

THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF
OBSTETRICIANS & GYNAECOLOGISTS

CURRICULUM

A FRAMEWORK TO GUIDE THE TRAINING AND PRACTICE
OF SPECIALIST OBSTETRICIANS AND GYNAECOLOGISTS



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1.0 INTRODUCTION

Context

This curriculum has been developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). The curriculum is presented as a framework of characteristics and competencies, designed to guide and support the training of specialists in obstetrics and gynaecology in Australia and New Zealand.

The objective of the curriculum is to equip future specialists with the knowledge, skills and professional qualities appropriate to the healthcare needs of women in two countries which comprise a diversity of cultural and indigenous populations.

This curriculum is also a response to the challenges of functioning in a healthcare system that is in a constant state of flux and facing increasing financial constraints. Furthermore, it is acknowledged that the professional nature of women's healthcare is undergoing change through advances in technology, an increased emphasis on medical management rather than surgical options, and the demand for healthcare that involves an informed partnership between specialists and the woman in their care.

Specialist practice

The curriculum seeks to describe the essential characteristics of a specialist obstetrician and gynaecologist who is equipped to practise effectively in this changing healthcare environment. These characteristics are described as

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

The deliberate amalgamation of medical and communication abilities reflects the strongly held position of the College that clinical expertise is dependent on well-developed abilities in both medicine and communication. Similarly, academic abilities and professional qualities are considered to be essential factors in the acquisition of clinical competency in the specialty.

The RANZCOG curriculum

The RANZCOG curriculum is more than a syllabus listing medical topics. It encompasses an educational plan designed to bring about change. Educational objectives are specified to provide clear information of the knowledge and aspects of practice where competency is expected and assessed. Assessment of competencies is structured to reflect the pathway of learning required throughout training.

Competency is achieved through an incremental process of learning and development, so the curriculum indicates ways in which learning might be promoted in the key areas of clinical expertise, academic abilities and professional qualities. Consultants who supervise the training of future medical specialists are crucial to this process, in guiding day-to-day learning and ensuring robust growth of the profession.

The curriculum also specifies assessment formats selected to test the articulated objectives and ensure that all outcome expectations are seen as valued achievements. Importantly, the curriculum is a dynamic document requiring ongoing review and evaluation of both the educational plan and its implementation.

The RANZCOG curriculum: the international context

The RANZCOG curriculum draws liberally on Skills for the New Millennium, a competency framework outlined in the CanMEDS 2000 Project Societal Needs Working Group Report, and accepted by The Royal College of Physicians and Surgeons of Canada as the desired future direction of postgraduate medical education in Canada. The goal of the CanMEDS project is to ensure that postgraduate specialty programs are 'fully responsive to societal needs.' A medical specialist who meets these needs is described as a medical expert, communicator, scholar, collaborator, manager, health advocate and professional. Two fundamental concepts driving the project are (1) to change the focus of specialty training from the interests and abilities of specialists (supply) to the needs of society (demand) and (2) an orientating of these programs to consider the needs of individual patients in the context of the population at large.

The six areas of competence defined by the Accreditation Council for Graduate Medical Education (USA) have also informed the RANZCOG curriculum. These six areas comprise patient care (including clinical reasoning), medical knowledge, practice-based learning and improvement (including information management), interpersonal and communication skills, professionalism and systems-based practice (including health-economics and teamwork).

International Guidelines developed by the World Federation of Medical Education, based in Copenhagen, are also acknowledged. Entitled 'Quality Improvement in Postgraduate Medical Education,' the 2001 report offers standards for policy and practice in the structure and process of postgraduate medical education. Furthermore, the work of the Australian Council for Safety and Quality in Healthcare, in setting benchmarks for enhanced patient services, is central to the training of specialists in medical colleges. Continual review and development of their clinical practices, and the healthcare systems in which they work, are fundamental to minimising risk and ensuring safe and optimal management of patients.

Developments in defining and assessing the professional competence of specialist doctors in Canada, the USA, Western Europe and Australia indicate a broad-based resolve to equip medical specialists with the range of knowledge, abilities and professional qualities expected of them in our changed and changing healthcare environments.

Similarly the intention of the RANZCOG curriculum is to enable the training of obstetricians and gynaecologists to be professionally responsive to the evolving healthcare needs of women and infants in our two countries.

2.0 THE TRAINING PROGRAM

2.1 A YEAR-BY-YEAR GUIDE

2.1

A YEAR-BY-YEAR GUIDE FOR TRAINEES

STAGE IN THE PROGRAM	YEAR LEVEL	WORKSHOPS & LEARNING RESOURCES	ASSESSMENT REQUIREMENTS
Selection for the Integrated Training Program	Pre Year 1	Introductory unit to obstetrics and gynaecology	
Integrated Training Program	Year 1	Flexible Learning Program Surgical Skills Workshop Neonatal Resuscitation Course Communication Skills Workshop	In-Hospital Clinical Assessments Completion of workshops
	Year 2		
	Year 3		Written Examination
	Year 4		
Elective Training	Year 5	General obstetrics and gynaecology	Satisfactory three- and six-monthly assessments throughout the training program Completion of credentialing of surgical and obstetric procedures
	Year 6		
Continuing Professional Development	Throughout practising career	College and approved professional development programs	Recertification requirements

2.2 THE INTEGRATED TRAINING PROGRAM

2.2

THE INTEGRATED TRAINING PROGRAM (ITP)

Essential components

The essential components of the Integrated Training Program are set to ensure that all trainees registered in the program have access to knowledge, experiences and learning environments necessary for satisfactory attainments in the stated assessment requirements.

Integrated Training Programs (ITPs) are accredited on the basis that the above access requirements are met and maintained appropriately.

ITP trainee requirements are as follows:

- Four years of logged clinical work in obstetrics and gynaecology resulting in attainment of prescribed competency levels in specified procedures, as detailed in the Surgical Skills Handbook
- Rotation through a minimum of three different hospitals over the four years of training, with at least 12 months in a tertiary hospital and no less than six months in any one hospital
- Six months in a hospital fulfilling the definition of rural (as per the Training Program Handbook)
- Experience in gynaecological oncology sufficient to gain a working knowledge of the anatomy of the pelvic sidewall, particularly in regard to the ureter and major blood vessels
- Formal three- and six-monthly assessments of the trainee's progress through the ITP
- Satisfactory participation in a recognised Surgical Skills Workshop during the first year of training
- Satisfactory participation in an appropriate training course in neonatal resuscitation during the first year of training
- Satisfactory participation in a Communication Skills Workshop during the first year of training
- Satisfactory performance in the two In-Hospital Clinical Assessments (ultrasound and colposcopy) by the end of the four-year program
- Utilising comprehensively the resources of the Flexible Learning Program

Selection for the Integrated Training Program

Consideration of potential trainees for the RANZCOG Training Program will occur according to the processes laid down in the Training Program Handbook. Successful candidates will be given access to the restricted areas of the RANZCOG website and will be required to undertake the introductory unit in obstetrics and gynaecology, specifically addressing aspects of relevant preparation, prior to the commencement of the Integrated Training Program.

It is recognised that some trainees may wish to undertake training on a part-time basis. Trainees are required to undertake the first year of training on a full-time basis, and then are eligible to proceed to prospectively approved positions on a not-less-than half-time basis.

2.3 ELECTIVE TRAINING

2.3

ELECTIVE TRAINING

The fifth year of training must consist of a further clinical position in general obstetrics and gynaecology. The posting may be in a selected hospital in Australia, New Zealand, or overseas. Prospective approval for this position must be obtained from the Chair of the trainee's Regional Training and Accreditation Committee.

The sixth year of training also requires prospective approval but may consist of:

- Some aspect or aspects of general obstetrics and gynaecology
- The first year of a subspecialty training program
- A research elective

Further details of regulations in regard to this year of training may be found in the Training Program Handbook.

3.0 PROFILE OF AN OBSTETRICIAN AND GYNAECOLOGIST

3.0

PROFILE OF A SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST

Essential characteristics and key competencies

This section outlines the educational objectives of the RANZCOG curriculum. It provides a set of guidelines to direct clinical and professional learning and achievement. The objectives identify the knowledge, abilities, attitudes and professional qualities that the College considers, by consensus, to be essential for practising as a specialist obstetrician and gynaecologist. Assessment in the program is based on these objectives, which, in turn, determine the accessible knowledge, experiences and learning environments needed to complete the training program successfully.

Traditionally, a syllabus listing topics and procedures is drawn up to articulate the scope of specialist practice. Sometimes the list is presented as if clinical practice exists in isolation from practitioners (and their levels of competency) and patients (and their particular healthcare needs). Typically, a syllabus does not address learners and the learning process.

In contrast, this curriculum emphasises clinical practice as an informed partnership of professionals interacting with women in their care and their support groups, and within the systems and context of healthcare delivery. Furthermore, it articulates the areas in which trainees need to develop professionally, forming the basis of a lifelong continuum of achieving and maintaining up-to-date expertise.

Particularly, this curriculum clarifies for trainees exactly what it means to be, and practise as, a consultant obstetrician and gynaecologist. It specifies the knowledge consultants need to possess and understand, the skills and abilities required, and the professional qualities they need to internalise and demonstrate in their work.

In summary, the curriculum presents a professional profile to guide the practice of obstetricians and gynaecologists throughout their careers.

3.1 CLINICAL EXPERTISE

3.1

CLINICAL EXPERTISE

Specialist obstetricians and gynaecologists possess a defined body of knowledge and procedural skills that are used to select and interpret information, make appropriate clinical decisions regarding management of a patient and carry out diagnostic and therapeutic procedures within the boundaries of their discipline and expertise.

Their care is characterised by up-to-date, ethical, cost-effective practice, and effective partnerships with a patient and her support group, specialist colleagues and other healthcare professionals.

Specialist obstetricians and gynaecologists know that excellent communication skills are fundamental to their day-to-day functioning, in eliciting and conveying information and establishing a therapeutic partnership with women in their care.

Particularly, obstetricians and gynaecologists recognise that effective communication with a patient and her support group can engender satisfaction and cooperation as well as influence the manifestations and outcome of her healthcare situation.

Specialist practitioners know that clinical expertise is central to the practice of their profession and draw on academic abilities and professional qualities to underpin it.

THE SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST MUST BE ABLE TO:

Demonstrate medical expertise¹

- Understand reproductive functioning of well women throughout their life
- Understand key pathologies in the reproductive functioning of women
- Understand normal growth and development of the fetus and recognise deviations from this
- Access, interpret and apply knowledge relevant to clinical practice in obstetrics and gynaecology
- Demonstrate advanced abilities in clinical reasoning and judgements
- Be able to manage ambiguity in clinical situations
- Demonstrate an appropriate awareness of the impact on health and wellbeing of emotional and social needs
- Recognise current limits of medical expertise
- Practise a multi-dimensional approach to patient management
- Demonstrate diagnostic, therapeutic and surgical skills for ethical and effective healthcare services
- Demonstrate consultation and management services for ethical and effective healthcare services
- Demonstrate effective services in consultation, clinical education and legal opinion in regard to the well-being and care of women

Communicate effectively

- Establish therapeutic relationships with women in their care, their partners and families
- Obtain and synthesise relevant history from women in their care, their partners and families
- Listen effectively and sensitively
- Discuss appropriate information with women in their care, their partners, families, colleagues and health-care team members
- Evaluate management approaches and provide options
- Prepare women in their care for unfamiliar situations
- Use a vocabulary that dignifies women and their healthcare
- Provide guidance and give instructions in a courteous and helpful manner
- Listen and question in ways that respect and empower women in their care
- Carefully consider relevant cultural issues

¹ Details of core knowledge and skill specific to the practice of obstetrics and gynaecology are presented in:

4.0 KNOWLEDGE AND UNDERSTANDING: the building blocks required for the development of expertise in obstetrics and gynaecology

5.0 CLINICAL SKILLS AND ABILITIES fundamental to the practice of obstetrics and gynaecology

3.2 ACADEMIC ABILITIES

3.2

ACADEMIC ABILITIES

Specialist obstetricians and gynaecologists engage in professional learning and development during the entire span of their career.

They function within their profession as learners and researchers, seeking to further understanding in their discipline and its practice through the systematic collection, interpretation and reporting of data. They recognise that ongoing learning is central to optimal professional practice, that advances in technology and clinical management require new skills and attitudes and that changes in the healthcare context require organisational flexibility.

Specialist obstetricians and gynaecologists recognise that their discipline, as in all medical disciplines, is continuously evolving and that continuing productive and ethical research is necessary to benefit the healthcare of women and infants. Consequently, they appreciate the importance of scientific research and participation in clinical research.

Specialist practitioners recognise that the ability to teach well is fundamental to the practice of obstetrics and gynaecology. They recognise that effective teaching is central to ensuring the strength of the future profession and equipping patients, specialist colleagues and other healthcare professionals with needed knowledge and skills.

They understand that the essential characteristic of an effective teacher is an ongoing enthusiasm for learning, that an effective teacher creates an environment conducive to learning, provides supervision and assistance that is safe and stimulating, and discusses learning progress constructively and through specific examples.

THE SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST MUST BE ABLE TO:

Learn independently

- Actively seek information
- Consult with colleagues and other health professionals, including allied hospital staff
- Develop, implement and monitor a personal, ongoing professional development strategy
- Seek relevant information to enhance knowledge, understanding and practices
- Seek appropriate information before making decisions
- Critically appraise sources and reliability of medical information
- Understand and apply appropriate qualitative and quantitative research tools
- Use information technology to optimise patient care
- Contribute to the development of new knowledge, understanding and practices
- Understand and practise research methods
- Develop, implement and monitor a personal, ongoing continuing education strategy
- Manage one's own learning processes
- Know one's own limits of knowledge and abilities
- Show enthusiasm for learning
- Equip oneself for changes in career paths
- Equip oneself for a changing profession

Teach

- Facilitate learning of patients, trainees, students and other health professionals
- Understand and apply principles of apprenticeship learning
- Describe and evaluate approaches to healthcare management
- Seek information, provide guidance and give advice in a thinking and consultative manner
- Give constructive feedback
- Assess performance according to set performance criteria
- Describe learner achievements
- Use vocabulary that encourages and acknowledges learning
- Understand the learning needs of oneself and others

3.3 PROFESSIONAL QUALITIES

3.3

PROFESSIONAL QUALITIES

Specialist obstetricians and gynaecologists function as managers, team workers and health advocates, with high standards of ethical conduct and a commitment to the best interests of the patient. Their practice is in the settings of individual patient care, practice organisations and healthcare systems.

Specialist practitioners require effective management skills in prioritising, making decisions, allocating resources and minimising risks. They acknowledge the worth of each member of the health service team, recognising that effective healthcare is the result of professionals working together with the knowledge and resources available to them.

The societal expectation is that specialists dedicate their distinct body of knowledge, skills and professional qualities towards improving the health and well-being of others and commit themselves and their collegiate bodies to the highest possible standards of clinical care and ethical conduct. This involves an ongoing commitment to reviewing and updating practices. It also includes showing respect for differing cultural perspectives regarding healthcare and understanding the ways in which these might interact with traditional practices.

Through their close involvement with the healthcare needs of women, specialist obstetricians and gynaecologists develop a sense of medical responsibility in all areas of patient care, including relevant documentation, antisepsis, provision of adequate analgesia, staffing, consent and effective communication.

Specialist practitioners appreciate the importance of their role in the promotion of disease prevention in women's health, and they accept the health advocacy and policy roles that they are able to play, individually and collectively, through their College, medical societies and institutions.

THE SPECIALIST OBSTETRICIAN & GYNAECOLOGIST MUST BE ABLE TO:

Manage effectively	<ul style="list-style-type: none"> Learn and practise effective time management Manage workplace situations and projects Understand basic human resources principles and staff management Learn and practise efficient administrative skills Understand principles of business and financial management
Be a team player	<ul style="list-style-type: none"> Work effectively as a team member Show respect for the contribution of other health professionals in day-to-day interactions Work effectively and efficiently in a healthcare organisation Establish professional relationships with healthcare team members Exhibit expected personal and interpersonal professional behaviours Contribute to interdisciplinary team activities
Exhibit ethical conduct	<ul style="list-style-type: none"> Deliver the highest quality healthcare with integrity, honesty and compassion Practise medicine that is consistent with the obligations of a self-regulating profession Practise medicine that is ethically responsible Recognise a duty to assist in an emergency situation Recognise legal and moral duty to women in their care Recognise duties in regard to courts, legislative bodies, notification obligations
Show commitment to the best interests of the patient & the profession	<ul style="list-style-type: none"> Acknowledge patient and family rights Use information technology to optimise patient care Be an effective College member and contributor Recognise the need to 'give back' to the profession Use time and resources to balance patient care, learning needs and lifestyle Reconcile personal and professional life
Review and update professional practice	<ul style="list-style-type: none"> Practise risk management/minimisation on a daily basis Understand the principles, and participate in the practice of, clinical governance Address and advocate for safety and quality in healthcare practices Audit clinical practices and set goals that lead to improvements
Be a health advocate	<ul style="list-style-type: none"> Identify the important determinants of health and well-being of women and the fetus Contribute to improving the health of women and the fetus Advocate on behalf of patients with special needs Allocate finite health resources prudently Respond to issues where advocacy is appropriate Advocate for appropriate resourcing of healthcare for women

4.0 KNOWLEDGE & UNDERSTANDING

4.0

KNOWLEDGE AND UNDERSTANDING: THE BUILDING BLOCKS REQUIRED FOR THE DEVELOPMENT OF EXPERTISE IN OBSTETRICS AND GYNAECOLOGY

This section details areas of knowledge that underpin the practice of obstetrics and gynaecology. The purpose is to grasp the underlying principles on which modern obstetric and gynaecological practice is based, not merely to memorise facts. Understanding of these principles will develop with regular clinical experience, for it is the interaction between knowledge and practice that provides the basis for growth in clinical expertise.

The areas of knowledge presented in this section are categorised as follows:

- 1) **scientific knowledge** that forms the building blocks underpinning clinical practice (Sections 4.1 to 4.10)
- 2) **clinical or applied knowledge** that links the science and the practice of obstetrics and gynaecology (Sections 4.11 to 4.14)
- 3) **contextual knowledge** (for example knowledge of the law, ethics, business and management principles, cultural attitudes, professional expectations) that acknowledges the service obligations implicit in the practice of obstetrics and gynaecology (Sections 4.15 to 4.17)

Relevant knowledge may be accessed in a variety of ways, through text books, refereed articles in journals and book series, evidence-based electronic databases and publications, academic discourse, conference papers and many informal means of communication. It is through these publications and interactions that a consensus on standards is established for the discipline. Through these means obstetricians and gynaecologists learn accepted terminologies, appropriate vocabulary, levels of understanding expected of them and key applications for their clinical work. As clinical professionals, they are expected to select, organise and test this knowledge through their own experience and in academic conversation with colleagues.

Beginning specialists must possess a strong knowledge base to inform and amplify their experience, and as a foundation for growth towards expertise in the profession.

4.1 EPIDEMIOLOGY

4.1

EPIDEMIOLOGY

Epidemiological terms in obstetrics, gynaecology and neonatal paediatrics

Understand the following epidemiological terms: livebirth, abortion, stillbirth, preterm birth, neonatal mortality, perinatal mortality, infant mortality, maternal morbidity, maternal mortality, low birth weight.

Possess a national and global perspective of maternal and perinatal death rates and the major causes of maternal and perinatal morbidity and mortality.

Population terms

Understand birth, immigration, death, emigration, the four demographic processes which might act on a population group.

Other epidemiological terms

Understand and be able to apply the following:

Aetiological fraction: the reduction in disease when a risk factor is removed

Density dependence: effects in which intensity increases with increasing population density

Cumulative incidence

Patterns of infection: endemicity, epidemics and herd immunity

Rates: attack rate, case fatality rate, mortality rate

Risk: risk factor, attribute, exposure, competing risk, induction period and latent period, risk determinant and risk marker

Epidemiological methods

Be able to:

Search the literature and data bases purposefully

Appraise critically relevant articles and reports

Interpret findings and consider their applications to other contexts

Know how to select and draw on clinical evidence to inform practice

4.2 RESEARCH METHODS

4.2

RESEARCH METHODS

Be able to define the following terms:

Clinical significance

Statistically significant/insignificant

Variability

Biological variability

Laboratory variability

Observer variability

Data types: categorical, continuous, discrete, qualitative, quantitative

Understand the following methods of, and terms associated with, data collection:

Experimental studies

Randomised controlled clinical trial

Randomised cross over clinical trial

Randomised controlled laboratory study

Observational studies

Discrete and continuous variables

Grouped and ungrouped data

Sample size determination

Recognise and understand the following concepts of problems associated with data

Bias: confounding bias, measurement bias, sampling bias

Randomisation

Stratification

Blindness (masking)

Relevance of sample size to the ultimate outcome of the statistical analysis

Understand the significance and limitations of measures of central tendency:

Mean, median, mode

Variance

Co-variance

Standard deviation

Confidence intervals

Understand and apply the following statistical terms:

Probability and probability distribution models

Regression and correlation analysis

Risk - sensitivity analysis, particularly

absolute risk

absolute risk difference

absolute risk reduction

attributable risk

aetiologic fraction

relative risk

exposure odds ratio

number needed to treat

significance testing

meta-analysis

4.3 ANATOMY

4.3

ANATOMY

Descriptive anatomy

Be able to describe the anatomy of:

- Female bony pelvis
- Musculature of pelvic floor
- Musculature of the anterior and lateral abdominal wall
- Viscera of the pelvis
- Vascularisation and innervation of pelvic floor
- Vascularisation and innervation of anterior and lateral abdominal wall
- External genitalia and perineum
- Larynx and trachea pertaining to intubation
- Breast (including anatomical changes during puberty and pregnancy)
- Pituitary, thyroid and adrenal glands
- Hypothalamus

Applied anatomy – pregnancy

Be able to describe:

- Anatomic changes in the woman caused by normal physiologic adaptation (all organs), including as visualised by ultrasonography
- Anatomy of pregnant uterus of the first, second and third trimester and its relation to surrounding organs
- Presenting fetal part and its relation with the birth canal
- Anatomic changes during parturition
- Anatomic changes during puerperium (including breast)

Applied anatomy – surgery

Be able to describe:

Anatomic relationship between reproductive organs and other viscera of the pelvis, including the impact of such relationships on surgical planes

Gross anatomic appearance of:

- common Mullerian abnormalities
- disorders of sexual differentiation

Findings (gross anatomy, histology, medical imaging) of:

- common gynaecological malignant conditions such as cervical carcinoma, endometrial adenocarcinoma and ovarian carcinoma
- infectious diseases involving the genital tract, including sexually transmitted diseases
- common benign gynaecological conditions, such as myoma, ovarian cyst, ectopic pregnancy and endometriosis
- common conditions of the vaginal walls, such as in genital prolapse
- conditions of the vulva and perineum such as Bartholin's cyst, vitiligo, haemorrhoids

4.4 FETAL PHYSIOLOGY

4.4

PLACENTAL, FETAL AND EARLY NEONATAL PHYSIOLOGY

Fetal physiology

Be aware of barriers to the study of fetal physiology

Know normal fetal weights and measures, and estimated regression equations for head circumference, umbilical cord length, heart rate

Be able to describe:

The process of fertilisation

Factors thought to interrupt fertilisation such as failure of blastocyst to 'hatch'

Embryologic development for singleton pregnancy

Formation of the neural tube including neural tube defects

Organogenesis, in particular fetal circulation and pulmonary maturation

Development of genital organs

Defects of gender differentiation

Normal process of embryologic development for multiple pregnancy

Factors influencing normal fetal growth

Endocrine regulation of fetal growth

Normal patterns of fetal activity, including fetal movements and fetal breathing movements

Fetal oxygen and carbon dioxide transport

Fetal response to stress

Fetal hypoxia

Placental physiology

Understand:

The development of the placenta

Placental control of fetal metabolism

Glucose transfer

Amino acid transfer

Lipid transfer

Maternal nutrient consumption

Be able to describe:

The formation of amniotic fluid, its composition and regulation

Placental transfer including rates and types of exchange

Neonatal physiology

Physiological responses and changes to birth including:

Initiation of respiration

Heart rate and circulation

Thermoregulation

Barometric homeostasis

4.5 REPRODUCTIVE PHYSIOLOGY & ENDOCRINOLOGY

4.5

REPRODUCTIVE PHYSIOLOGY AND ENDOCRINOLOGY

Pre-pubertal physiology

Be able to understand and describe pre-pubertal follicular atresia

Peripubertal physiology

Be able to understand and describe:

- Hormonal changes leading to onset of menarche
- Gonadostat hypothesis
- Central maturational role of the CNS hypothesis
- Hormone feedback loops
- Physiological changes during puberty
- Breast development
- Age at onset of menarche

Physiology of the reproductive years

Be able to understand and describe:

- Oogenesis and spermatogenesis
- Physiological changes during the follicular phase including endometrial changes, follicular development and ovulation
- Hormonal factors in the follicular phase
- Physiological changes during the luteal phase including the development and function of the corpus luteum
- Hormone and growth factors in the luteal phase
- Cervical mucus changes during the menstrual cycle
- Normal follicular atresia
- Fimbrial capture and tubal function
- Testicular function, ejaculation and sperm motility
- The role of pH in conception
- Endocrine function of the placenta
- The steroidogenesis, structure, transport, mode of action and metabolic effects of:
 - Oestrogens

Progestagens

Androgens

Corticosteroids

The thyroid gland including:

- Basic physiology of the thyroid gland
- Secretion of thyroid hormones
- Action of thyroid hormones
- Modification of thyroid function during pregnancy
- Thyroid activity in labour

The hypothalamus and the pituitary gland including:

- Location and basic physiology of the hypothalamus
- Hypothalamic coordination of endocrine and neural control
- Control of pituitary hormone secretion
- Function of the pituitary in pregnancy
- Hypothalamo-pituitary-adrenal axis
- Pituitary hormones, their function and action

Physiological changes occurring during pregnancy, labour and the puerperium/lactation

Be able to understand and describe:

- Very early changes to cardiovascular physiology
- Changes to the respiratory system
- Changes to the cardiovascular system
- Changes to the haematological system
- Changes to the breast during pregnancy and lactation
- Metabolic and endocrine (especially adrenal and thyroid) changes
- Changes to the alimentary, renal and urinary system
- Changes to the genital system

The physiology and endocrinology of menopause

Be able to understand and describe:

The origin of post-menopausal estrogen

Normal age range of onset

Physiology of hot flushes

Effects on the central nervous system

Atrophic changes to genital organs

Demineralisation of bone

Osteoporosis

Hormonal changes and their emotional effects

Principles of hormone replacement therapy and role of estrogen and progesterone

Changes to the adrenal cortex and medulla, and the thyroid gland

Premature menopause

The effect at cellular level of radiation therapy and chemotherapy

The metabolic changes that occur in patients with malignancies

Male reproductive physiology

Be able to understand and describe testicular function, ejaculation and sperm motility

4.6 GENETICS

4.6

GENETICS

Know the basic structure and function of DNA and cell division by mitosis and meiosis

Inheritance and pathogenesis

Understand chromosomal abnormalities and their effects, particularly trisomies 13, 18 and 21, monosomy, sex chromosome aneuploidy, deletions and inversions

Be able to explain the principles of monogenic inheritance and the rules of family transmission of single genes, including autosomal dominant and recessive and linked abnormalities

Understand polygenic disorders / multifactorial inheritance

Understand the principles of, and some factors leading to, mutagenesis, teratogenesis and malformation

Be able to present issues regarding consanguinity

Genetic basis of specific disorders

Be aware of:

- Androgen disorders

- Behavioural disorders

- Haemoglobinopathies

- Cancer genetics and regulation genes

Diagnostic techniques

Understand the principles of:

- Prenatal screening

- Prenatal diagnosis

- Pre-implantation genetic diagnosis

- Nucleic acid probes in genetic diagnosis

4.7 PHARMACOLOGY & THERAPEUTICS

4.7

PHARMACOLOGY AND THERAPEUTICS

Drugs in pregnancy

- Know the pharmacokinetics of pregnancy
- Understand transplacental drug transfer
- Know principles of teratogenesis and other adverse drug effects
- Know categories and adverse effects of pharmaceuticals in pregnancy (in Australia and New Zealand as per current edition of 'Prescribing Medicines in Pregnancy')
- Know teratogenicity of non-prescription drugs
- Understand the role of nutritional supplements

Pharmacology and therapeutics of specific agents commonly employed in obstetrics and gynaecology

- Understand the mechanisms of action of:
 - Gonadal steroids: contraception, hormone replacement
 - Ovulation induction agents
 - Prostaglandins
 - Prostaglandin inhibitors
 - Chemotherapeutic agents used in gynaecological malignancy

Radiotherapy

- Know:
 - Principles of radioactivity
 - Modes of administration: external beam, intracavity and radioisotope
 - Clinical uses
 - Adverse effects and safety issues

Electrosurgery

- Know:
 - Principles of electrosurgery
 - Potential adverse effects and safety issues relating to the use of diathermy

Laser therapy

- Understand the basic concepts of:
 - Medical applications of lasers
 - Light emission and the properties of laser light: coherence, collimation, monochromacity
 - The effects of lasers on tissue and the relationship of temperature to effects
 - Clinical application and principles of CO₂ lasers, Nd-YAG lasers, Green Light Lasers
 - The adverse effects and safety issues relating to lasers

Ultrasound

- Understand:
 - The reflection of sound waves, movement of sound waves through different media, impedance, absorption
 - Diffraction and focusing
 - The role of transducers and how different types function
 - The bio-effects and safety of ultrasound
 - The meaning of B-scan and grey scale
 - How common artefacts such as shadowing and reverberation occur

Know the clinical applications (indications, limitations) of ultrasound including:

- Measurement of gestational age, fetal growth and placental insufficiency

- Fetal anomaly scans

- Diagnosis of ectopic pregnancy, pelvic masses, etc

Understand the Doppler principle and its application to ultrasound.

Be able to describe:

- Doppler ultrasound equipment: (continuous wave, pulsed wave)

- Real-time colour flow imaging systems

Radiological and magnetic resonance imaging

Understand:

- Principles

- Clinical indications in obstetrics and gynaecology

- Safety issues and adverse effects

4.8 PATHOLOGY AND HAEMATOLOGY

4.8

PATHOLOGY AND HAEMATOLOGY

Understand and apply the principles related to the collection and preservation of specimens (including forensic specimens) for pathological assessment

Understand the clinical value of adult and neonatal autopsies

Be able to explain the biological effects of radiation related to therapy and its complications

Be able to describe the structural and functional manifestations of:

Anomalous development of the urogenital tract (ie Mullerian abnormalities, Wolffian remnants)

Benign and malignant neoplasia of the breast and reproductive tract (including fibromyoma, endometrial hyperplasia and cervical intraepithelial neoplasia)

Anatomical pathology

Be able to describe the normal pathology and histology of the endometrium and ovary at different stages of the menstrual cycle

Be able to recognise abnormal histology of the reproductive tract

Understand the principles of pathogenesis of malignancy of the breast and reproductive tract

Be able to describe the macroscopic pathology of normal and abnormal placental development (particularly trophoblastic disease)

Be able to describe the pathology and histology of macroscopic diseases of the reproductive tract and breast

Understand the pathogenesis and epidemiology of nonmalignant neoplasms

Be able to describe the normal and abnormal cytology of the vagina, cervix and endometrium, (Papanicolaou smears)

Haematology

Be able to describe the haematological changes in normal pregnancy and disordered pregnancy, including but not limited to:

Blood volume changes and their effect on normal values

Iron

Folate

Coagulation alterations in normal pregnancy and coagulation disorders

Understand the haematological implications of toxæmia of pregnancy, abruptio placentae and massive blood loss

Biochemistry

Be able to describe biochemical changes in normal pregnancy including changes in glucose and lipid metabolism

Be able to describe biochemical changes in common disorders of pregnancy eg gestational diabetes

4.9 MICROBIOLOGY

4.9

MICROBIOLOGY

General

Be able to describe the normal microbial flora of the urogenital tract, including acquisition at birth, impact of growth and development, sexual activity and contraceptive practice

Understand the principles and methods of collection, storage and transport of specimens for the diagnosis of infections, including special requirements for identification of fastidious pathogens (eg chlamydia)

Be able to select tests for the diagnosis of specific infections (ie culture, microscopy, IgG and IgM, serological tests) and understand the principles on which the tests are based

Interpret the results of microbiology investigations, including microscopy, culture and antibiotic sensitivity tests

Infection prophylaxis

Be able to describe:

Predisposing factors to microbial infection

Pathogenesis of sexually transmitted infections in both male and female

Understand and apply:

Principles of prevention of wound infection and nosocomial infections

Principles and practice of sterilisation and disinfection, antiseptic technique, antimicrobial prophylaxis

Antimicrobial chemotherapy

Understand:

Principles of antimicrobial chemotherapy of infections including mechanisms of action

Antibiotic resistance

4.10 IMMUNOLOGY

4.10

IMMUNOLOGY

Basic immunology

Be able to describe the normal immune response to antigens, including the production of antibodies and subsequent immunity, hormone-mediated immunity, cell-mediated immunity and phagocytosis

Understand natural and acquired resistance to infection

Be able to describe auto- and iso-immunisation

Immunology and cancer

Understand the principles of the immune response to malignancy

Be able to explain the body's response to malignancy treatments

Immunological tolerance in pregnancy

Be able to describe:

- Immunological effects of hormones in pregnancy

- Maternal immune response during pregnancy

- Immunological mechanisms in implantation and pregnancy (including the active recognition versus protective mechanisms theory)

- Immunological tolerance: preeclampsia and recurrent miscarriage

Fetal immunology

Be able to describe the development of fetal immunological response

4.11 THE HEALTHY WOMAN

4.11

MANAGEMENT OF THE HEALTHY WOMAN; PREVENTATIVE HEALTHCARE

Understand obstetric management in order to:

Counsel a woman pre-pregnancy

Assess on first antenatal visit including risk category, provide counselling and education

Provide subsequent routine antenatal care

Manage a normal labour and the puerperium

Understand gynaecological management in order to:

Perform cervical smears

Advise on breast screening, pelvic muscle exercises, hormone replacement therapy, contraception, safe sex education

Understand neonatal paediatric management in order to:

Provide routine care of a healthy neonate and mother-infant behaviour

4.12 CLINICAL CONDITIONS

4.12

CLINICAL CONDITIONS IN OBSTETRICS, GYNAECOLOGY AND NEONATAL PAEDIATRICS

Understand the aetiology, pathogenesis, pathology, epidemiology, clinical presentation, investigation, management and prognosis of the following conditions:

Obstetric

Antenatal: hyperemesis gravidarum, congenital malformations, preeclampsia, abruption, placenta praevia, intrauterine growth retardation, abnormal liquor volume, multiple pregnancy, iso-immunisation, preterm labour, preterm rupture of the membranes, malpresentation and prolonged pregnancy

Intrapartum: malpresentation, obstructed labour, failure to progress, cord prolapse, postpartum collapse, uterine atony, coagulopathy, uterine inversion, amniotic fluid embolism, shoulder dystocia, uterine rupture, cervical laceration and perineal trauma

Puerperium: puerperal sepsis, postnatal depression and other affective disorders, retained products of conception, perineal complications, breast feeding problems

Gynaecological

Endometriosis and adenomyosis, fibroids, upper genital tract infection, lower genital tract infection, sexually transmitted disease (including HIV/AIDS, hepatitis B and hepatitis C), gynaecological oncology (including trophoblastic disease), premalignancy including vulval/vaginal/cervical intraepithelial neoplasia, endometrial hyperplasia, vulval/vaginal infection, bladder neck weakness (GSI), detrusor instability, neurogenic incontinence, gynaecological fistulae, anal sphincter damage, premenstrual syndrome, hypo-oesrogenism and the postmenopausal state, dysfunctional uterine bleeding, hypothalamic insufficiency, hyperprolactinaemia, polycystic ovary syndrome, pituitary failure, ovarian failure, testicular failure, tubal infertility, obstructive azoospermia, unexplained infertility

Neonatal paediatric

Aberrations of growth, neonatal jaundice, respiratory distress, sepsis, birth asphyxia, birth trauma, common congenital anomalies

Medical and surgical conditions

Effects of the disease (and any necessary therapy) on pregnancy

Effects of pregnancy (and any necessary therapy) on the disease

Implications of the conditions for anaesthesia

Haematology: anaemia (iron deficiency, megaloblastic, refractory, haemoglobinopathy), coagulation disorders, disseminated intravascular coagulation, immune thrombocytopenic purpura, von Willebrand's, transfusion reactions, venous thrombosis, embolus, anticoagulation

Cardiovascular: valvular heart disease (rheumatic, congenital), artificial heart valves, supraventricular arrhythmias, hypertension, atherosclerosis, cerebrovascular disease, ischaemic heart disease

Endocrine: diabetes, thyroid disease, adrenal disease, congenital adrenal hyperplasia, Cushing's disease, Addison's disease, pituitary disease, pituitary tumours, hyperprolactinaemia, parathyroid disease and diabetes insipidus (general only)

Renal: acute glomerulonephritis, chronic renal disease, acute and chronic renal failure, lupus nephropathy, pyelonephritis (acute and chronic), urinary tract infections, haematuria, renal and ureteric calculi, hydronephrosis and hydroureter, pregnancy after renal transplant

Gastrointestinal: appendicitis, the acute abdomen, reflux oesophagitis, peptic and duodenal ulcer, biliary tract disease, pancreatitis, inflammatory bowel disease, irritable bowel disease, infectious diarrhoea, constipation, haemorrhoids, hyperemesis, oral cavity health

Hepatic: acute fatty liver, cholestasis of pregnancy, viral hepatitis, pregnancy and chronic liver disease, drug reactions

Infection: septic abortion, septic shock, Listeria, group B streptococci, syphilis, gonorrhoea, rubella, CMV, varicella, measles, influenza, herpes simplex, human papilloma virus, HIV

Pulmonary: asthma, tuberculosis, smoking, pneumonia, aspiration of gastric contents, chronic lung disease

Dermatology: itch, herpes gestationis, PUPP, moles and melanomas

Malignancy: breast cancer, choriocarcinoma, treatment of malignancy in pregnancy

Neurological: epilepsy, headache and migraine, Bell's palsy, paraplegia, cerebrovascular disease

Psychological: manic-depressive psychosis, depression, postnatal depression, schizophrenia, PTSD

Musculoskeletal: osteoporosis, carpal tunnel syndrome, backache

Rheumatic: rheumatoid arthritis, systemic lupus erythematosus, antiphospholipid syndrome

Substance abuse: alcohol, narcotics, amphetamines, tranquillisers, tobacco, cannabis

Operative: surgical stress, shock, wound infection and prophylaxis, thromboembolism prophylaxis, analgesic options, general fluid management

Trauma: management after motor vehicle accident

4.13 CLINICAL PROBLEMS

4.13

DIFFERENTIAL DIAGNOSIS AND ASSESSMENT OF CORE CLINICAL PROBLEMS

Be able to diagnose and assess the following clinical problems:

Obstetric

Antenatal vomiting, abdominal pain, bleeding, discharge, fever, urinary retention, large- and small-for-dates, hypertension, proteinuria, perinatal death

Intrapartum non-reassuring fetal status, fetal distress, failure to progress, haemorrhage, collapse

Puerperium fever, secondary PPH, breastfeeding difficulty, incontinence, urinary retention

Gynaecological

Delayed puberty and early puberty, menstrual disorders, acute and chronic pelvic pain, vaginal discharge, vulval pruritus, climacteric symptoms, prolapse, urinary incontinence and retention, contraception, infertility (female and male), sexual problems, sexual and domestic violence, pelvic mass, vulval lesions, recurrent miscarriage, hirsutism

Neonatal paediatric

Respiratory distress, jaundice, prematurity, growth retardation

4.14 CLINICAL MANAGEMENT

4.14

CLINICAL MANAGEMENT

Demonstrate knowledge underpinning the following procedures:

General surgical principles

Resuscitation of an adult patient, including intubation and cardio-pulmonary arrest

Management of needle-stick injuries and other blood-borne virus exposure

Safety aspects of laser and electrodiathermy

Principles of central venous pressure monitoring, fluid and electrolyte balance, intravenous therapy and the use of blood and blood products

Diagnosis and management of postoperative complications, including: pain, reactionary and secondary haemorrhage, circulatory shock, obstruction, paralytic ileus, urinary retention, infection, thrombosis and pulmonary embolus

Obstetric

Indications, contraindications, technique and complications of all obstetric surgical procedures including:

Tests of fetal well-being including cardiotocography

Antenatal diagnosis including serum screening, ultrasound, amniocentesis, CVS

Caesarean section

Anaesthesia and analgesia

External and internal version

Episiotomy and perineal repair, repair of 4th degree tear

Cervical suture

Cervical ripening and induction of labour

Manipulative vaginal delivery

Hydrocephaly decompression

Acute inversion of the uterus correction

Caesarean hysterectomy

Gynaecological

Preoperative assessment for gynaecological surgery and gynaecological anaesthesia

Principles of microsurgical techniques to prevent adhesions during surgery

Indications, contraindications and complications of all gynaecological procedures including:

Hysteroscopy, curettage, endometrial biopsy

Laparoscopy, laparoscopic procedures

Cervical cytology, colposcopy

Common abdominal and vaginal gynaecological surgical procedures such as hysterectomy, vaginal repair, ovarian cystectomy

Principles of chemotherapy, pelvic radiotherapy, surgery and palliation in gynaecological cancer

Indications, contraindications and complications of all gynaecological medical therapy including:

Contraception and hormone replacement therapy

Induction of ovulation with clomiphene and bromocriptine

Assisted conception techniques, including GnRH and gonadotrophin therapy (principles only)

Assessment (including staging) of gynaecological cancer

Paediatric gynaecological assessment

4.15/16 CULTURE AND ETHICS

4.15

WOMEN'S HEALTH AND CULTURAL ISSUES

Identify major social and psychological issues that impact on the health of individual women and on women's health in general, for example, poverty and violence against women. Consider current strategies for addressing these issues and consider potential new initiatives.

Understand the major objections and complaints that women make about the delivery of obstetric and gynaecological services. Consider and develop means of addressing these objections and complaints, for example, the importance of an apology when a patient has been inconvenienced or where her treatment has proved to be suboptimal.

Develop a perspective on the cost implications of obstetric and gynaecological services, considering different models of practice (public/private), indemnity issues, and disease prevention and screening strategies.

Understand special implications for women's health services with respect to women of various ethnic backgrounds including Aboriginals, Torres Strait Islanders, Maori and Pacific Islanders.

Understand and respect the ways in which culture and religion impact on women's reaction to pregnancy, obstetric and gynaecological disorders and recommended treatments.

Consider the particular needs of very recent migrants including refugees.

4.16

ETHICS

Be familiar with the RANZCOG Code of Ethics and its framework for practice in obstetrics and gynaecology

Understand the nature of ethical thinking and the philosophical basis of ethics

Be able to frame an ethical argument

Be able to discuss specific issues on the basis of ethical considerations, including:

- Refusal of treatment

- Euthanasia

- Abortion

- Contraception

- Blood-borne and sexually transmitted infections

- Embryo experimentation

- Genetic screening

- Human cloning

- Maternal-fetal conflict

- Health economics

- Inequalities in health care nationally and internationally

4.17 LAW

4.17

LAW

Parliamentary law

Be able to describe the legislative process

Know how to locate statutes that impose obligations on doctors by being able to list the title of Acts in the relevant jurisdiction

Be able to discuss issues on the basis of interpretation of legislation

Common law

Understand the difference between parliamentary law and common law

Be able to describe the hierarchy of courts and how this relates to the precedential value of decisions

Duty of care

Be able to describe:

The development of duty of care in common law

Contemporary understanding of the duty of care in medicine

Breach of duty of care/standard of care

Causation

Important cases in the development of the duty of care a doctor owes to a patient

How the courts can change what is understood by the duty of care

Gaining consent

The reasons why patients sue for breach of duty of care

How to communicate with patients who have lodged a claim

Medical Boards (Australia)

Medical Council (New Zealand)

Understand:

The powers and limitations of medical boards/council

The public policy reasons for the existence of medical boards/council

How to respond to requests from medical boards/council

Health complaints

Know the name of the health complaints body in the relevant jurisdiction and the role of that body

Understand the principles and benefits of conciliation

Know how to respond to complaints and use complaints to improve practice

Medico-legal work

Know:

How to review patient files and provide a report

How to perform and report a medico-legal clinical examinations such as transport accident victim, a patient involved in litigation, sexual assault victim etc

How to give evidence in court

The importance of a chain of evidence

The role and responsibilities of expert witnesses

Sterilisation of minors

Be able to describe:

Relevant national laws/regulations

Who is able to give consent

How the best interests of the child are determined

Patient records

Understand the need for clear, contemporaneous notes for defending a claim

Be aware of issues related to record retention and storage

Privacy

Understand:

The importance of privacy to a patient

The privacy legislation that applies in your jurisdiction

The issues associated with privacy and utilising patient information for research

Mandatory reporting

Understand:

What mandatory reporting is and why it was introduced

The reporting obligations of health professionals in the relevant jurisdiction

Differences between legal systems

Be aware that the statutory systems of Australia and New Zealand are different

In Australia, one must:

Possess a basic understanding of tort law

Be able to discuss the benefits of and problems associated with an adversarial system

Understand medical indemnity and its application in active employment, leave of absence and retirement

In New Zealand, one must:

Understand coverage for medical misadventure

Understand medical error and medical mishap

Be familiar with agencies in New Zealand, that is, Accident Compensation Commission, Health and Disability Commissioner and Medical Practitioners Disciplinary Tribunal

Understand the mechanisms by which patients may complain and be familiar with the Consumers' Rights section of the Code of Health and Disability Services

5.0 CLINICAL & MANAGEMENT SKILLS

5.0

CLINICAL AND MANAGEMENT SKILLS FUNDAMENTAL TO THE PRACTICE OF OBSTETRICS AND GYNAECOLOGY

Routine skill develops with practical experience.

Specialist obstetricians and gynaecologists perform complex skills that require much more than practical experience. Their skill set draws on a rich and interrelated store of knowledge that underpins and informs their practice. Their practice is characterised by professional attitudes and behaviours, and they review and update their practice continually to ensure the highest possible standard of healthcare delivery.

Specialist obstetricians and gynaecologists possess well-developed capabilities in the following:

- Assessment of the healthcare needs of the woman by appropriate history-taking, examination and investigation

- Recognition (including diagnosis) of the woman's healthcare needs and medical problems

- Appropriate and tailored management of the woman's healthcare needs and medical problems, consisting of one or a combination of explanation/reassurance, observation, referral to other practitioners, medical management, surgical management, obstetric procedures

Ongoing assessment of the woman with adaptation of the management plan as necessary, whether this be within a specific treatment, procedure or operation, or over a longer time-frame

Consistent performance to a high level of competence of all relevant clinical and interpersonal skills

All clinical skills and processes are underpinned by sensitive, appropriate and effective communication with the woman.

5.1 OBSTETRICS

5.1

OBSTETRICS: DIAGNOSTIC AND THERAPEUTIC SKILLS

Antenatal care

Counsel a patient and her partner regarding the impact and risk of pregnancy on medical conditions and vice versa, and on appropriate lifestyle modifications conducive to favourable pregnancy outcomes

Provide comprehensive first-visit care, including routine assessment, ordering of appropriate tests, counselling before testing and after results, assessment of risk category, assessment of requirement for genetic counselling

Provide appropriate first-visit education

Identify, evaluate and manage a normal pregnancy

Understand the principles of management of pregnancy in women with pre-existing or current medical and surgical disorders and be able to access appropriate advanced services

Perform and interpret antepartum diagnostic tests accurately and integrate interpretations of such tests into clinical management of a patient

Counsel a patient regarding warning signs of adverse pregnancy events

Counsel a patient regarding options for antenatal genetic testing

Assess and manage early pregnancy complications

Counsel a patient with an abnormal fetus regarding management options; be able to access appropriate services

Understand and apply appropriately the principles of pharmacology to pregnancy needs

Assess, recognise and manage medical and surgical disorders in pregnancy

Assess, recognise and manage obstetric complications

Intrapartum care

Perform and interpret fetal monitoring; implement appropriate clinical interventions for fetal heart rate abnormalities

Use and interpret tests of fetal well-being, underpinned by an understanding of test reliability

Assess and manage normal labour and delivery

Assess and manage abnormal labour and delivery

Assess and manage labour following a previous caesarean section

Assess and manage labour complicated by heart disease or diabetes

Recognise and manage maternal and fetal complications, which may develop during labour, including preeclampsia and fetal distress

Perform the following procedures in labour:

normal delivery

use of appropriate cervical ripening agents

induction of labour

augmentation of labour

pudendal block

vacuum extraction

forceps delivery

caesarean section

breech delivery

twin delivery

management of shoulder dystocia

episiotomy and repair

repair of perineal, vaginal and cervical lacerations, including third and fourth degree tears

manual removal of placenta

management of maternal collapse

Recognise and understand the principles of management of:

- uncommon malpresentations
- hydrocephaly
- acute inversion of the uterus
- ruptured uterus
- caesarean hysterectomy
- amniotic fluid embolism

Understand the types of anaesthesia appropriate for control of pain during labour and delivery

Assess and manage primary postpartum haemorrhage

Postpartum care

Perform an immediate assessment of the newborn child and determine if resuscitative measures are indicated

Resuscitate a newborn baby, including rapid clinical assessment of neonate asphyxia, external cardiac compression of neonate, use of bag and mask ventilation and use of endotracheal adrenaline (Note: neonatal resuscitation is a logbook requirement for all Year 1 trainees.)

Recognise neonatal abnormalities requiring paediatric care (for example, congenital dislocation of hips, oesophageal atresia, cardiac murmurs, neonatal jaundice)

Evaluate a perinatal death and provide appropriate counselling

Manage normal puerperium, including lactation

Manage problems arising during the puerperium, including:

- puerperal sepsis
- affective disorders: postpartum mood disorder, postnatal depression, postpartum psychosis
- secondary postpartum haemorrhage
- perineal complications
- disorders of lactation
- bladder instability and urinary retention
- injury to the urinary tract
- pulmonary embolism
- deep vein thrombosis

Discuss with patients contraception, sterilisation, future pregnancies

5.2 GYNAECOLOGY

5.2

DIAGNOSTIC AND THERAPEUTIC SKILLS: GYNAECOLOGY

Use gynaecological speculae properly and appropriately

Diagnose and initiate management of a woman with abnormal uterine bleeding

Diagnose and initiate management of a woman with vaginal and vulvar infections

Diagnose and initiate management of a woman with vulvar dystrophies and dermatoses

Diagnose and plan management of a woman with a sexually transmissible disease

Diagnose and plan management of a woman with pelvic support defects

Diagnose and plan management of a woman with a pelvic mass

Diagnose and initiate management of a woman with acute and chronic abdominal or pelvic pain, including pain without organic cause

Diagnose and initiate management of endometriosis

Assess, diagnose and plan management of a woman with urogynaecological disorders

Understand the principles of urodynamic investigations

Be able to communicate effectively to a patient:

- the causes and pathogenesis of female urinary incontinence

- the appropriate investigation and treatment of female urinary incontinence, including gynaecological fistulae

- the role of urodynamic investigations

- the pathogenesis, investigation and management of utero-vaginal prolapse, including recurrent prolapse

Diagnose and plan appropriate management of gynaecological fistulae

Understand diagnostic techniques in gynaecological cancer

Understand principles of gynaecological oncology, including surgery, chemotherapy, radiotherapy and palliation

Perform a paediatric gynaecological examination

Diagnose and manage trophoblastic disease

Diagnose and manage a woman with an infection of the upper genital tracts

Diagnose and manage a woman with an infection of the lower genital tract

Diagnose and manage a woman with vaginal discharge

Understand the specific issues related to patients with HIV/AIDS, Hepatitis B and C

Understand the examination and management of the female victim of sexual assault

Discuss with a woman and her partner family planning and contraceptive issues

Assess and manage a woman with a menstrual disorder

Manage and counsel (in consultation with other health professionals) a couple with primary or secondary infertility (including scrotal examination and semen analysis); be able to communicate to patients the medical and/or surgical treatments for the common causes identified

Manage, under direct supervision, the patient requiring induction of ovulation with clomiphene and bromocriptine

Understand the principles of assisted conception techniques, including GnRH and gonadotrophin therapy

Counsel and manage the couple with recurrent miscarriages

Diagnose and manage hirsutism

Discuss with a woman issues relating to the menopause

Manage disorders relating to the menopause, including osteopenia

Early pregnancy (first trimester)

Perform and interpret diagnostic tests to confirm an early spontaneous miscarriage

Surgically manage a woman with an incomplete spontaneous miscarriage and complications that may arise

Perform and interpret diagnostic tests to confirm an ectopic pregnancy

Medically and surgically manage a woman with an ectopic pregnancy and complications that may arise

Counsel a woman and her partner regarding the recurrent risk of an ectopic pregnancy and prognosis for a normal intrauterine delivery

Perform and interpret diagnostic tests to determine etiology of recurrent early pregnancy loss

Medically and surgically manage a woman with recurrent early pregnancy loss

Discuss with a woman and her partner the chances of successful treatment of early pregnancy loss, and the feasibility of alternative approaches such as assisted reproductive technology or adoption

Counsel a patient and her partner about drug use in pregnancy

Psychosocial issues

Obtain legal consent from an incompetent patient

Sensitively and appropriately manage a patient with a psychological or psychiatric disorder or substance abuse problem

Recognise common indicators that a patient has suffered sexual assault

Respond appropriately to a patient who disclosed sexual assault

Provide appropriate counselling and referrals to a victim of sexual assault

Recognise common indicators that a patient has suffered domestic violence

Respond appropriately to a patient who disclosed domestic violence

Provide appropriate counselling and referral to a victim of domestic violence

Conduct a forensic examination and write a forensic report

Assess and manage a woman with premenstrual syndrome

Assess and manage a woman during menopause

Assess the impact of socioeconomic factors on a woman's health

5.3 SURGICAL SKILLS

5.3

SURGICAL SKILLS

Preoperative

Prepare a specific patient for a specific operation

Undertake assessment for anaesthesia

Ensure that correct instruments, equipment and suture material are available

Ensure understanding and obtain specific informed consent

Intraoperative

Open and close abdomen, using both vertical and transverse incisions

Show competence in basic gynaecological and obstetric surgical skills, and laparoscopic and hysteroscopic skills

Show consistent competency in technique in regard to instrument, tissue and aseptic management, in major and minor procedures

Correctly use laparoscopic techniques for abdominal entry

Correctly use and care for instruments, equipment and suture material

Safely use electrodiathermy (and laser where applicable)

Identify the ureter and internal iliac artery

Be consistently safe with sharps with respect to self, assistant, scrub nurse and patient

Manage a needle-stick injury

Apply microsurgical principles to prevent adhesions during surgery

Understand the principles of central venous pressure monitoring

Manage fluid and electrolyte balance

Manage intravenous therapy, including use of blood and blood products

Recognise injuries to the ureter, including those, which become apparent postoperatively

Recognise bladder and bowel trauma and manage under supervision

Insert a suprapubic catheter

Postoperative

Detect and manage postoperative complications, including pain, infection, thrombosis, reactionary and secondary haemorrhage, obstruction, paralytic ileus and urinary retention

Diagnose and initiate management of pulmonary embolus

Manage a patient with circulatory shock

5.4 CRITICAL CARE

5.4

CRITICAL CARE (RELEVANT TO OBSTETRICS AND GYNAECOLOGY)

Apply critical care skills in the areas of:

- Toxic shock syndrome
- Septic shock
- Amniotic fluid embolism
- Adult respiratory distress syndrome
- Haemodynamic monitoring/hypovolaemic shock
- Cardiopulmonary resuscitation
- Allergic (or adverse) drug reactions
- Ovarian hyperstimulation syndrome
- Resuscitate an adult patient, including intubation

5.5 SURGICAL PROCEDURES

5.5

SPECIFIC SURGICAL PROCEDURES AND CREDENTIALING LEVELS

	UNDERSTAND (NOT PERFORM)	PERFORM WITH ASSISTANCE	PERFORM UNASSISTED
Endometrial inspection, sampling and hysteroscopic surgery			
Endometrial sampling, outpatient			X
Dilation and curettage, diagnostic			X
Suction			X
For retained products of conception			X
Hysteroscopy, diagnostic			X
Biopsy			X
Office/outpatient			X
Polypectomy			X
Molar pregnancy, evacuation			X
Hysterosalpingogram		X	
Hysteroscopic resection of small submucous fibroids		X	
Hysteroscopic endometrial ablation/resection		X	
Contraception (conscience clause applicable)			
Diaphragm, fitting			X
IUCD insertion / removal			X
Sterilisation: laparoscopic or open			X
Vasectomy	X		
Laparoscopic surgery			
Laparoscopy, diagnostic (infertility & pain)			X
Laparoscopic surgery, AGES level 1			X
Aspiration of ovarian cysts			X
Division of minor adhesions			X
Peritoneal biopsy			X
Sterilisation			X
Endometriosis, classify			X
Diathermy of peritoneal endometriosis			X
Ectopic pregnancy medical & surgical management			X
Salpingoscopy/fallopscopy	X		
Hysterectomy, laparoscopically assisted	X		
Myomectomy	X		
Major gynaecological surgery			
Oophorectomy: abdominal or laparoscopic			X
Ovarian cystectomy: abdominal or laparoscopic			X
Hysterectomy: abdominal or vaginal			X
Abdominal myomectomy			X
Hysterotomy			X
Microsurgical techniques	X		

	UNDERSTAND (NOT PERFORM)	PERFORM WITH ASSISTANCE	PERFORM UNASSISTED
Uterovaginal prolapse and urinary incontinence			
Vaginal pessary, fitting			X
Cystoscopy			X
Vaginal repair: anterior, posterior and perineum			X
Enterocoele repair		X	
Colposuspension			X
Abdominal colpo-sacropexy	X		
Sacrospinous colpopexy	X		
Suburethral sling and tensionless vaginal tape procedures		X	
Dysplasia			
Colposcopy, cervix			X
Colposcopy, vagina and vulva			X
CIN management, using radical diathermy, loop excision, cryotherapy or laser			X
Cone biopsy			X
Oncology			
Omentectomy		X	
Radical hysterectomy, pelvic lymphadenectomy	X		
Vulvectomy	X		
Miscellaneous general gynaecology			
Bartholin's cyst or abscess, management			X
Lesions, repair minor cervix, vagina, perineum			X
Subdermal hormone implant			X
Urethral caruncle, management			X
Vaginal cyst			X
Pelvic abscess, drainage			X
Hymenotomy			X
Vaginal septum			X
Appendicectomy			X

5.6 MANAGEMENT AND PROFESSIONAL SKILLS

5.6

MANAGEMENT AND PROFESSIONAL SKILLS

Management

Understand the basic principles of Human Resources Management

Implement steps associated with recruiting staff, including:

- Identification of skills and attributes required
- Planning interviews
- Conducting interviews

Apply the principles of good staff supervision, including:

- Listening and communicating
- Setting clear goals and clearly stating the standard required
- Being fair and consistent
- Motivating staff

Know how to counsel staff and manage conflict resolution in the workplace

Understand the benefits of workplace diversity

Advocate on behalf of junior staff

Know and understand legal obligations in relation to employees, specifically:

- Minimum entitlements
- Occupational health and safety
- Superannuation
- Workers compensation
- Taxation

Administration

Understand the requirements for a successful meeting

Understand the importance of information technology aids to administrative function

Establish systems to store records effectively

Establish systems to ensure that test results are always followed up

Clinical service delivery

Take steps to minimise areas of potential complaint in the delivery of clinical services

Ensure that staff communicate clearly, verbally and in writing, with women in one's care

Discuss costs where appropriate before treatment

Avoid appearing to rush consultations

Provide consistent information

Be particularly attentive to concerns and never dismissive

Apologise where you have inconvenienced a woman in your care or made an error

Personally discuss complaints with women in one's care

Be able to convey bad news and sub-optimal outcomes compassionately, appropriately and in person

Business/financial management

Understand the 'no budget, go broke' principle

Know how to interpret a budget

Calculate income and expenditure (both fixed and variable cost)

Understand the value of courteous, effective and professional staff

Understand the importance of effective bookkeeping

Understand hospital funding such as casemix and diagnostic related groups

Understand the value of obtaining sound taxation and superannuation advice

Be aware of available software packages for accounting and tax management

Understand issues related to insurance including professional indemnity, public liability, business insurance, contents insurance, etc

Understand how income is affected by patient satisfaction and the ability to pay

Risk management

Understand the principles and importance of risk management. In particular:

- That risk management is not about blame
- The relationship between indemnity claims and risk management
- The distinction between human and organisational factors in risk management

Understand the importance of continuing professional development in both a risk management and service improvement context

The importance and functional basis of continuing professional development program in risk management and practice improvement

Relationships with professional bodies

Understand the need for accountability and its relationship to registration

Understand the role of the relevant medical board and healthcare complaints body

Understand the roles of the RANZCOG

Teamwork

Understand the principles and importance of:

- Good communication
- Defining areas of individual responsibility
- Collective goal setting
- Providing opportunities for all team members to contribute

Time management

Understand the principles and importance of time management, in particular:

- Good diary keeping
- Using checklists
- Setting deadlines and goals
- Prioritising non-clinical duties
- Communicating prioritisation decisions to co-workers
- Managing interruptions effectively

Project Management

Understand the importance of defining the scope of a project, the clustering of tasks and the principles of delegation

Economics

Understand the basic principles of supply and demand, cost (total/marginal/average), profit, cost effective analysis and cost utility analysis

Explain to patients the realities of health resource allocation

5.7 RESEARCH SKILLS

5.7

RESEARCH SKILLS

Use electronic databases such as Medline and the Internet to conduct literature searches and to locate information

Critically appraise/evaluate relevant literature, reviews and new techniques/technologies

Use word processors, databases, spreadsheets and statistical packages to produce statistical analyses and research papers

Conduct a literature review

Develop an hypothesis to be tested

Choose an appropriate research methodology and design a research study

Write a grant application to fund a research project

Apply for ethics committee approval for a clinical or laboratory based study

Collect, collate and interpret data

Apply basic statistical analysis to clinical data

Develop an outline structure for a research paper

Write a literature review for a research paper

Apply the developed outline to write a research paper

6.0 ASSESSMENT OF COMPETENCE

6.0

ASSESSMENT OF COMPETENCE

Expectations of the training program

The educational objectives of the curriculum are an up-front statement of the knowledge, abilities, attitudes and professional qualities that are seen as essential to competent practice in the specialty of obstetrics and gynaecology.

It follows that all domains of specialist practice must be assessed if judgements are to be made about professional competency. For example, assessment methods extend beyond traditional examination formats to include credentialing of surgical skills and rigorous assessment of communication and interpersonal abilities and attitudes, the application of core knowledge in clinical practice, management abilities and professionalism. It also follows that individuals appointed as assessors by the College must demonstrate knowledge and skills appropriate to the performance being assessed and the processes involved.

A curriculum includes a program of assessment, in which different domains of characteristics and competencies are assessed in different, targeted ways. This program of summative assessment, successfully completed, certifies competence in the profession.

Assessment is also a key tool to inform learners on progress made and identify what still needs to be achieved. Ongoing, formative assessment is therefore central to the curriculum as a means to guide and motivate learning and achievement.

The assessment process is designed to promote the highest possible standards of demonstrable achievement, within and beyond the scope and content of the curriculum.

The curriculum objectives provide a framework to make clear the overall knowledge, abilities and professional qualities on which competency for practice as a specialist obstetrician and gynaecologist might be assessed. Specific content and abilities are presented to spell out (comprehensively, but not exhaustively) the current scope of obstetric and gynaecological practice.

6.1 CATEGORIES OF PRACTICE

6.1

CATEGORIES OF PRACTICE

Successful completion of the Fellowship requirements for The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG) certifies an individual to practise as a specialist obstetrician and gynaecologist.

Varied careers are open to specialist obstetricians and gynaecologists, encompassing private and/or public practice, as understood in the Australian and New Zealand context.

Typical categories of practice include:

- Predominantly public practice; for example, a hospital staff specialist

- Combined public and private practice; for example, a visiting medical officer (VMO) in a hospital (or hospitals) combined with private practice

- Private practice only

- Academic, typically with public and private components

- Further training, leading to certification and practice in a subspecialty

The training process must equip individuals to select any of these directions, recognising that the FRANZCOG is not an end in itself, but represents a step in a continuum throughout a specialist's career.

6.2 ASSESSMENT STRUCTURE

6.2

ASSESSMENT STRUCTURE:

COMPETENCIES EXPECTED AND ASSESSMENT FORMATS

This section outlines the assessment formats adopted within the RANZCOG curriculum. Each format is designed to assess strands of competencies expected in the practice of obstetrics and gynaecology. These strands of competencies are assessed over progressive stages of the curriculum ensuring that, overall, the framework of objectives presented in this curriculum is comprehensively tested.

6.2.1

Log-book and credentialing requirements

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
Surgical skills: criteria identified on assessment form by the scope and level required for practice in the specialty	(1) 3-monthly feedback on progress throughout the training program (2) 6-monthly assessments throughout the training program, with required progress towards the scope and level required for practice in the specialty	Consultants and senior registrars who have supervised and observed practice consistently Senior nursing staff, on appropriate criteria
Participation in hospital and College practice review and clinical risk management activities	Observation of regular and active participation	Training supervisor

6.2.2

Training supervisor reports

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
Core clinical abilities, including: Communication skills Interdisciplinary and collegial relationships Teaching attitudes and abilities Surgical skills Management and organisational skills	(1) 3-monthly feedback on progress throughout the training program (2) 6-monthly assessments throughout the training program, with required progress towards the scope and level required for practice in the specialty (3) Credentialing to indicate level of surgical skill achieved	Consultants and senior registrars who have supervised and observed practice consistently Senior nursing staff, on appropriate criteria Health service and academic staff, on appropriate criteria

6.2.3

Flexible Learning Program

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
Possession of knowledge and clinical abilities based on objectives outlined in each of the FLP topics	The resource material provided by the FLP should be known and understood prior to presenting for the examinations	Self assessment, with guidance from appointed mentors

6.2.4

Workshop participation

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
(1) Surgical skills (2) Neonatal resuscitation (3) Communication skills	Satisfactory participation in an approved workshop or course in Level 1	Workshop or course faculty

6.2.5

In-Hospital Clinical Assessments (IHCA)

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
(1) Ultrasound diagnosis: obstetric and gynaecological (2) Colposcopic diagnosis and management	Criterion-based rating through direct observation during a single clinic session	IHCA-approved assessors

6.2.6

Written examination

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
<p>(1) Possession of knowledge as outlined in 4.0 KNOWLEDGE AND UNDERSTANDING</p> <p>(2) Possession of knowledge as outlined in designated FLP topics</p>	<p>Paper 1: Short answer questions</p> <p>Paper 2: Multiple choice questions</p> <p>Passing score set by rigorous standard setting process</p>	<p>Accredited, trained RANZCOG examiners</p>

6.2.7

Oral examination

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
<p>(1) Demonstration of clinical abilities including:</p> <ul style="list-style-type: none"> Clinical management History taking Communication requirements Problem solving Resource utilisation Time management and prioritisation of tasks <p>(2) Possession of knowledge as outlined in 4.0 KNOWLEDGE AND UNDERSTANDING</p> <p>(3) possession of clinical understanding as outlined in 5.0 CLINICAL SKILLS AND ABILITIES</p>	<p>Structured oral stations simulating clinical scenarios</p> <p>Pre-set criteria and marking scheme</p> <p>Passing score set by rigorous standard setting process</p>	<p>Accredited, trained RANZCOG examiners</p>

6.2.8

Research project

COMPETENCIES ASSESSED	ASSESSMENT PROCESS	ASSESSORS
<p>Completion of research to a standard that would be accepted by a peer-reviewed journal or to a standard deemed appropriate by a College-appointed assessment committee</p>	<p>The research project is to be completed and accepted as satisfactory before the trainee gains eligibility for elevation to Fellowship of the College.</p>	<p>The editors of health science peer reviewed journals or a College-appointed assessment committee</p>

6.3 COMPETENCIES REQUIRED

6.3

COMPETENCIES REQUIRED FOR PRACTICE IN OBSTETRICS AND GYNAECOLOGY: A COMPETENCY CHART

	LOG BOOK REQUIREMENTS	SELF DIRECTED LEARNING TASKS	IN-HOSPITAL CLINICAL ASSESSMENT	TRAINING SUPERVISOR REPORT	WORKSHOP PARTICIPATION	WRITTEN EXAMINATION	ORAL EXAMINATION	RESEARCH PROJECT
Knowledge								
Scientific background		*			*	*	*	*
Clinical		*		*	*	*	*	*
Ethics and legal		*					*	*
Skills								
Resource utilisation		*		*			*	*
Information interpretation		*			*	*	*	*
Information technology		*				*		*
Documentation				*				*
Practice review and risk management	*						*	
Teaching				*				
Research								*
History taking			*	*			*	
Clinical examination			*		*			
Communication - content			*	*	*	*	*	
Communication - empathy			*	*	*		*	
Problem solving		*			*	*	*	*
Surgical & manipulative O & G	*		*	*	*			
Surgical & manipulative neonatal	*			*	*			
Surgical & manipulative ultrasound			*					
Professional Attributes								
Professional management				*			*	
Attitudes				*			*	

7.0 LEARNING RESOURCES

7.1 RANGE AND ACCESSIBILITY OF RESOURCES

7.1

RANGE AND ACCESSIBILITY OF RESOURCES

Adult learning principles underpin the approaches to learning outlined in this curriculum.

These principles acknowledge that:

Adult learners possess a considerable store of knowledge, skills and attitudes that influence their learning experiences

Adult learners are strongly motivated by their need to develop professional expertise

Adult learners learn most effectively when new experiences are integrated into their everyday professional practice

The strength of the apprenticeship training model lies in its capacity to utilise adult learning principles; the workplace setting provides an excellent environment for the integration of required knowledge, skills and attitudes.

However, the education of medical specialists can no longer be managed totally within the day-to-day experiences of hospital activity. To achieve a comprehensive curriculum, hospital-based training needs to be enhanced by the inclusion of well-designed supportive programs.

Enhanced apprenticeship is an appropriate description of a model that integrates the learning available in a teaching hospital with other structured educational opportunities involving, for example, workshops, short courses and databases of learning resources.

The following learning resources are considered to be essential for up-to-date models of enhanced apprenticeship learning.

HOSPITAL-BASED Apprenticeship learning	Specialist obstetricians and gynaecologists Specialists in other disciplines (paediatricians, general surgeons etc) Academic departments within the ITP In-hospital meetings (audit, perinatal education etc) Other RANZCOG trainees Nursing staff Midwifery staff Ancillary professionals Local training supervisors
COLLEGE-BASED Enhanced apprenticeship learning	ITP coordinators RANZCOG website and links Websites of other specialist colleges Flexible Learning Program Pre-examination courses Surgical Skills Workshops Neo-natal Resuscitation Workshop Communication Skill Workshop RANZCOG Annual Scientific Meetings Regional committee scientific meetings RANZCOG publications
COMMUNITY-BASED Learning within social and professional settings of practice	General practitioners Scientific institutions Medical and other learned societies, including their conferences and meetings Consumer organisations
THE LITERATURE (traditionally and electronically sourced) Accessing knowledge for application in a complex professional setting	Textbooks Journals Scientific databases

7.2 BASIC SURGICAL SKILLS TRAINING

7.2

BASIC SURGICAL SKILLS TRAINING

Trainees are required to participate in a 2-day basic surgical skills course in the first year (preferably the first six months) of the Integrated Training Program. In Australia, these courses are run by the RANZCOG in each state. In New Zealand, trainees attend the Basic Surgical Skills course run by the Surgical Skills Training Centre at the University of Auckland.

This training is designed to equip trainees with basic surgical skills, which are only briefly taught in undergraduate curricula. The emphasis of the course is on hands-on training rather than didactic teaching to ensure trainees get maximum time to practise techniques, work with various surgical models and assemble equipment without any of the time constraints usually present in theatre.

COURSE SYLLABUS

Course introduction - theatre etiquette and principles of team surgery

This section of the course also includes demonstration and practice of correct gowning and gloving.

Handling instruments

Looking at and discussing commonly used gynaecological and obstetric instruments such as clamps, scissors, forceps, retractors.

Sutures and knot tying

Demonstration and use of routinely used suture materials and needles, and practising different techniques of knot tying with or without instruments. Hands-on models are provided to practise these skills under supervision.

Abdominal wall incision and closure

Anatomy of the abdominal wall, commonly used incisions and the principles of their closure. Hands-on models are provided to practise these skills during the course.

Episiotomy and perineal repair

Anatomy of the perineum and repair of perineal tears and episiotomies on various models. This part of the course also deals with evidence-based practices in dealing with such repairs.

Haemostasis

Dissection of vascular bundles on various models and instruction on ligation, clipping, pedicle tying, etc.

Electrocautery

Principles of using electrosurgical machinery, their safe use in open and endoscopic surgery, and troubleshooting in case of malfunction.

Laparoscopy

Understanding the various components of the stack and their assembly and function, together with instruction in the proper handling of the stack. The basics of safe laparoscopic entry techniques, the safety features in various ports and needles, and patient positioning are all discussed in detail. There are also mandatory core exercises for hand-eye coordination using laparoscopic trainers.

Hysteroscopy

Includes the assembly of a hysteroscope and the performance of a diagnostic hysteroscopy using a trainer to enable trainees to practise the insertion, manipulation and removal of instruments and to recognise uterine abnormalities.

7.3 FLEXIBLE LEARNING PROGRAM

7.3

FLEXIBLE LEARNING PROGRAM

The Flexible Learning Program provides a regularly updated compilation of resources, selected to support learning in obstetrics and gynaecology. The compilation of resources is accessed electronically, via the College website. An overall coordinator will be responsible for ongoing updating of topic references. Essential components of the Flexible Learning Program are:

- Detailing of the relevant segments of the curriculum addressed by the topic

- Specified learning objectives, including suggested tasks or study techniques

- Listing of relevant educational resources: texts, including specific chapters; websites; specific journal review articles, etc

- Name and contact details of one or more topic facilitators who will be available for email access to advise on the appropriate level of understanding and direction of learning

The Flexible Learning Program is structured to be:

- clearly linked to sections of the curriculum

- manageable and logical, for both trainees and facilitators

- readily modified or adapted

- matched to different stages of the training program

- useful to practising obstetricians and gynaecologists

The various topics which constitute the Flexible Learning Program are such that the curriculum objectives specified in 4.0 KNOWLEDGE AND UNDERSTANDING are comprehensively covered.

7.4 RESEARCH PROJECT

7.4

RESEARCH PROJECT

The research process involves a disciplined form of adult learning. The experience of engaging in a research project is arguably one of the best learning opportunities available to trainees during the years of postgraduate study. It affords the privilege of developing a learning project on the basis of professional interests and aptitudes, to progress the project over a sustained period of time, to achieve some work that can be classed as original and to publish a report of the findings of the study.

Involvement in and completion of a research study during MRANZCOG training will enable trainees to meet the objectives outlined in 3.2 ACADEMIC ABILITIES, objectives that are designed to develop the academic abilities needed for successful practice as an obstetrician and gynaecologist. Development of these abilities during postgraduate study will provide a solid foundation for further learning and a head start in the practice of continuing professional development.

The College will support the research project through the provision of a Research Skills Workshop. Additionally, in its process of accrediting training positions, the College will require that specified protected time and support is provided within each ITP to enable fulfilment of the requirements of the research project.

Requirements

1. The research project should consist of work in some aspect of, or pertaining to, the health sciences.
2. The research proposal is to be submitted, and approved by a College-appointed assessment sub-committee, before the end of the third year of the training program.

3. The trainee may undertake the research as a member of a team, but must be first author of the submitted paper.

4. The research study must meet the satisfactory completion and presentation criteria published by the College.

5. The research project must be accepted as satisfactory in order for the trainee to be eligible for elevation to Fellowship of the College.

7.5 TRAINING WORKSHOPS

7.5

TRAINING WORKSHOPS

The RANZCOG is committed to a program of training workshops that are made available to all trainees and training supervisors involved in the Integrated Training Program. Consultants, allied health professionals and hospital administrative staff are also welcome to attend. The workshops are held at convenient locations, for example, in hospitals or in conjunction with College Annual Scientific Meetings or regional meetings. The workshops are activity-based, including training scenarios and role plays to optimise individual involvement and learning.

Workshop topics are introduced, run and suitably modified on the basis of identified needs and participant feedback.

8.0 EVALUATION

8.0

EVALUATION OF THE CURRICULUM AND ITS IMPLEMENTATION

A curriculum is a living, dynamic document. It must be reviewed regularly in order to ensure that it is relevant, feasible and up-to-date.

The writing of this curriculum is an outcome of a strategic planning meeting held in February 2001, with follow-up endorsement by Council in June 2001. The consultation process that accompanied the development and writing of the curriculum involved trainees, training supervisors, consultants, academics, educationists, consumers, sub-specialty committees and a range of groups involved in healthcare delivery.

The College has instituted a program of evaluation, involving formative and summative reviews of the curriculum and its implementation. Formative reviews are continuous, comprising:

- Consultation with the Trainees' Subcommittee and its representative on Council committees

- Ongoing telephone and email contact between trainees and College staff

- Questionnaires to trainees every six months

- Training workshops

Information gathered in these reviews form the basis of annual reports to chairs of regional Training and Accreditation Committees. Through these activities, needs are identified, enabling modifications and improvements to be introduced as required.

Summative reviews occur periodically. Reviews of the implementation of the Integrated Training Program are scheduled to occur every five years, with interim reports presenting recommendations for action and final reports leading to accreditation (or withdrawal of accreditation) of Integrated

Training Programs and/or training hospitals. These reviews are conducted by a College-appointed team of experienced reviewers and according to criteria set by the RANZCOG Training and Accreditation Committee.

The reviews involve visits to major hospitals involved in the Integrated Training Program, and teleconference interviews conducted with out-lying hospitals. The views of trainees, training supervisors, consultants, nurse managers and mid-wifery staff and key management personnel are sought. Trainee survey data are gathered prior to reviews and statistical information on trainee progress is also collated. The structured nature of the reviews ensures a high degree of consistency in the review process.

In addition, the structure and content of the curriculum is reviewed to reflect the changing context, methods and systems of healthcare delivery.



