

THE ROYAL AUSTRALIAN AND
NEW ZEALAND COLLEGE OF
OBSTETRICIANS AND GYNAECOLOGISTS



SUBSPECIALTIES COMMITTEE

POLICIES AND PROCEDURES 2009

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IMPORTANT NOTICE ON INFORMATION AND REGULATIONS IN THIS HANDBOOK

Every effort has been made to ensure that the information and College regulations in this handbook were correct at the time it was produced.

A regularly updated version of the handbook is available on the College website:

www.ranzcog.edu.au

Readers are strongly advised to consult the website version when checking information or regulations.

SUBSPECIALTY TRAINING AND ASSESSMENT REGULATIONS

[All regulations in subsections 15.1 - 15.21 ratified by Executive, March 2009]

15.1 Entry Requirements for the Subspecialty Training Programs

- 15.1.1 The elective years of the RANZCOG training program cannot both be approved for formal subspecialty training for those trainees who commenced training from 1 December 2003. (All other trainees are exempt.)
- 15.1.2 The elective years of the RANZCOG training program cannot both be undertaken in the same subspecialty discipline for those trainees who commenced training from 1 December 2003. (All other trainees are exempt.)
- 15.1.3 To be eligible to apply to join a subspecialty training program in Australia or New Zealand, doctors must have successfully completed all requirements for the ITP or have obtained the FRANZCOG.
[Revised and ratified by Executive, March 2010]
- 15.1.4 Prospective trainees cannot enter a subspecialty training program until they have obtained an accredited subspecialty training program position.
- 15.1.5 Applicants for the Gynaecological Oncology (CGO), Obstetrical & Gynaecological Ultrasound (COGU), Urogynaecology (CU), Reproductive Endocrinology & Infertility (CREI) and Maternal Fetal Medicine (CMFM) subspecialties must apply for entry into the first year of training through the National Selection Process.

15.2 Prospective Approval of Training

- 15.2.1 Trainees must apply for prospective approval of all training in RANZCOG approved training posts. This includes clinical and research experience. Applications for prospective approval must be made on the official College form.
- 15.2.2 Applications for prospective approval of training submitted after trainees have commenced training will only be approved from the date the applications are received by the relevant subspecialty committee Chair.
- 15.2.3 The first 12 months of any subspecialty training must be spent in a RANZCOG approved training position in Australia or New Zealand.
- 15.2.4 The first year of subspecialty training must be completed as full-time training.

15.3 Register of Trainees

- 15.3.1 Trainees must register with the RANZCOG in order to have their training in RANZCOG recognised training posts credited to them.
- 15.3.2 Trainees must notify the RANZCOG of their training status and training institution by 31 January of each year unless written notification of withdrawal from the training program has been received.

15.4 Annual Training Fee

- 15.4.1 The annual training fee is due within one calendar month of commencing

training.

- 15.4.2 Trainees who elect to stay on the Register when not undertaking prospectively approved training will be required to pay half the annual training fee.
- 15.4.3 Trainees who do not pay the annual training fee within one calendar month of commencing training will incur a late fee (calculated at 10 per cent of the annual training fee) for each month they are overdue, in addition to the annual training fee. These trainees will receive one formal written reminder from the College.

Trainees who have not paid their annual fee (including late fees) within three calendar months of commencing training will be removed from the Register and will not be permitted to continue training until they have paid the outstanding fees, together with a reinstatement fee (calculated as 50 per cent of the annual training fee).

Training will not be credited until such time as the above fees are paid. Training will be credited from the date when the trainee is reinstated.

- 15.4.4 Trainees who remain in arrears with RANZCOG fees, including the annual training fee, will be ineligible for all RANZCOG examinations.
- 15.4.5 Trainees who commence training during January of any Calendar year will pay the full annual training fee. Trainees commencing part-way through the year will pay a pro-rata amount of the annual training fee.
- 15.4.6 Subspecialty trainees who have completed the training requirements, but not all the assessment requirements for certification in the subspecialty, must remain registered as a RANZCOG trainee. These trainees must pay half the annual training fee until the satisfactory completion of all assessment requirements for certification and must nominate at the completion of their training requirements, a RANZCOG certified Subspecialist in the relevant subspecialty, to act as a mentor/supervisor. The exception to this is when notification in writing is received of the trainee's intent not to proceed with certification in the subspecialty.

Trainees who do not comply with the above will not be eligible to sit examinations and a period of 12 months or more will render the trainee ineligible to rejoin the training register.
- 15.4.7 Subspecialty trainees who discontinue their registration as a registered RANZCOG trainee and subsequently decide to rejoin the same subspecialty program will be required to pay half the annual training fee for the period of time between the last record of registration as a RANZCOG trainee and certification as a subspecialist.

15.5 Training Supervision and Assessment Documents

- 15.5.1 Trainees are required to have an approved Training Supervisor who monitors and assesses the relevant training experiences, gives confidential feedback about his/her performance and progress, and oversees that assessment requirements are met.
- 15.5.2 Trainees are required to submit a Six-monthly Training Assessment Record, which includes an Average Weekly Timetable and a Six-monthly Trainee Report for each six months of training. Training Supervisors will review the Logbook to verify the trainee records on the Six-month Clinical Summaries.

A Six-monthly Summative Trainee Report (based on Trainee Assessment forms completed by consultants), and a Mid-semester Formative Assessment for each trainee must be completed by the Training Supervisor and discussed with the trainee. The forms must be signed by both the trainee and Training Supervisor and submitted to College House within twelve weeks of the end of the relevant training period.

In the event that there are concerns about a trainee's performance and progress, it is essential that a formal warning is given to the trainee by the Training Supervisor when discussing the Mid-semester Formative Assessment. The trainee must be advised that improvement in performance and progress will be expected over the next three months in the specified areas or an unsatisfactory six-monthly report may result. This formal warning must be indicated on the mid-semester assessment report form in the section provided, and initialled and dated by both the supervisor and the trainee.

Upon receipt of one unsatisfactory six monthly report, an agreed remedial program should be enacted if one has not already been put in place as a result of processes described above.

- 15.5.3 Trainees' mid-semester formative assessment reports and six-monthly summative assessment reports/Clinical Training Summaries must be received by the Subspecialties Training Officer, College House within 12 weeks of the end of the relevant 6 month training period. These 12 weeks include the current standard eight weeks within which trainees are required to submit the documentation. The first time a trainee fails to submit the mid-semester report and/or the six-monthly report/Clinical Training Summary within the stipulated 12 weeks as above, the relevant training period will not be credited. At this time a trainee will receive a letter from the Chair of the relevant Subspecialty Committee advising them that the relevant training period has not been credited. The letter will also warn the trainee of the consequences of a second failure to submit the above documents on time. These consequences are as follows:

If, on a second occasion in the course of the training program, the three-monthly formative assessment report and/or the six-monthly summative report/Clinical Training Summary are not received the Subspecialties Training Officer, College House within 12 weeks of the end of the relevant training period, the trainee will be removed from the training program. No further warnings will be provided.

- 15.5.4 All six-monthly summative assessment reports assessed as 'Other than satisfactory' will be considered by the relevant Subspecialty Committee at the next meeting following the conclusion of the relevant six-month training period. The committee, after discussion, will decide if the trainee's assessment is to be deemed 'Satisfactory', 'Borderline' or 'Fail'. In making their decision, the Committee will discuss the trainee's report with the relevant Training Supervisor and/or Program Director. Previous reports and progress should also be reviewed and specific areas of concern identified and noted.
- 15.5.5 If the six-monthly report is assessed by the relevant Subspecialty Committee as 'Satisfactory', the Chair will write to the trainee informing him/her of the Committee's decision.

If the Committee's view is that there are still areas of concern in relation to the trainee's performance and progress, this must be communicated to the trainee

in the same letter. Copies of the letter should be sent to the relevant Training Supervisor and Program Director (if applicable).

The Chair must also indicate the Committee's decision on the report, sign and date it, and send it to College House. A copy of the report will then be sent to the trainee.

- 15.5.6 If the six-monthly report is assessed by the relevant Subspecialty Committee as 'Borderline', the Chair will write to the trainee informing him/her of the Committee's decision. The letter should advise the trainee of the reasons for the Committee's decision and make recommendations for improvement in performance and progress, including appropriate supervision and mentoring. The letter must also inform the trainee of the consequences of the assessment of their next six months of training (see proposed Regulation 15.5.7 below).

All other procedures with the report and the letter are as per Regulation 15.5.5 above. A (written) remedial plan for the trainee, developed in consultation with him/her by the relevant Training Supervisor, must be implemented as soon as possible. A copy of this plan must be sent to the Subspecialties Services Department for retention in the trainee's file.

- 15.5.7 If the next six-monthly assessment report following the 'Borderline' report is 'Satisfactory', then the 'Borderline' report will be deemed 'Satisfactory'. If the next six-monthly assessment report following the 'Borderline' report is also 'Borderline', then the previous 'Borderline' report will be deemed 'Fail' and the relevant six months will not be credited.

If the next six-monthly assessment following the initial 'Borderline' report is 'Fail', then that 'Borderline' report will be downgraded to a 'Fail' and the entire 12 months will not be credited.

The Chair of the relevant Subspecialty Committee is responsible for notifying the trainee in writing.

In the event of a 'Borderline' or 'Fail' assessment, the trainee should also be advised in the same letter that the Training Supervisor at their next training unit (if applicable) will also be notified of the decision. In addition, the letter should inform the trainee of the reasons for the 'Borderline' or 'Fail' assessment and make recommendations for improvement in the performance and progress, including appropriate supervision and mentoring.

In the event of a 'Fail' assessment, the letter to the trainee should also remind him/her that three 'Fail' six-monthly reports in the course of the training program will result in removal from the Subspecialty training program. Copies of the letter should be sent to the relevant Training Supervisor and to the Subspecialties Services Department at College House.

In the case of either a 'Borderline' or 'Fail' report, a (written) remedial plan for the trainee, developed in consultation with him/her by the relevant Training Supervisor, must be implemented as soon as possible. A copy of this plan should be sent to College House for retention in the trainee's file.

- 15.5.8 If the six-monthly assessment report assessed as 'Other than satisfactory' and referred to the relevant Subspecialty Committee is deemed by the Committee to be 'Fail', the Chair will write to the trainee notifying him/her of the decision and of the fact that the relevant six-month period will not be credited. The letter

should advise the trainee of the reasons for the Committee's decision and make recommendations for improvements in performance and progress, including appropriate supervision and mentoring. The letter should also remind the trainee that three 'Fail' six-monthly reports in the course of the training program will result in removal from the training program. Copies of the letter should be sent to the relevant Training Supervisor, Program Director, and also to the Subspecialties Services Department at College House.

A (written) remedial plan for the trainee, developed in consultation with him/her by the relevant Training Supervisor, must be implemented as soon as possible. A copy of this plan should be sent to the Subspecialties Services Department for retention in the trainee's file.

15.6 Credit for Training

A period of training will be credited to subspecialty trainees only when:

- 15.6.1 Prospective approval has been obtained from the Chairman of the relevant subspecialty committee, subsequent to recommendation by the relevant subspecialty committee, to commence in the training post;
- 15.6.2 The annual fee has been paid for each period of training;
- 15.6.3 The entire period of training was spent in RANZCOG approved training post(s);
- 15.6.4 The Six-monthly Training Assessment Record has been assessed as satisfactory by the Chairman of the relevant subspecialty committee;
- 15.6.5 The period of training was of not less than the equivalent of six months' fulltime training.

15.7 Approval of Overseas Training

- 15.7.1 Subspecialty training in a prospectively approved overseas College/Board training program may be credited towards RANZCOG subspecialty training if:
 - 15.7.1.1 the trainee has completed the first year of training in a RANZCOG approved subspecialty training unit in Australia or New Zealand and the training program has been prospectively approved by the relevant RANZCOG subspecialty committee;
 - 15.7.1.2 the applicant is registered with the College as a subspecialty trainee;
 - 15.7.1.3 the period of training can be supported by completion of all relevant subspecialty RANZCOG training documentation including the daily training record (logbook), mid-semester formative assessment and six-monthly training assessment record; and is submitted within the stipulated eight weeks at the end of the relevant training period; and
 - 15.7.1.4 the training has been assessed as satisfactory by the relevant overseas Training Supervisor.
- 15.7.2 The period of time credited to the applicant will be at the discretion of the

relevant subspecialty committee.

15.8 Interruptions to Subspecialty Training Program

- 15.8.1 Subject to prospective approval by the Chair of the relevant Subspecialty Committee, subspecialty training programs may be interrupted for a maximum period of two years on any occurrence provided the overall program is completed within the timeframe specified in other relevant regulations. Except in exceptional circumstances as approved by the Chair of the relevant Subspecialty Committee an interruption of more than two years in the course of the training program will invalidate previously credited training.

A subspecialty training program is not complete until training and assessment requirements as stated in these regulations have been completed satisfactorily.

15.9 Part-time Training

- 15.9.1 Year 1 of subspecialty training must be completed full time. In subsequent years part-time training may be approved. All part-time training must be not less than half of the full-time training requirement for the relevant training period at the relevant training site and the duration of the training program must be extended appropriately for that trainee. This half-time training must include a range of experience appropriate to the trainee's year-level, as well as appropriate supervision.

15.10 Leave from Training

- 15.10.1 In any one training year all subspecialty trainees must complete a minimum of 44 weeks of active clinical service and formal training or a minimum of 44 weeks 0.5 FTE of part-time training. Any leave arrangements made by trainees – i.e. annual leave, maternity leave, extended sick leave, family leave, research leave or leave without pay - must not reduce this stipulated minimum of service/training per year. If a trainee takes any leave which reduces this stipulated minimum, the relevant six-month block of training will not be credited.

This regulation applies irrespective of any government or hospital leave entitlements which may operate in a particular state or region.

- 15.10.2 In addition to the eight weeks' leave per year permitted under Regulation 15.11.1, trainees are permitted up to two weeks of study/conference leave per year, which is recognised as part of active clinical service.
- 15.10.3 At each summative six-monthly assessment the trainee and his/her supervisor must sign off on the number of weeks of leave taken during that six-month training period. The nature of the leave must also be indicated. This signing off process is done using the leave box which appears on the six-monthly assessment form. Trainees must also maintain, in their Training Assessment Record, an accurate record of all leave taken during the three-year training program.
- 15.10.4 Such leave in excess of normal entitlements will not be considered as active clinical service for the purposes of 15.11.1 and 15.11.2 and must be prospectively approved by the relevant Subspecialty Committee Chair. This approval must be obtained by submitting the official RANZCOG subspecialty application for leave form to College House, outlining the reasons for the leave

and the amount of leave sought. If necessary, the Chair may discuss the leave application with his/her Committee. The application for leave approval must also be made with the knowledge and agreement of the relevant Training Supervisor.

- 15.10.5 In the event of disputes about leave entitlements or if a trainee wishes to apply for special consideration in exceptional circumstances, the matter should be referred to the Chair of the relevant Subspecialty Committee. Further review of such decisions if required, will be conducted by the Chair of the College Subspecialties Committee, who may consult the relevant subspecialty Chair if additional advice is needed.

15.11 Research Project

15.11.1 Research Project Submission

- 15.11.1.1 A Research Project, on some aspect of, or pertaining to, the relevant subspecialty, must be completed by each subspecialty trainee. The paper that reports on the research must be at a standard to be accepted in a peer-reviewed journal and must meet the criteria listed on the assessment form. The paper must report on original research work undertaken by the trainee and the trainee must be principal author of the paper.
- 15.11.1.2 The Research Project will be judged to have been satisfactorily completed if and when the paper that reports on the research is assessed as having met the criteria listed on the assessment form.
- 15.11.1.3 For trainees commencing training from 2008 a Research Project Proposal must be submitted with the first six-month training documentation and a detailed proposal with ethics approval, if necessary, must be submitted at the end of the first 12 months of subspecialty training within the approved timeframe for submission of training documents, i.e. within 8 weeks of the end of the second 6-month training period. Trainees must nominate a research supervisor, who may be their training supervisor; the relevant subspecialty committee must approve this appointment. Progress reports must be submitted with training documentation at 18 and 24 months.
- 15.11.1.4 Where a trainee does not submit the research project proposal as outlined in 15.11.1.3, the six-monthly assessment will be assessed as 'Automatic Borderline' regardless of any other aspect of the trainee's performance during that period. The relevant Subspecialty Committee will discuss this with the trainee and research supervisor and to assist in remedying the situation. An agreed plan of remediation shall be documented. Irrespective of any other aspects of the trainee's performance, subsequent six-monthly assessments of the trainee will also be graded as no better than 'Borderline' until such time as the proposal is submitted.
- 15.11.1.5 In the event of a trainee receiving a 'Borderline' six-monthly assessment:
- Should the next consecutive six-monthly summative assessment be assessed as 'Satisfactory' the previous one shall also convert to 'Satisfactory'

- Should the next consecutive six-monthly summative assessment be assessed as 'Borderline', irrespective of the cause, the previous one shall convert to a result of 'Fail'
 - Should the next consecutive six-monthly summative assessment be assessed as 'Fail', irrespective of the cause, the previous one shall convert to a result of 'Fail'
- 15.11.2 From 1 January 2003, all candidates accepted as new trainees in a subspecialty training program are required to present a research project that meets satisfactory completion requirement before gaining eligibility for the relevant subspecialty examination. This may be the written or oral examination, whichever is taken second.
- 15.11.3 Trainees who commenced training before 1 January 2003 must present a research project that meets the criteria for satisfactory completion within 12 months of satisfactory completion of the examinations in order to be eligible for certification.
- 15.11.4 Major amendments to the research proposal must be submitted on the appropriate form for approval by the relevant subspecialty committee. The application should show clearly the nature of the intended amendment(s).
- 15.11.5 The assessment will be conducted by at least two independent assessors; at least one of the assessors must be located in a state other than the trainee's.
- 15.11.6 If an assessor is unable to complete assessment within 8 weeks of the date when the research project was sent to him/her, the paper must be returned to the College and a new assessor appointed by the Chair of the Board of Examiners.
- 15.11.7 A prospectively approved research project which has been published or accepted for publication in a journal with an impact factor of ≥ 2 will not need further assessment, but must still be submitted to the relevant subspecialty committee. Research projects which do not meet this criterion must still be assessed in accordance with Regulation 15.11.5.
- 15.11.8 If the project is assessed as 'fail but suitable for resubmission' by both assessors a member of the relevant subspecialty committee will be assigned to assist the candidate to revise the paper which must be resubmitted within 6 months of notification of the result.
- 15.11.9 If the assessors submit differing assessments a third assessor will be appointed by the Chair of the relevant subspecialty Board of Examiners, who will assess the project without seeing the comments of the original assessors. The assessment of the third assessor will be the final assessment for the research project.
- 15.11.10 Any research project needing revision must be resubmitted within six months of the date of notification of the result. The resubmitted project will be assessed by the original assessors.
- 15.11.11 If the project is failed outright for a second time, the full Subspecialties Committee should review the result, including receiving a report from the Chairman of the relevant subspecialty committee on the project and its assessments. The Subspecialties Committee will make a recommendation to the Education & Assessment Committee about an appropriate course of action. The final decision on the most appropriate course of action will be made by

the Education & Assessment Committee in consultation with the Chair of the Subspecialties Committee.

15.11.12 Recognition of prior research

15.11.12.1 A formal higher research degree qualification in an area relevant to the subspecialty may be approved as meeting the requirement for satisfactory completion of the research project. However, trainees to whom this applies must be actively involved in ongoing clinical research within their training unit.

15.11.13 Appeals Process

15.11.13.1 Appeals against decisions of the relevant subspecialty committee shall be heard according to the current College Appeals Procedure. (see RANZCOG Regulation 19)

15.11.14 Removal from the training program

15.11.14.1 A trainee who receives 3 six-monthly unsatisfactory reports will be removed from the training program.

15.12 RANZCOG Subspecialty Examinations

15.12.1 Timing of attempt at a subspecialty examination

15.12.1.1 Subspecialty trainees may make their first attempt a Subspecialty Examination (Written or Oral) after they have completed at least 24 months of prospectively approved and satisfactory training in a subspecialty training program and can reasonably expect to complete a further 6 months satisfactory training before the date of the examination. Trainees in the MFM and COGU subspecialties must satisfactorily complete the In-hospital Clinical Examination before either examination (Written or Oral), whichever is attempted first.

15.12.1.2 Any additional training requirements and/or assessments required by the relevant subspecialty committee, other than the research project, must be satisfactorily completed before sitting either the Written or Oral examination, whichever is attempted first.

15.12.1.3 All candidates must attempt a Written or Oral subspecialty examination for the first time within two years of completing prospectively approved subspecialty training and must pass both the Written and Oral examinations within six years of completing prospectively approved subspecialty training.

15.12.2 Maximum number of attempts of subspecialty examinations

15.12.2.1 Candidates have a maximum of four attempts at each of the written and oral subspecialty examinations unless the candidate can show cause to the satisfaction of the relevant subspecialty Board of Examiners that exceptional circumstances exist.

15.12.3 Applications

15.12.3.1 Applications for all subspecialty examinations must be made on the prescribed application forms.

- 15.12.3.2 The closing date for applications to sit the RANZCOG subspecialty written and oral examinations will be 31 May. Applications will only be accepted after candidates have met all requirements for eligibility. However, the application form, examination fee and supporting documents must be received by the closing date for receipt of applications. Late applications will not be accepted. *[Revised and ratified by Council, July 2009]*
- 15.12.3.3 Examination fees may not be credited against future applications unless the candidate can show cause to the satisfaction of the relevant subspecialty Examination Board that exceptional circumstances prevail.
- 15.12.3.4 Unless the candidate can show cause to the satisfaction of the relevant subspecialty Examination Board that exceptional circumstances prevail, formal written withdrawal received within four weeks of the closing date for applications will result in 50 per cent of the examination fee being retained. Written notification received after that time but before the starting time of the examination will result in 25 per cent of the examination fee being retained by the College.
- 15.12.3.5 Failure to give written notice of withdrawal before the starting time of the examination will result in forfeiture of the whole examination fee.

15.13 Subspecialty Written Examinations (refer also to Regulation 15.12.1)

- 15.13.1 The Written Examination will be held once a year in venues approved by the relevant subspecialty Board of Examiners.

15.14 Subspecialty Oral Examinations

- 15.14.1 The Oral Examination will normally be held annually in Australia or New Zealand in a venue approved by the relevant subspecialty Board of Examiners.

15.15 In-hospital Clinical Ultrasound Examinations (ICUE)

- 15.15.1 Trainees commencing CMFM training from on or after 1 January 2004 must complete the Diploma of Diagnostic Ultrasound (DDU) Part 1 and the In-Hospital Clinical Ultrasound Examination (ICUE). The DDU Part 1 must be completed before attempting the ICUE.
- 15.15.2 Trainees who commenced CMFM training before 1 January 2004 must complete the ICUE.
- 15.15.3 Trainees in the COGU and CMFM Training Programs must satisfactorily complete the ICUE to be eligible for the relevant Written and Oral examinations, whichever is taken first.
- 15.15.4 The ICUE may be taken at any time after completion of 18 months of subspecialty clinical training.

15.16 Results

- 15.16.1 Candidates are not permitted to communicate directly with individual examiners regarding their results. All enquiries must be directed in writing to the Chair of the relevant subspecialty Examination Board at College House.
- 15.16.2 Results will not be released to any person other than the candidate, unless proof can be provided that the candidate's express permission has been given.
- 15.16.3 If, in the opinion of the relevant subspecialty Examination Board, a candidate has made an attempt to obtain, or has obtained, an unfair advantage before or during any part of the examination, the candidate will be withdrawn from the examination. Subsequent to this, the candidate's eligibility for further examination by the College will be considered by Council.

15.17 Subspecialty Certification

- 15.17.1 Subspecialty certification is awarded to persons who have met all the following:
 - 15.17.1.1 joined the relevant subspecialty training program in Australia or New Zealand after obtaining an approved Australian or New Zealand subspecialty training position,
 - 15.17.1.2 have passed the following assessments:
 - (i) the Research Project;
 - (ii) all other assessment requirements as specified in the relevant subspecialty training program handbook;
 - (iii) the Written Examination;
 - (iv) the Oral Examination.
 - 15.17.1.3 have satisfactorily completed and been credited with 36 months of full-time approved subspecialty training
 - 15.17.1.4 have submitted all documents required by these regulations and/or the relevant subspecialty committee
 - 15.17.1.5 have paid all required training, examination, certification and subscription fees.
- 15.17.2 It is the responsibility of the trainee to submit their application for subspecialist certification including necessary supporting evidence to College House. Applications must be submitted by 1 February (for March Council), 1 June (for July Council) and 1 October (for November Council).
- 15.17.3 Subspecialty certification is awarded only to Fellows of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists in good standing, who have satisfied the Council that they have completed training in a subspecialty.
- 15.17.4 Subspecialty certification of The Royal Australian and New Zealand College of Obstetricians and Gynaecologists will be awarded for a period of three years in the first instance and thereafter for periods of three years if all recertification requirements have been completed.
- 15.17.5 The conditions for the award of Subspecialty certification shall not be varied without ratification of the Council.

15.18 Assessment of Overseas-Trained Subspecialists (OTSS) Applying for Recognition as Subspecialists in Australia and New Zealand

15.18.1 The application process

- 15.18.1.1 Applicants who do not hold the FRANZCOG but hold postgraduate qualifications in obstetrics and gynaecology from a country other than Australia must apply to the Australian Medical Council for assessment of their specialist status. At the request of the AMC they will be assessed by the College in accordance with the RANZCOG regulations for the Assessment of Overseas Trained Specialists in Obstetrics and Gynaecology.
- 15.18.1.2 Applicants who hold, or have been assessed as being eligible to hold, the Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (FRANZCOG, FRNZCOG or FRACOG), and hold a recognised subspecialist qualification from a recognised College or national certifying body may apply directly to the RANZCOG for assessment as an Overseas Trained Subspecialist.

15.18.2 Initial assessment

- 15.18.2.1 The OTSS assessment fee must be processed before assessment can commence.
- 15.18.2.2 Applications, including curriculum vitae and supporting documentation, must be made in writing to the relevant subspecialty committee.
- 15.18.2.3 Applicants must submit the following documentation to the College:
 - 15.18.2.3.1 A covering letter addressed to the chair of the relevant subspecialty committee.
 - 15.18.2.3.2 A detailed curriculum vitae, including a list of research publications.
 - 15.18.2.3.3 Certified copies of all qualifications.
 - 15.18.2.3.4 A copy of the official syllabus/curriculum for the candidate's subspecialist training program, including a list of the specific assessment requirements.
 - 15.18.2.3.5 Logbook records which clearly indicate all surgical experience, including whether the candidate was the primary operator or the assistant and whether the procedure was major or minor.
 - 15.18.2.3.6 A diary or typical weekly timetable for EACH of the candidate's years of training indicating details of procedural work.
 - 15.18.2.3.7 Written statements from the heads of the units where the candidate has worked (or other appropriate supervisor) describing what he/she actually did and giving an assessment of competence.

- 15.18.2.3.8 A copy of the official position description for the candidate's current post, indicating specific responsibilities and duties, and also the number and type of cases dealt with by the unit (if a position description is not available, a detailed written statement will suffice).
 - 15.18.2.3.9 Printed copy of the official accreditation criteria for the unit(s) where the candidate has trained/worked.
 - 15.18.2.3.10 Referee reports two of which must be from subspecialists, including one from the most recent position.
 - 15.18.2.3.11 Certificate of registration status from applicant's certifying body.
[Revised and ratified by Council, July 2007]
- 15.18.2.4 Each application will be assessed against the requirements of the relevant subspecialty.
- 15.18.2.5 The application will initially be assessed by the specialist representative from the relevant subspecialty committee in consultation with the chairman of that committee.
- 15.18.3 The outcome of the initial assessment of an OTSS shall be either:
- 15.18.3.1 The applicant is substantially or partially comparable to an Australian trained subspecialist and will be advised to apply for further detailed assessment by interview; or
 - 15.18.3.2 The applicant is neither partially nor substantially comparable to that of an Australian trained subspecialist and will be advised to apply for full training in the required subspecialty. An applicant receiving this advice may still apply for interview to further state their case and to receive additional advice.
- 15.18.4 The interview
- 15.18.4.1 The applicant will be interviewed by at least two people. One should be a specialist and the other a member of the relevant subspecialty.
 - 15.18.4.2 Where practicable, a gender balance is to be applied to the selection of members of any Overseas Trained Subspecialist interview panel.
 - 15.18.4.3 The interview panel will clarify the following matters: the duration, content and assessment process of postgraduate subspecialty training/experience, research experience, papers produced, teaching experience, clinical leadership, involvement in multi-disciplinary teams and clinical audits, and professional experience as a subspecialist. The applicant will also have an opportunity to ask questions about the interview and assessment process.
- 15.18.5 Outcome of the interview

15.18.5.1 The relevant subspecialty committee will consider the report from the OTSS Interview Panel and will make one of the following recommendations:

15.18.5.1.1 The applicant's training and experience is substantially comparable to an Australian trained subspecialist. Where an applicant's training and experience is deemed by the relevant subspecialty committee to be of substantial comparability to that of a RANZCOG subspecialist, he/she will be required to complete all components of the relevant subspecialty examination. The relevant subspecialty committee may, however, recommend that the applicant is sufficiently eminent to be required to complete only the oral examination. The examination must be completed within the approved timeframe. The recommendation for exemption on the grounds of eminence shall be based on the applicant:

- (a) having been a certified subspecialist for a minimum of 7 years;
- (b) having been appointed to a senior position in Australia or New Zealand; and
- (c) the relevant subspecialty committee agreeing that they have achieved international standing based on a record of academic and/or clinical work relevant to the subspecialty.

15.18.5.1.2 The applicant's training and experience is partially comparable to that of an Australian trained subspecialist but is considered to be at a level which requires completion of further prescribed training or assessment prior to being eligible to sit the required examination(s).

15.18.5.1.3 The applicant's training and experience is neither partially nor substantially comparable to that of an Australian trained subspecialist and the applicant will be required to undertake the full training program in the desired subspecialty.

15.18.5.2 Applicants for OTSS assessment must also be advised about the Appeals procedures in relation to any decision made by or on behalf of the RANZCOG at the time of receipt of notification of their assessment decision.

15.18.6 Timelines for examinations for overseas-trained subspecialists

15.18.6.1 Overseas-trained subspecialists who are required to complete the relevant subspecialty examination must pass the written and oral examinations within the next four available examinations.

15.18.6.2 If an examination is not offered in every year of the five-year period, the timeframe for successful completion of the examination

should be extended appropriately.

15.19 Subspecialty Training for Overseas Specialists

- 15.19.1 Overseas specialists who have been accepted as fellows in a recognised RANZCOG subspecialty unit may be awarded the Certificate of Recognised Training on completion of a period of satisfactory training of no more than two years. Such specialists shall be registered as RANZCOG trainees upon payment of the annual training fee (or part thereof) and appointment of a training supervisor, and must submit the relevant satisfactory training documentation by the same deadlines that apply to all subspecialty trainees
- 15.19.2 Trainees enrolled in this certificate are not required to complete the Research Project and are not eligible for the subspecialty examinations.

15.20 Accreditation of Subspecialty Training Units

- 15.20.1 Any unit applying for accreditation or re-accreditation as a RANZCOG subspecialty training unit must fulfil all requirements as specified in each subspecialty training program manual, including:
 - 15.20.1.1 Have a nominated Training Supervisor, who is a certified RANZCOG Subspecialist;
 - 15.20.1.2 Be able to provide sufficient workload to maintain and develop the clinical skills of existing personnel and to train subspecialty trainees;
 - 15.20.1.3 Offer an educational program suitable for the standard required for a subspecialty trainee;
 - 15.20.1.4 Ensure specified protected time and support is provided within each training program to enable fulfilment of the necessary research requirements;
 - 15.20.1.5 Fully equipped facilities for the provision of comprehensive clinical services relevant to the subspecialty;
 - 15.20.1.6 Adequate library, laboratory and other resources to support subspecialty work, training and research, over and above that required for the recognition of RANZCOG ITP and Elective training posts;
 - 15.20.1.7 A research program related to the subspecialty in which trainees are able to participate;
 - 15.20.1.8 Participation in regular multidisciplinary meetings and clinical audits; and
 - 15.20.1.9 Involvement in education at nurse, undergraduate and postgraduate levels.
- 15.20.2 A detailed application for accreditation/reaccreditation as a RANZCOG subspecialty training unit must be made using the official RANZCOG Application for Accreditation of a Subspecialty Training Unit form. This must take place in the year before the anticipated time of an appointment of a subspecialty trainee by the date nominated on the relevant application form.

- 15.20.3 In order to maintain accredited training unit status, a review of Training Assessment Records produced by trainees at the unit on the quality of the training provided by the program must be considered satisfactory.
- 15.20.4 A training unit fulfilling all of the stipulated requirements may be approved for up to five (5) years of training responsibility. Those units that fall short of fulfilling all of the requirements may be approved for a minimum of one year of training responsibility.

15.21 Continuing Certification/Recertification for Subspecialists

15.21.1 Participation in Continuing Professional Development

- 15.21.1.1 Pursuant to RANZCOG Regulation 17.1, in order to qualify to renew certification in a subspecialty, it will be mandatory for the holder to have participated within the three year period in a continuing professional development (CPD) program approved by Council for the specific subspecialty and thereafter during each subsequent three year period, and to have met the requirements of that program as approved by Council, including satisfactory completion of a Verification Check if applicable.
- 15.21.1.2 Fellows seeking subspecialty recertification must be in active practice in the subspecialty with no restrictions, conditions, undertakings, or any other limitations on their medical registration that would adversely impact on their ability to act as a subspecialist.
- 15.21.1.3 Failure to meet the requirements for recertification in the relevant subspecialty will result in the removal of subspecialty certification and the ability of the holder to use any associated post-nominals and all rights and privileges attached thereto. Fellowship shall be retained, providing the holder meets the requirements of the College CPD program as outlined in the relevant regulations for the relevant period.
- 15.21.1.4 This regulation confirms the College's policy adopted on and in effect from 19 November 2007. Accordingly, this regulation applies to all applications for subspecialty recertification received on or after that date.

15.21.2 Subspecialty Continuing Professional Development

15.21.2.1 CPD requirements

Subspecialists are required to accrue 150 points in RANZCOG approved CPD activities every three years. A minimum of 100 of the required 150 points must be in CPD activities of the relevant subspecialty, 25 points of which must be in the category of Practice Review and Clinical Risk Management (PR&CRM).

In addition, subspecialists are required to demonstrate their involvement in at least three of the following seven areas. Individual subspecialty committees may mandate that one or more of these areas is compulsory for their group.

- Education and training:

- i) Be actively involved in the training of a subspecialty trainee; or
for those subspecialists working in units that do not qualify for RANZCOG accreditation for subspecialty trainees, be actively involved in the training of Integrated Training Program (ITP)/ Elective trainees; or
be an examiner in the subspecialty.
 - ii) Have major involvement in the organisation of a State, national or international meeting (prospectively approved by RANZCOG) for the education of Fellows in the domain of the subspecialty (at least one in the three year CPD period).
 - iii) Give presentations or be an identified supervisor/mentor of a presenter in the subspecialty at a State, national or international meeting (at least two in the three year CPD period).
- Research:
 - iv) Be a named author or named co-investigator for at least one paper in a peer-reviewed journal in the subspecialty area in the three year CPD period; or be a journal editor in the subspecialty area; or be a current reviewer of journal papers in the subspecialty area in a peer reviewed journal or a reviewer of grant applications (NHMRC or similar status) in the three year CPD period; or be in receipt of a research grant from a competitive peer-reviewed funding authority or be a named investigator in a research project in the subspecialty area.
- Leadership:
 - v) Have active involvement in a RANZCOG subspecialty committee, a national or international craft group (e.g. ASGO, FSA, ASUM, IUGA, AAOGU); or for those subspecialists working in units that do not qualify for RANZCOG accreditation for subspecialty trainees, be an active supervisor in research projects for ITP/Elective trainees where the topic of research is in their subspecialist area; or represent the subspecialty on regional, government or national policy advisor bodies.
- Governance:
 - vi) Demonstrate an active involvement with a tertiary Institution which conducts regular recorded multidisciplinary team meetings or clinicopathological conferences.
 - vii) Clinical audit of practice – details as determined by the individual subspecialty committees.

15.21.2.2 Implementation

- 15.21.2.2.1 The recertification requirements outlined in 15.21.2.1 shall apply from 19 November 2007, with the exception of subspecialists in the final twelve months of their current CPD period, who shall have the option of completing recertification under the existing or new requirements.
- 15.21.2.2.2 Subspecialists who have been unable or have chosen not to meet subspecialty recertification requirements within their previous three year CPD period, but who have retained their Fellowship status shall be offered the opportunity to recertify under the new CPD requirements. This recertification 'grace' period will only be available for a period of twelve months from 19 November 2007.
- 15.21.2.2.3 From 19 November 2008 a Fellow seeking recertification as a subspecialist **after a period of up to three years of non-certification** must:
- 15.21.2.2.3.1 meet the criteria for recertification as outlined in 15.21.2.1 and any other relevant regulation(s), including submission of evidence of at least three activities in the relevant subspecialty undertaken during the period of non-certification; and
 - 15.21.2.2.3.2 pay the certification fee.
- 15.21.2.2.4 From 19 November 2008 a Fellow seeking recertification as a subspecialist **after a period of more than three years of non-certification** must:
- 15.21.2.2.4.1 meet the criteria for recertification as outlined in 15.21.2.1 and any other relevant regulation(s), including submission of evidence of at least three activities in the relevant subspecialty undertaken during the three-year period immediately preceding the date of application for recertification;
 - 15.21.2.2.4.2 submit evidence of twelve months current full-time practice in a supervised or mentored position in the relevant subspecialty with satisfactory ongoing summative assessment, as determined by the relevant subspecialty committee; and
 - 15.21.2.2.4.3 pay the certification fee.

APPOINTMENT AND DUTIES OF SUBSPECIALTY TRAINING SUPERVISORS/PROGRAM DIRECTORS

1. Guidelines for Training Supervisors/Program Directors

Subspecialty Training Supervisors/Program Directors are directly responsible to the Subspecialty Committee, which is responsible to the RANZCOG Training and Accreditation Committee for matters related to approval of Subspecialty Training Programs.

All hospitals with RANZCOG subspecialty trainees, in Australia, New Zealand and overseas, must have a RANZCOG Training Supervisor/ Program Director to coordinate training within that hospital. Each trainee must have a confirmed Training Supervisor before prospective approval of training may be granted.

2. Appointment of Training Supervisors/Program Directors

The MRANZCOG/FranzCOG Regulations state that the College retains responsibility for the appointment of Training Supervisors/Program Directors and for

Training Supervisors/Program Directors in Australia and New Zealand:

- Designated Training Supervisors/Program Directors supervise all trainees in recognised training positions. The Subspecialty Committee appoints the Training Supervisors/ Program Directors after consultation with the appropriate hospital authorities. Council does not formally approve such appointments, but may if it sees fit direct the Subspecialty Committee to discontinue any or all appointments.

Training Supervisors/Program Directors Overseas:

- Designated Training Supervisors/Program Directors supervise all trainees in recognised training posts. In hospitals outside Australia and New Zealand the Training Supervisors/Program Directors are appointed on the basis of recommendation from the hospital. Council does not formally approve such appointments, but may, if it sees fit, direct the Subspecialty Committee to discontinue any or all appointments.

Direct responsibility for appointing a Training Supervisor therefore lies with the College. This is reasonable as the position is a College appointment rather than a hospital appointment and the primary responsibility of the Training Supervisor is to the College and its Training Program.

3. Duties of the Training Supervisor/Program Director

Training Supervisors/Program Directors have responsibilities to the trainee, to the College and to the community. Their major role will be to help the trainee plan training, check the adequacy of the training, and prepare trainees for assessment. It is also important for Training Supervisors/Program Directors to identify trainees whose performance is unsatisfactory as soon as possible in their training so that counselling may be undertaken.

In general terms, the Training Supervisor/Program Director has responsibility for the coordination of the Training Program within the hospital. At a minimum, all Training Supervisors/Program Directors must be involved in:

- 3.1 selection of trainees;
- 3.2 planning and training program of each trainee;

- 3.3 examining and signing trainee's log book every six months;
- 3.4 using the Trainee Assessment Form, collecting information from consultants on the performance of each trainee every six months;
- 3.5 conducting a formal feedback interview with each trainee every six months to discuss both log book data and information collected from consultants using the Trainee Assessment Form so that the Six-monthly Trainee Report can be completed;
- 3.6 conducting a formal feedback interview taking appropriate action to correct deficiencies identified either in logged experience or in performance;
- 3.7 advising each trainee regarding his or her future training; and
- 3.8 establishing a mechanism to provide career planning and personal counselling for trainees.

19. APPEALS PROCEDURES

[All regulations in subsection 19 revised and ratified by Executive, November 2009.]

19.1 Policy

19.1.1 The Appeals Committee shall hear appeals in relation to decisions made by or on behalf of the RANZCOG.

Guidelines

19.2 Questions of disputed decisions or assessment can frequently be resolved without recourse to formal appeal. It is advised that any disputed decision or assessment be discussed with the Chief Executive Officer of the College under Regulation 19.3 below (Informal Review Procedures) prior to lodging a formal appeal under Regulation 19.4 of this policy

19.3 Informal Review Procedures

19.3.1 Requests for informal reviews, where potential appellants seek a review of a decision or further reasons for a decision, must be addressed in writing to the Chief Executive Officer within three months of the date of the decision being made. Such a review shall not, and does not, constitute an appeal under this Regulation.

19.3.2 An appellant may request information on which the decision was based. The College will provide such information upon written request, within four weeks of the request, subject to obligations of privacy and confidentiality which may apply.

19.3.3 Following a request for informal review, or additional reasons (as the case may be), the Chief Executive Officer must be satisfied that all other avenues to resolve the issues of concern to the potential appellant have been exhausted before a formal appeal can be lodged and an Appeals Committee constituted.

19.3.4 Where the informal review procedure has been utilised, formal appeals must be lodged in writing to the Chief Executive Officer within three months of the date of advice of the outcome of the informal review.

19.4 Formal Appeals

19.4.1 Formal appeals must be lodged in writing to the Chief Executive Officer within six months of the decision being made. Where the appellant has utilised the informal review procedures as outlined in Regulation 19.3 and the Chief Executive Officer is satisfied that all other avenues to resolve the issues of concern to the potential appellant have been exhausted, formal appeals must be lodged in writing to the Chief Executive Officer within three months of the date of advice of the outcome of the informal review from the Chief Executive Officer.

19.4.2 The formal appeal lodged in writing must:

- State the decision in respect of which the appeal is made;
- Clearly state the grounds for the appeal (refer to Regulation 19.5);

- Provide a brief outline of the matters in issue;
- State the remedy sought; and
- Provide payment of the applicable appeal fee (refer to Regulation 19.9).

19.5 Grounds for Appeal

19.5.1 A person who is aggrieved by a College decision may request an appeal in respect of the decision on one or more of the following grounds:

- (a) that an error in law or in due process occurred in the formulation of the original decision;
- (b) that relevant and significant information, whether available at the time of the original decision or which became available subsequently*, was not considered or not properly considered in the making of the original decision;
- (c) that irrelevant information was considered in the making of the original decision;
- (d) that procedures that were required by College policies to be observed in connection with the making of the decision were not observed;
- (e) that the original decision was made for an improper purpose;
- (f) that the original decision was made in accordance with a rule or policy without regard to the merits of the particular case;
- (g) that the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

* Note: evidence of further training and experience by the appellant during the period between the making of the original decision, the subject of the appeal, and the date of the hearing of the appeal, shall not be considered as information that becomes available subsequently.

[Revised and ratified by Executive, March 2010]

19.6 Time Restrictions for Appeals

19.6.1 Pursuant to Regulation 19.3.1 requests for informal reviews must be lodged in writing to the Chief Executive Officer within three months of the date of the decision.

19.6.2 Pursuant to 19.4.1 formal appeals must be lodged in writing to the Chief Executive Officer within six months of the decision being made. Where the appellant has utilised the informal review procedures as outlined in Regulation 19.3 and the Chief Executive Officer is satisfied that all other avenues to resolve the issues of concern to the potential appellant have been exhausted, formal appeals must be lodged in writing to the Chief Executive Officer within three months of the date of advice of the outcome of the informal review from the Chief Executive Officer.

19.7 Appeals Committee Composition

19.7.1 The Appeals Committee will comprise:

- Three members (one of whom shall be the Chairperson) who are not College members; and
- Two College Fellows who were not party to any decision to which the appeal relates (in the event of an appeal involving a subspecialist, one of the Fellows should be a subspecialist from that particular subspecialty).

19.7.2 The Chief Executive of the College, or nominee, shall be in attendance at the hearing of the appeal but shall not be part of the Appeals Committee.

19.7.3 A quorum for meetings of the Appeals Committee will be the Chairperson and three other members. All members of the Appeals Committee shall be entitled to vote on decisions. Decisions of the Appeals Committee shall be decided by a majority of votes of members. In the event of an equality of votes, the Chairperson may exercise a casting vote.

19.8 Appeal Proceedings

19.8.1 After determining that the appeal will proceed, the Chief Executive Officer or nominee shall:

- (a) Acknowledge receipt of the appeal, including receipt of payment of the appeal fee.
- (b) Convene the Appeals Committee.
- (c) Determine the date of the appeal hearing, which shall be held within three months of the lodging of a formal appeal.
- (d) At least 21 days prior to the hearing date the Chief Executive Officer or nominee will advise the appellant in writing:
 - The date, time and location of the appeal;
 - The membership of the Appeals Committee;
 - The right of the appellant to present his or her case to the Appeals Committee in person; and
 - The right of the appellant to have a personal advocate, colleague or mentor present at the hearing in an observer capacity, but who may, with the consent of the Appeals Committee, act as advocate in accordance with Regulation 19.8.3.

19.8.2 Appellants are required to lodge all written submissions and copies of any documents and records upon which he/she wishes to rely to the Appeals

Committee 14 days prior to an appeal hearing. Additional information provided after the submission will only be considered if the Chair of the Appeals Committee considers that the material is of significance to the matter.

- 19.8.3 A personal advocate, colleague or mentor may represent the appellant in those cases where the Appeals Committee considers that an appellant could not present, or would be disadvantaged in his/her appeal if required to present in person. Such a request for an appellant to be so represented must be made in writing to the Chairperson of the Appeals Committee no later than seven (7) working days prior to the date of the appeal hearing. In those cases where the appellant is granted leave to be so represented by an advocate, the Appeals Committee may appoint a person to act as counsel assisting in the hearing of the appeal.
- 19.8.4 Sponsoring hospitals may appeal on behalf of overseas-trained specialists they are seeking to employ.
- 19.8.5 The Appeals Committee must act according to the rules of procedural fairness / natural justice and decide each appeal on its merits. The Appeals Committee is not bound by the rules of evidence and, subject to the rules of procedural fairness / natural justice, may inform itself on any matter and in such a manner as it thinks fit.
- 19.8.6 The Appeals Committee shall be entitled to consider all relevant information which it thinks fit, and may invite any person to appear before it or to provide information.
- 19.8.7 All proceedings shall remain confidential, save for information relating to decisions distributed as outlined in Regulation 19.8.12 below.
- 19.8.8 The Appeals Committee may:
 - (a) Confirm the decision which is the subject of the appeal.
 - (b) Revoke the decision which is the subject of the appeal and refer it back to the originating committee for a fresh decision.
 - (c) Revoke the decision which is the subject of the appeal and make an alternative decision for notification to Council.
- 19.8.9 In all cases the Appeals Committee's decision is final.
- 19.8.10 Decisions of the Appeals Committee must be notified to Executive and Council.
- 19.8.11 The Chief Executive Officer, on behalf of the Appeals Committee, will notify the appellant in writing of the decision, and reasons for the decision, within three weeks of the appeal hearing.
- 19.8.12 Decisions of the Appeals Committee will be disseminated as follows:
 - 19.8.12.1 Following communication of the decision and reasons to the appellant(s), the College Chief Executive Officer shall make available to the College President a document outlining the decision and a summary only of reason(s) for the decision (essentially the grounds of appeal and those which were or were not found to be upheld).
 - 19.8.12.2 The decision of the Committee, together with the summary of the

reason(s) for the decision, will be conveyed to the College Executive members (by e-mail in the first instance, followed by distribution in papers at the next scheduled meeting of this group). (19.8.7, 19.8.10)

- 19.8.12.3 The decision of the Committee, along with the summary of the reason(s) for the decision will be conveyed to the Chairperson of the Committee or other body that was responsible for the original decision that was the subject of the appeal, as well as the manager of the College department responsible for the coordination of that Committee or other body. This enables facilitation of any further processes required as a result of the decision, as well as review of processes surrounding the original decision. The Chairperson of the Committee may choose to share the decision and summary reasons for the decision with members of the body.

There are occasions where a decision may be felt by the College President or Chief Executive Officer to have direct relevance and ramifications beyond the committee from which the decision that was the subject of the appeal originated. In such cases, where it is considered necessary in order for College process to be altered as a result of the decision of an appeal, and with the agreement of the Chairperson of the Appeals Committee, the decision of the Appeals Committee, along with information relating to the summary of the reason(s) for the decision that is considered to be of direct relevance, may be conveyed to such other bodies or staff as is considered necessary, provided that the information conveyed is first de-identified to protect the confidentiality of the appeal proceedings.

- 19.8.12.4 The decision of the Committee, along with the summary of the reason(s) for the decision (essentially the grounds of appeal and those which were or were not found to be upheld) will be conveyed to the College Council by distribution in papers at the next scheduled meeting of this group. (19.8.7, 19.8.10)
- 19.8.12.5 A de-identified notice of the outcome of the appeal may appear on the College website or in a suitable College newsletter should the President and Executive wish it to be publicised.

19.9 Fees

- 19.9.1 The Chief Executive Officer will advise the appellant of the applicable fee at the time of initial discussions prior to lodgement of the formal appeal.
- 19.9.2 The appellant shall submit payment of the fee with the formal letter of appeal.
- 19.9.3 The College will refund the fee paid to the appellant in the case that the appeal is upheld.
- 19.9.4 The Chief Executive Officer of the College has the power to waive the application fee in appropriate circumstances, and the Chair of the Appeals Committee shall have the power to review decisions of the Chief Executive Officer on application of the appellant.
- 19.9.5 An appellant requiring a face-to-face hearing will meet all costs that they incur including, but not limited to, travel and accommodation regardless of the result

of the appeal.

19.10 Approval Authority

19.10.1 Amendments to this policy and the procedures shall be approved by the College Executive Committee.

19.11 Implementation and Monitoring

19.11.1 The Chief Executive Officer shall be responsible for the implementation of this policy and for monitoring its effectiveness.

