committee's Annual Fellows Dinner followed on 25 November 2000, at the Brisbane Polo Club. This evening provided an ideal opportunity to formally welcome new Fellows to the College and to farewell Angela Reilly, who had been the Committee's executive officer for 12 years. Lee-Anne Harris was appointed as the Queensland office's executive officer in September 2000.

In May 2001 an ultrasound workshop was conducted at the Wesley Hospital in conjunction with the Ultrasound Practice Improvement Project. The workshop was attended by more than 50 Fellows, Members and Trainees.

A further training opportunity was provided for existing and prospective College Diplomates with the annual DRANZCOG pre-examination and update course being held over five days at the Royal Women's Hospital. There were 30 registrants to this course.

The Committee of Queensland Medical Colleges has reconvened its meetings, after a short recess, and RANZCOG has been an active participant. The Committee has met with the Queensland Minister for Health on several matters and looks forward to enjoying an ongoing relationship with the Minister.

Three members of the Queensland Regional Committee have stood down from the Committee after completing their maximum terms of office. They include the chairman, Marc Miller and Andrew Cary.

JOHN WILSON  
*Chairman Queensland Regional Committee*

## SA & NT REGIONAL COMMITTEE

The year 2000–2001 was a challenging one for the South Australian and Northern Territory Regional Committee.

The release of the Minister for Health's *Healthy Start* report led to a number of initiatives by the Department of Human Services (DHS). The DHS produced a pregnancy website and brochure, but did not consult the College about these media until very late into their development. Through representations from the Committee to the DHS however significant changes were made and the Committee now has a representative involved in further development of such information media by the DHS. The Committee has also been invited to participate in the implementation of *Healthy Start*, although no involvement has yet taken place due to a number of changes to the DHS implementation plan.

As part of *Healthy Start*, the Queen Elizabeth Hospital obstetric unit has been downgraded to level one with a consequent reduction in activity. Viability of this unit for registrar training is being monitored by the Training and Accreditation Committee.

The Committee hosted two scientific meetings in 2000–2001: laparoscopic dilemmas on 24 November 2000 (with presentations by Dr Oswald Petrucco and Dr Robert O'Shea) and vulvodynia on 14 May 2001 (with presentations from Mr Marek Jantos and Dr Richard Reid).

The annual registrar presentation night took place in October 2000. The inaugural John O'Loughlin medal (in honour of the College's past president) was won by Dr Jodie Dodd for the best presentation at this annual event.

For the year 2001–2002, the Committee is considering its future structure. It has been agreed that there should be four general members as well as one provincial member for SA and a NT member. The two Councillors will continue to sit on the committee ex officio and permission has been sought to second three additional members—a trainee representative, a NASOG representative and the AMA Craft Group Representative. This should lead to a much more workable committee as well as closer relationships with other organisations representing the interests of obstetricians and gynaecologists.

ROY WATSON  
*Chairman SA & NT Regional Committee*

## VICTORIAN REGIONAL COMMITTEE

In 2000–2001, the Victorian Regional Committee hosted pre-examination courses for candidates undertaking the DRANZCOG and MRANZCOG oral and written examinations. These courses were well attended and the course evaluation continues to indicate a high level of satisfaction.

Members of the Committee also made submissions in a number of areas including:

- the Child Death Inquiry, Department of Human Services (DHS);
- the Draft Health Records Bill (DHS);
- report of the Expert Working Group of Surveillance of Nosocomial Infections; and
- report on improving patient safety in Victorian hospitals, Department of Human Services.

The Committee has also had representation on the Maternity Services Advisory Committee, the Maternity Performance Indicators Project (a shared care forum held at the Mercy Hospital for Women), a forum on sexual misconduct held by the Medical Practitioners Board of Victoria; and the newly established Committee of Chairmen of Victorian Committees of Medical Colleges. Victorian Committee members were also appointed to the Women's and Children's Health Strategic Planning—Search Conference and the Department of Human Services Quality Council.

The Committee has also commented on the Monitoring of Sentinel Events and a DHS project to develop new design guidelines for hospitals and day procedure centres.

In May 2001 members of the Committee met with senior departmental managers from the office of the Victorian Minister for Health. Issues discussed included medical indemnity, recruitment and retention of midwives, the RANZCOG workforce survey, and rural obstetrics and gynaecology.

**BERNADETTE WHITE**  
*Chairman* Victorian Regional Committee

## WESTERN AUSTRALIAN REGIONAL COMMITTEE

The Western Australian Regional Committee sees its role as providing a focus for education of Fellows and Members, as well as providing education in obstetric and gynaecological matters for the wider medical community. It also hopes to sponsor a collegiate spirit amongst the members of the O and G community in Western Australia.

In 2001, the Committee organised the following educational activities:

- A communication course in March 2001 specifically tailored to obstetricians and gynaecologists which was interactive and involved video assessment with role playing patients. It was held at CTEC and was conducted by Neil McLean, a clinical psychologist.
- The Great Debate, held in April 2001, which was jointly sponsored with the Western Australian Health Department, on caesarean section rates.
- A one-day course for general practitioners wishing to update or prepare for the Diploma in September 2000. Both courses have been well attended and the return of such courses are welcomed by the GP community.



DR ELEANOR LONG (*centre*)  
with executive officers (*clockwise*)  
PENNY ANDERSON (WA); TRISH  
COHEN (VIC); SHONA SPEEDY  
(NZ); LEE DAWSON (NSW); AND  
LEE-ANNE HARRIS (QLD).

The Western Australian Regional Committee also contributed financial support to a number of laparoscopy training workshops held at CTEC for registrars in training.

### Quality Issues and Standards

The Committee also formally agreed to join in the Western Australian Audit of Surgical Mortality project run by the WA branch of the RACS.

In response to a request by a clinical review committee of a peripheral hospital and the Health Department of WA, the Committee drafted and approved a set of guidelines for repeat laparoscopy in public hospitals. This report has been forwarded to the Health Department.

**LOUISE FARRELL**  
*Chairman* Western Australian Regional Committee

HONORARY  
TREASURER'S  
REPORT FOR  
FINANCIAL  
YEAR 2000/2001



MICHAEL HUMPHREY  
Honorary Treasurer

This financial year was the first year with a fully developed prospective budget. The bottom line for the College for the financial year 2000–2001 is a surplus of \$106,896, in a budget of \$3.1 million. The occurrence of a surplus, when a balanced outcome was budgeted for, relates to decisions to delay/defer expenditure, continuing staff efforts to reduce other major expenditure items and a stable staff in the Finance Office directing professional budgetary management. This surplus does have the effect of 'balancing' the significant 1998–99 deficit, and puts the cash flow situation in a sound position.

The audited accounts show that, at the end of June 2001, the consolidated net assets of the RANZCOG stand at \$5.23 million, compared with \$5.119 million at the same time last year. These assets include the College House buildings at 254 and 260 Albert Street in East Melbourne, invested College House funds, and funds held by New Zealand and Regional Committees. Consolidated profits from all activities in 2000–2001 were \$110,687, compared with \$345,363 in 1999–2000.

The budget for 2001–2002 is essentially balanced, proposing a surplus of \$7996 in a budget of \$3.66 million. Council continues to remain resolute in its endeavors to ensure that each area of College expenditure should be cost-neutral. The subscription structure that Council has approved for the year 2003, therefore, only changes by consumer price index percentages; training and examination fees increase by a larger amount (approximately ten per cent) to cover the current costs of curriculum development and distance education module revision.

Previous predicted changes to the RANZCOG corporate structure are now complete. The Nominee Company and the ANZ Journal Company have been wound up. A Finance Advisory Committee to the Executive Committee of Council now manages investment, with funds being managed via Macquarie Investment (in Macquarie Capital Stable Fund) and Pitcher Partners (in their Conservative Investment Portfolio). *The Australian and New Zealand Journal of Obstetrics and Gynaecology* is managed within the RANZCOG by a Journal Committee, which is a standing committee of Council, chaired by Professor I Fraser.

This leaves only two financial entities—RANZCOG and RANZCOG Research Foundation.

MICHAEL HUMPHREY  
Honorary Treasurer

## IMPORTANT INFORMATION FOR MEMBERS

The Directors' Report, Concise Financial Report and Auditor's Statement contained within this document represent a Concise Report. The full financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists and that of associated entity the RANZCOG Research Foundation, and the Audit Reports thereon will be sent, free of charge to members upon request.

Fellows and members wishing to receive the full financial reports and auditor's report may arrange delivery by calling +61 3 9251 9047 or visiting our web site at [www.ranzcog.edu.au](http://www.ranzcog.edu.au)

The discussion and analysis is provided to assist members in understanding the concise financial report. The information contained in the concise financial report has been derived from the full 2000–2001 Financial Report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

## STATEMENT OF FINANCIAL PERFORMANCE

The operating surplus was \$269,898 lower than the results of 1999–2000. The 1999–2000 results included a considerable profit on the sale of investments held by the New South Wales Regional Committee. The sale of the remaining investments in the year 2000–2001 resulted in a loss. The Australian and New Zealand Journal of Obstetrics and Gynaecology operated as a division for a full year in 2000–2001 compared with six months in 1999–2000 and contributed \$20,800 to the overall result after providing for a payment of \$100,000 to the RANZCOG Research Foundation. The College Capital Account has been transferred from the RANZCOG Nominee Company Limited and contributed a deficit of \$35,222 to the overall result.

## STATEMENT OF FINANCIAL POSITION

Total assets increased by \$2,135,999 or 29.4%. This was mainly attributable to the following:

1. Increase in cash holdings as a result of higher than usual receipts from Membership subscriptions in advance.
2. Increase in cash holdings due to receipts received in relation to the Annual Scientific Meeting 2001.
3. Transfer of investments of \$1,090,767 from RANZCOG Nominee Company Limited.

## STATEMENT OF CASH FLOWS

Cash flows remained consistent relative to 2000–2001. As mentioned above additional cash has been provided by Members' subscriptions in advance and sponsorship and exhibition monies received for the 2001 ASM to be held in October 2001. Conference outgoings in the current financial year will use up the majority of these funds.

## CONCISE FINANCIAL REPORTS

THE ROYAL  
AUSTRALIAN AND  
NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

(A COMPANY LIMITED BY GUARANTEE)  
ACN 005 474 733

DISCUSSION AND ANALYSIS  
OF THE FINANCIAL  
STATEMENTS  
FOR THE YEAR ENDED  
30 JUNE 2001

Your councillors present their report on the College for the financial year ended 30 June 2001.

### Councillors

The names of the councillors in office at any time during or since the end of the year are:

### Executive

PROF I FRASER	Res 20/10/00	DR A J CAMPBELL	DR A STEWART	Res 20/10/00
DR D WOODHOUSE		DR J DUKE	PROF M HUMPHREY	
DR A CHILD		DR K CLARK		

### Council

DR J BATES	Res 20/10/00	A PROF R BRYCE	Res 20/10/00
DR J BRODRIBB	App 20/10/00	DR D CHARTERS	Res 20/10/00
DR A HASLAM		DR P HUGO	App 20/10/00
DR G M INSULL	App 20/10/00	DR A JEQUIER	App 20/10/00 Res 17/08/01 Res 20/10/00
PROF G KOVACS		DR M MCKENNA	Res 20/10/00
DR B MUKERJEE		DR M O'CONNOR	
PROF M PERMEZEL	App 20/10/00	DR I PETTIGREW	
DR R ROBERTSON		DR G STANDEN	Res 20/10/00
DR J SVIGOS		DR C TIPPETT	
DR A VACCA	Res 20/10/00	DR R WATSON	App 20/10/00
DR E WEAVER	App 20/10/00	DR J WILSON	App 20/10/00

Councillors have been in office since the start of the financial year to the date of this report.

### Principal Activities

The principal continuing activities of the College during the financial year remained unchanged and were the promotion of medical and allied sciences and the maintenance of the honour and interests of the medical profession in accordance with the Memorandum of Association.

### Result of Operations

The surplus of the College for the year after abnormal items amounted to \$75,466.

### Dividends

In accordance with its Memorandum of Association the College is prohibited from declaring any form of dividend in favour of its members.

### Indemnities

During the financial year the College has paid premiums to insure the councillors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of Councillor of the College, other than conduct involving willful breach of duty in relation to the College. The amount of the premium was \$8,341.34.

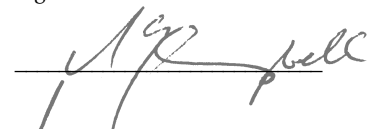

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an auditor of the College.

### Court Proceedings

No person has applied for leave of court to bring proceedings on behalf of the College or intervene in any proceedings to which the College is a party for the purpose of taking responsibility on behalf of the College for all or any part of those proceedings.

The College was not a party to any such proceedings during the year.

Signed in accordance with a Resolution of Councillors

	DR A J CAMPBELL	Councillor
	<i>President</i>	
	PROF M HUMPHREY	Councillor
	<i>Honorary Treasurer</i>	

Dated this 7<sup>th</sup> day of September 2001

## CONCISE FINANCIAL REPORTS

THE ROYAL  
AUSTRALIAN AND  
NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

(A COMPANY LIMITED BY GUARANTEE)  
ACN 005 474 733

COUNCILLORS' REPORT

	Note	2001	2000
		\$	\$
Revenues from ordinary activities	2	4,201,131	3,829,698
Expenses from ordinary activities	3	4,125,665	3,484,335
Profit from ordinary activities before income tax expense		75,466	345,363
Income tax attributable to ordinary activities		-	-
Profit from ordinary activities after income tax expense		75,466	345,363
Total changes in Equity		75,466	345,363

	2001	2000
	\$	\$
<b>CURRENT ASSETS</b>		
Cash	1,737,752	665,985
Receivables	105,722	-
Short Term Deposits	1,543,450	2,484,276
<b>TOTAL CURRENT ASSETS</b>	<b>3,386,924</b>	<b>3,150,261</b>
<b>NON-CURRENT ASSETS</b>		
Investments	2,355,652	390,519
Property Plant & Equipment	3,652,567	3,718,364
<b>TOTAL NON-CURRENT ASSETS</b>	<b>6,008,219</b>	<b>4,108,883</b>
<b>TOTAL ASSETS</b>	<b>9,395,143</b>	<b>7,259,144</b>
<b>CURRENT LIABILITIES</b>		
Accounts payable	615,540	267,154
Provisions	125,284	99,485
Other	1,785,897	1,420,896
<b>TOTAL CURRENT LIABILITIES</b>	<b>2,526,721</b>	<b>1,787,535</b>
<b>NON-CURRENT LIABILITIES</b>		
Borrowings	-	547,553
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>-</b>	<b>547,553</b>
<b>TOTAL LIABILITIES</b>	<b>2,526,721</b>	<b>2,335,088</b>
<b>NET ASSETS (LIABILITIES)</b>	<b>6,868,422</b>	<b>4,924,056</b>
<b>MEMBERS' EQUITY</b>		
Accumulated Surplus	6,868,422	5,119,415
<b>TOTAL MEMBERS' EQUITY</b>	<b>6,868,422</b>	<b>5,119,415</b>

STATEMENT OF FINANCIAL  
PERFORMANCE FOR THE  
YEAR ENDED 30 JUNE 2001

## CONCISE FINANCIAL REPORTS

THE ROYAL  
AUSTRALIAN AND  
NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

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STATEMENT OF FINANCIAL  
POSITION AS AT 30 JUNE 2001

## CONCISE FINANCIAL REPORTS

THE ROYAL  
AUSTRALIAN AND  
NEW ZEALAND  
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STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED  
30 JUNE 2001

	2001	2000
	\$	\$
<b>Cash Flows from Operating Activities:</b>		
Receipts from Members	3,552,034	2,392,542
Interest Received	242,068	167,925
Donations and Appeals	4,720	11,300
Other Income	856,945	1,120,819
Payment to Suppliers and Employees	(3,615,177)	(3,201,095)
<b>Net Cash Provided by (Used in) Operating Activities</b>	<u>1,040,590</u>	<u>491,491</u>
<b>Cash Flows from Investing Activities</b>		
Proceeds from Sale of Plant & equipment	-	-
Proceeds from (transfers to) Investments	101,682	(592,970)
Advance from RANZCOG Nominee Company Limited	-	60,000
Payment for Property, Plant and Equipment	(70,505)	(61,353)
<b>Net Cash Provided by (Used in) Investing Activities</b>	<u>31,177</u>	<u>(594,323)</u>
Net Increase (Decrease) in Cash Held	1,071,767	(102,832)
Cash at Beginning of Financial Year	665,985	768,817
<b>CASH AT END OF FINANCIAL YEAR</b>	<u><u>1,737,752</u></u>	<u><u>665,985</u></u>

### NOTE 1: Basis of Preparation of the Concise Financial Report

The concise financial report has been prepared in accordance with Accounting Standard AASB 1039 : *Concise Financial Reports and the Corporations Law*.

The financial statements, specific disclosures and other information included in the Concise Financial Report is derived from and is consistent with the full financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. The Concise Financial Report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists as the full financial report.

The accounting policies are consistent with those of the previous financial year.

	2001	2000
	\$	\$
<b>NOTE 2 REVENUE</b>		
Included in the Operating Profit are the following items of Operating Revenue:		
<b>Operating Activities</b>		
Members Services	3,658,542	3,428,573
Other revenue from ordinary activities	542,589	401,125
<b>Total revenue from ordinary activities</b>	<u>4,201,131</u>	<u>3,829,698</u>
<b>Total Revenue</b>	<u><u>4,201,131</u></u>	<u><u>3,829,698</u></u>

## CONCISE FINANCIAL REPORTS

THE ROYAL  
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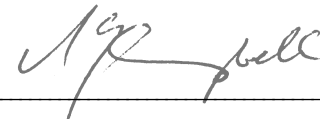
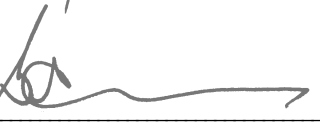
NOTES TO THE FINANCIAL  
STATEMENTS FOR THE  
YEAR ENDED 30 JUNE 2001

COUNCILLORS' DECLARATION

The Councillors of the College declare that the Concise Financial Report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists for the financial year ended 30 June 2001

- (a) comply with Accounting Standard AASB 1039: Concise Financial Reports; and
- (b) has been derived from and is consistent with the full financial report of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

This declaration is made in accordance with a resolution of the Councillors

DR A J CAMPBELL Councillor  
*President*

PRO M HUMPHREY Councillor  
*Hon Treasurer*

CONCISE  
FINANCIAL  
REPORTS

THE ROYAL  
AUSTRALIAN AND  
NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

(A COMPANY LIMITED BY GUARANTEE)  
ACN 005 474 733

SCOPE

We have audited the concise financial report of *The Royal Australian and New Zealand College of Obstetricians and Gynaecologists*, being the Councillors' Declaration, Statement of Financial Performance, Statement of Financial Position, Statement of Cash Flows and Notes to the Financial Statements, for the year ended 30<sup>th</sup> June 2001, in order to express an opinion on it to the members of the College. The College's Councillors are responsible for the concise financial report.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the concise financial report is free from material misstatement. We have also performed an independent audit of the full financial report of *The Royal Australian and New Zealand College of Obstetricians and Gynaecologists* for the year ended 30<sup>th</sup> June 2001. Our audit report on the full financial report was signed on 10<sup>th</sup> September 2001 and was not subject to any qualification.

Our procedures in respect of the audit of the concise financial report included testing that the information in the concise financial report is consistent with the full financial report, and examination on a test basis, of evidence supporting the amounts, discussions and analysis, and other disclosures which were not directly derived from the full financial report. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report is presented fairly in accordance with Accounting Standards AASB 1039: Concise Financial Reports.

The audit opinion expressed in this report has been formed on the above basis.

AUDIT OPINION

In our opinion the concise financial report of *The Royal Australian and New Zealand College of Obstetricians and Gynaecologists* complies with Accounting Standard AASB 1039: Concise Financial Reports.

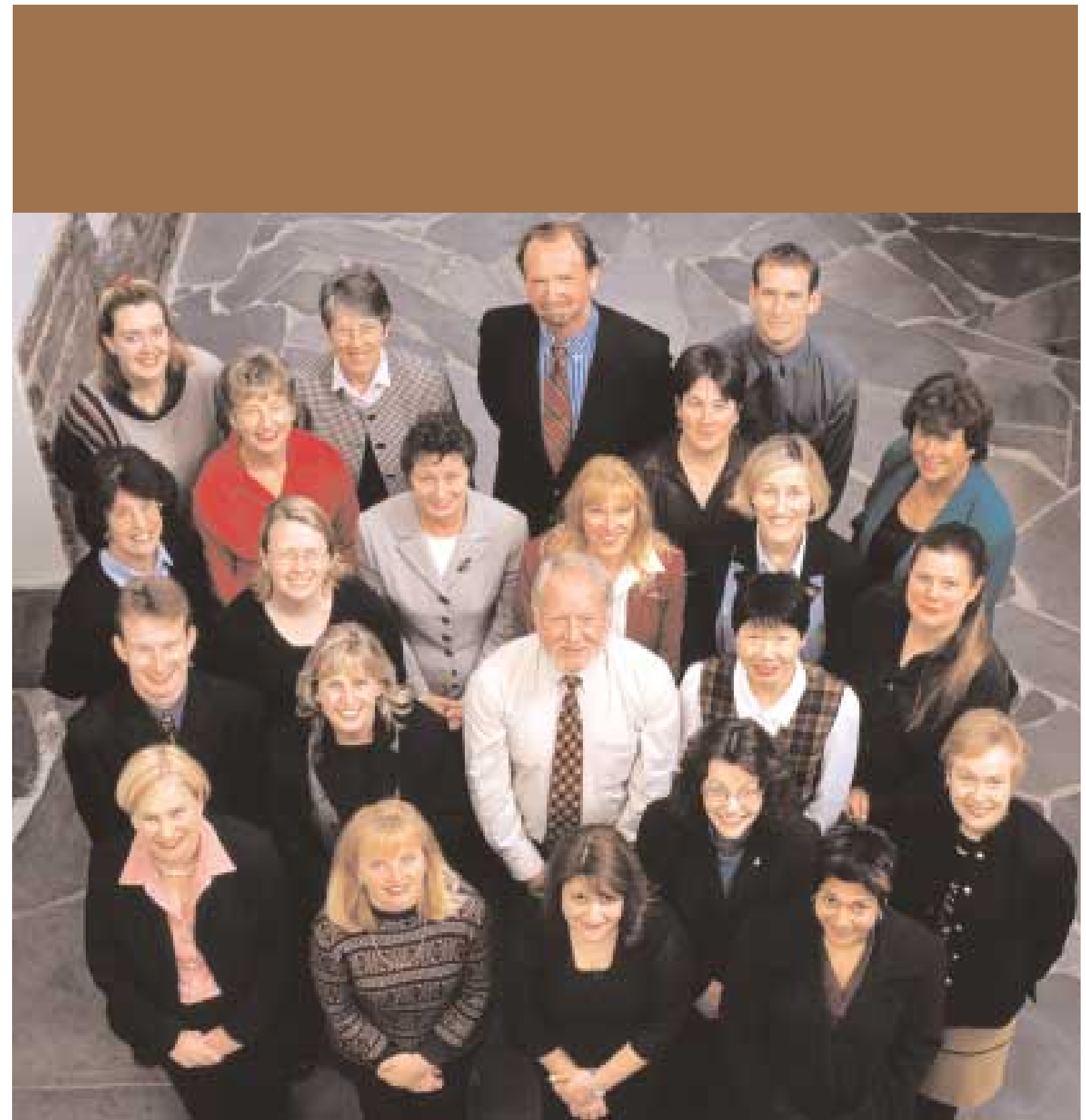


MORTON WATSON & YOUNG  
*Chartered Accountants*  
51 Robinson Street, Dandenong 3175



GRAEME A HALLAM FCA  
*Partner*  
Date: 10/9/01

INDEPENDENT AUDIT REPORT



COLLEGE HOUSE STAFF JULY 2000-JUNE 2001 (BACK ROW FROM LEFT)  
FRAN WATSON, FAY BOWER, VALERIE JENKINS, SHAUN MCCARTHY, SONJA FISCHER,  
ANDREW HAXTON, (THIRD ROW FROM LEFT) ANN ROBERTSON, TANYA SOKOLOWSKI,  
FRANCES GILLEARD, JULIE-ANNE FISCHER, ROSALIND WINSPEAR, PAM HARGREAVES.  
(SECOND ROW FROM LEFT) DAMIAN CHRISTIE, TANYA BURGESS, BOB KELLY, MAY KAN,  
KERREN CLARK. (FIRST ROW FROM LEFT) PENELOPE GRIFFITHS, CARMEL WALKER,  
ANGELA TIRRIZZI, VAL SPARK, SHARYN TOOHEY AND DR ELEANOR LONG (CEO).  
(ABSENT: DR SHANE WOOD AND BEV MUNRO).

## VISION

*The RANZCOG will pursue excellence in the delivery of health care to women throughout their lives.*



## MISSION

*The RANZCOG will achieve its Vision by innovative training, accreditation and continuing education supported by active assessment of the effectiveness of those programs. The College will actively support and communicate with Fellows, Members and Trainees in order to ensure that they are capable, physically, psychologically and professionally, of providing the highest standards of care.*

*The College will support research into women's health and will act as an advocate for women's health care, forging productive relationships with individuals, the community and professional organisations both locally and internationally.*