

THE ROYAL AUSTRALIAN AND
NEW ZEALAND COLLEGE OF
OBSTETRICIANS AND
GYNAECOLOGISTS



TRAINING HANDBOOK SUPPLEMENT

FOR TRAINEES CONTINUING UNDER THE
OLD TRAINING PROGRAM

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**INFORMATION ON
THE USE OF
THIS HANDBOOK**

NEW AND OLD TRAINING PROGRAM INFORMATION

In late 2003 the College introduced the RANZCOG Curriculum and a new training program based upon this document. All trainees who commence MRANZCOG/FRANZCOG training on or after 1 December 2003 are governed by the RANZCOG Curriculum and the requirements of the new training program.

For those trainees who were already part of the training program, the College sought to minimise the effects (if any) on their training and assessment requirements, while improving the educational outcomes. With this in mind, the College put in place certain transition arrangements, which were determined by the extent to which any given trainee had progressed through the training program; specifically, the highest year of training undertaken or commenced during the period 1 December 2003 - 31 August 2004.

- **Trainees in Year 2** remained within the old training program but with two changes: rather than undertaking the Distance Education Program (DEP), they were required to undertake the Flexible Learning Program (FLP), and to meet the examination eligibility requirements of the new training program.
- **Trainees in Year 3** were presented with two pathways: to continue under the old training program, meeting the DEP and examination requirements stipulated, or to not complete the pre-Membership DEP units and to sit examinations based upon the RANZCOG Curriculum. Those choosing the old training program pathway were also governed by deadlines established by the College (e.g. for completion of DEP units and passing of the examinations based on these units).
- **Trainees in Years 4, 5 and 6** continued entirely under the old training program with its attendant requirements.

Since 2004 the *Training Program Handbook* has contained information relating to both the new and old training programs. However, as the majority of College trainees are part of the new training program, the Handbook has been revised. The *Training Program Handbook* is a COMPLETE resource for all New Curriculum trainees, although much of the content remains relevant to ALL TRAINEES (e.g. information on training documentation and elevation to Fellowship).

Information relevant only to trainees continuing with the old program (including the old syllabus and the Distance Education Program) is contained in this supplement.

UPDATES

Please note that every effort is made to ensure that the information and regulations in this handbook are correct.

As such, it is regularly updated and trainees and Fellows are strongly advised to consult the latest version, available on the College website (www.ranzcog.edu.au). Reference should also be made to the Training and Assessment Bulletins which are circulated by email each month and are available on the College website.

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**INFORMATION FOR TRAINEES
WHO COMMENCED PRIOR TO
1 DECEMBER 2003**

INTRODUCTION: TRANSITION TO THE FLEXIBLE LEARNING PROGRAM AND NEW EXAMINATION ARRANGEMENTS

Background

The introduction of the RANZCOG Curriculum for trainees entering the RANZCOG Training Program from 1 December 2003 required the formulation of transition arrangements and associated regulations for trainees who were already in the program prior to that date. Such arrangements were put in place and have been operational since that time.

The effects (if any) on training requirements for trainees who were in the training program prior to the introduction of the RANZCOG Curriculum were desired to be minimal and to result in improved educational outcomes for trainees. Equity and fairness were two of the basic principles that guided the transition arrangements that were put in place. The key determination of effect(s) of the transition arrangements for individual trainees was the extent to which they had progressed through the training program in 2004; specifically, the maximum year level of training that they would have entered prior to 1 September 2004. For example, a trainee who commenced Year 3 of their training in February 2004 was considered a Year 3 trainee for the purposes of transition, as was a trainee who commenced Year 3 of their training in August 2004.

The Curriculum Transition Subcommittee, a subcommittee of the RANZCOG Education & Assessment Committee, was formed to consider any matters relating to transition arrangements for trainees. This Subcommittee was time-limited and ceased to exist from 1 December 2007.

Trainees who wish to have matters considered by this subcommittee should make formal application in writing to the chairman of the Subcommittee. These applications should be forwarded to College House, marked for the attention of the Manager, Assessment Services.

Specific Transition Arrangements

Apart from the modifications to the training program that follow below, trainees who reached Years 2-6 prior to 1 September 2004 continue to work through the training program that existed prior to the introduction of the RANZCOG Curriculum and meet all of its attendant regulations. Changes to the training program pertain ONLY to the replacement of the Distance Education Program (DEP) with the

Flexible Learning Program (FLP) and attendant changes to examination timing - there were NO other changes to the training program.

Note that examination eligibility requirements in the new curriculum differ from those in the current training program:

	First Attempt at the Examinations	
	previous training program	new curriculum training program
Written Exam	2 nd half of 3rd year	1 st half of 3rd year
Oral Exam	1 st half of 4th year	2 nd half of 4th year

Table 1. Examination eligibility requirements

The following summarises the transition arrangements that were implemented.

Year 2 (2004)

These trainees remain within the previous training program, but with the FLP replacing the DEP from 1 January 2004. Trainees will be required to satisfy the examination eligibility requirements of the new curriculum. They are eligible to sit the Written Exam for the first time in the first half of Year 3 (i.e. first half of 2005) and the Oral Exam in the second half of Year 4 (ie 2nd half of 2006). These exams will reflect the RANZCOG Curriculum.

Apart from switching to the FLP, and being required to meet the exam eligibility requirements of the new curriculum, trainees will continue to work through the previous training program and meet all of its requirements.

Year 3 (2004)

These trainees were given a choice: to proceed with the previous training program unchanged by completing the required DEP units and sitting the MRANZCOG Written Examination in the second half of 2004 and the MRANZCOG Oral Examination in the first half of 2005, or not completing the seven pre-membership DEP units, and work toward sitting the written examination in February 2005 and oral examination from the second half of 2005 that were

based on the RANZCOG Curriculum.

There were two consequences of this transition arrangement:

- Trainees who qualified for and were successful in the DEP-based examinations are required to complete the 3 post-Membership DEP units before becoming eligible for Fellowship.
- Trainees who qualified to sit the DEP-based exams, but who were unsuccessful, are required, for subsequent attempts, to sit the examinations based on the RANZCOG Curriculum. These trainees are not required to complete the 3 post-Membership DEP units.

The flowchart over page serves to summarise the options that were available to trainees whose maximum level of training prior to 1 September 2004 was Year 3.

Years 4, 5 and 6 (2004)

These trainees were considered to be so far advanced in the training program that there was no possibility for them to move across, as a group, to the FLP — they continue with the previous training program. Because of periods of leave and/or unsuccessful attempts at the examinations, there may, however, be trainees who eventually find themselves having to sit examinations based on the new Curriculum.

Trainees in Years 4, 5 and 6 have already derived some benefit from the new RANZCOG curriculum. With the introduction of the FLP, the Medico-Legal and Risk Management FLP topic is now utilised as the basis for the summative assessment requirement that was the Medico-Legal DEP unit. Refer to the FLP topic 22 on the College website.

Important note to all trainees:

It must be emphasised that, despite the changes brought in by the new curriculum, the essential core knowledge base remains much the same. Therefore, material examined in examinations based on the RANZCOG Curriculum will not be significantly different from that examined in previous exams. The FLP will contain more up-to-date material than the DEP but, above all else, it should be seen as an improved way to learn.

TIMELINE FOR TRAINEES IN YEAR 2 AT 31 AUGUST 2004

	YEAR 2 (2004)	YEAR 3 (2005)	YEAR 4 (2006)	YEAR 5 (2007)	YEAR 6 (2008)
	Submit registration/prospective approval of training form and annual training fee				
Training	Integrated Training Program		Plan elective training	Elective Training Program	
				Optional: undertake first year of subspecialty training (<i>NOTE: both elective years cannot be approved for formal subspecialty training</i>)	
Workshops & Learning Resources	Progress with Flexible Learning Program				
Assessment	At 3 and 9 months: Mid-semester formative assessment with Training Supervisor Logbook reviewed and signed by Training Supervisor				
	At 6 and 12 months: Submit six-monthly summative assessment and TAR Submit Trainee Feedback Questionnaire				
	In-Hospital Clinical Assessments				
	Written Examination <i>(first opportunity to sit: first half of Year 3)</i>	Oral Examination <i>(first opportunity to sit: first half of Year 4)</i>			

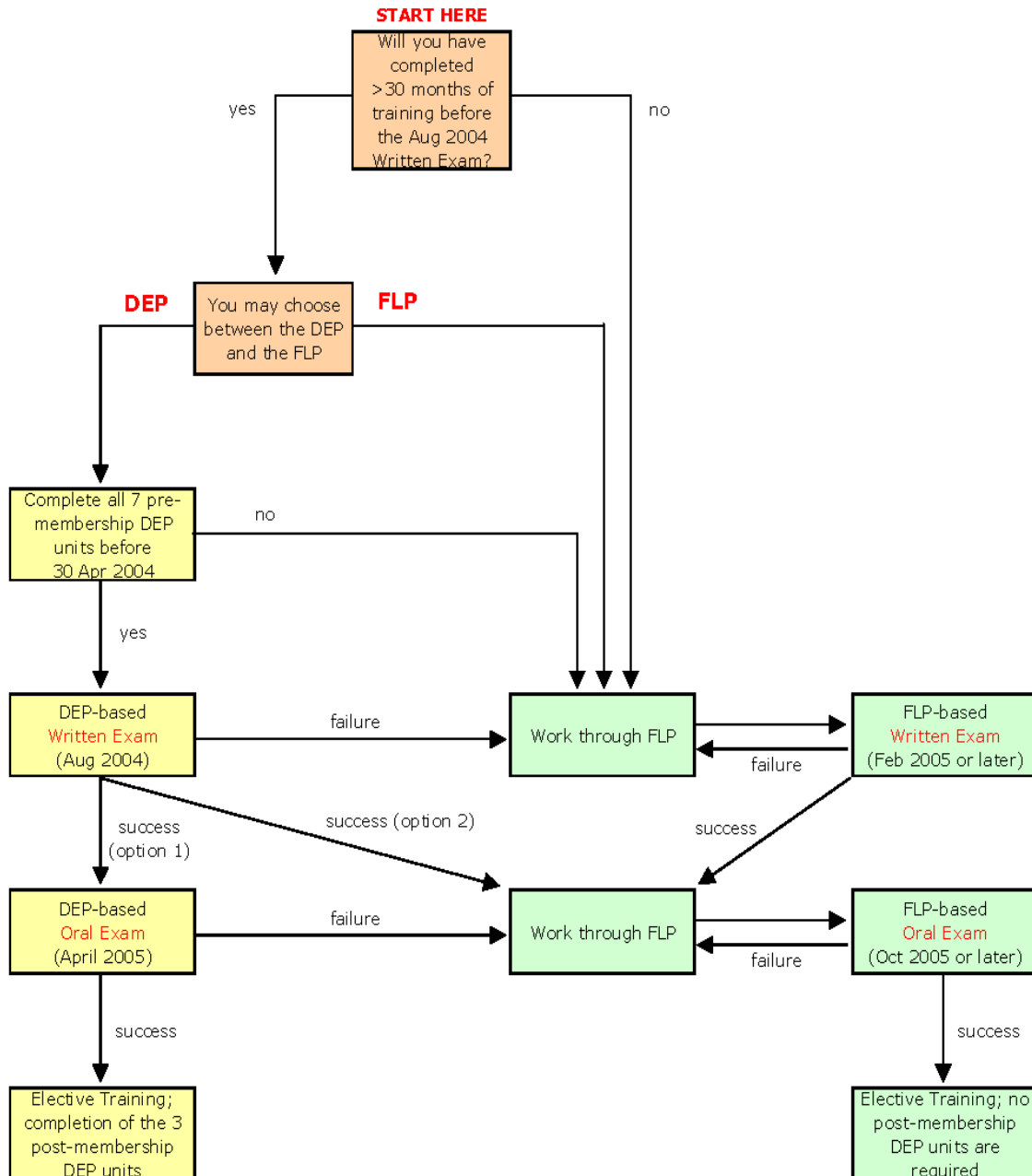
TIMELINES FOR TRAINEES

TIMELINE FOR TRAINEES IN YEAR 3 AT 31 AUGUST 2004

	YEAR 3 (2004)	YEAR 4 (2005)	YEAR 5 (2006)	YEAR 6 (2007)
	Submit registration/prospective approval of training form and annual training fee			
Training	Integrated Training Program		Elective Training Program	
		Plan elective training	Optional: undertake first year of subspecialty training (<i>NOTE: both elective years cannot be approved for formal subspecialty training</i>)	
Learning Resources	Distance Education Program OR Flexible Learning Program <i>(refer to the flowchart on the next page for information about timing and eligibility)</i>			
	At 3 and 9 months:	Mid-semester formative assessment with Training Supervisor Logbook reviewed and signed by Training Supervisor		
Assessment	At 6 and 12 months:	Submit six-monthly summative assessment and TAR Submit Trainee Feedback Questionnaire		
	Written & Oral Examinations <i>(refer to the flowchart on the next page for information about timing and eligibility)</i>			

Please refer to the flowchart on the next page for information on the requirements and deadlines of the various transition pathways.

FLOWCHART: TRAINING AND ASSESSMENT OPTIONS FOR TRAINEES WHO WERE IN YEAR 3 AT THE TIME OF THE TRANSITION



TIMELINES FOR TRAINEES

TIMELINE FOR TRAINEES IN YEAR 4 AT 31 AUGUST 2004

	YEAR 4 (2004)	YEAR 5 (2005)	YEAR 6 (2006)
	Submit registration/prospective approval of training form and annual training fee		
Training	Integrated Training Program	Elective Training Program	
	Plan elective training	Optional: undertake first year of subspecialty training	
	At 3 and 9 months:	Mid-semester formative assessment with Training Supervisor Logbook reviewed and signed by Training Supervisor	
	At 6 and 12 months:	Submit six-monthly summative assessment and TAR Submit Trainee Feedback Questionnaire	
Assessment	Complete all 7 pre-Membership DEP units before 30 April 2004	Complete all required pre-Fellowship DEP units (<i>Behavioural Medicine, Medico-legal Issues, Ethics</i>)	
	Complete IHCA's 2 & 3 (if not already completed)		
	Written Examination (if not already completed)		
	Oral Examination (if not already completed)		

TIMELINE FOR TRAINEES IN YEAR 5 AT 31 AUGUST 2004

YEAR 5 (2004)		YEAR 6 (2005)	
	Submit registration/prospective approval of training form and annual training fee		
Training		Elective Training Program	
		Optional: undertake first year of subspecialty training	
Assessment	At 3 and 9 months:	Mid-semester formative assessment with Training Supervisor Logbook reviewed and signed by Training Supervisor	
	At 6 and 12 months:	Submit six-monthly summative assessment and TAR Submit Trainee Feedback Questionnaire	
		Complete all required pre-Fellowship DEP units <i>(Behavioural Medicine, Medico-legal Issues, Ethics)</i>	

TIMELINE FOR TRAINEES IN YEAR 6 AT 31 AUGUST 2004

YEAR 6 (2004)		YEAR 6 (2005)	
	Submit registration/prospective approval of training form and annual training fee		
Training		Elective Training Program	
		Optional: undertake first year of subspecialty training	
Assessment	At 3 and 9 months:	Mid-semester formative assessment with Training Supervisor Logbook reviewed and signed by Training Supervisor	
	At 6 and 12 months:	Submit six-monthly summative assessment and TAR Submit Trainee Feedback Questionnaire	
		Complete all required pre-Fellowship DEP units <i>(Behavioural Medicine, Medico-legal Issues, Ethics)</i>	

RANZCOG SYLLABUS

MRANZCOG INTEGRATED TRAINING PROGRAM SYLLABUS

I. Attitudes

NOTE: These attitudes are ESSENTIAL requirements. They should be developed throughout the Training Program and should also form the basis for initial selection of trainees.

- A. Empathy with patients
- B. Willingness to work as a team member
- C. Readiness to learn
- D. Willingness to accept criticism
- E. Willingness to teach
- F. Enquiring mind
- G. Tolerant and caring approach to others
- H. Recognition of own limitations
- I. Open-mindedness
- J. Responsibility for overall care of patient
- K. Honourable approach to patients and colleagues
- L. Commitment to continuous improvement of care

The remainder of the syllabus is composed of objectives which describe what a holder of the MRANZCOG should know and be capable of performing.

II. General

- A. Take a case history in each of the areas of obstetrics and gynaecology
- B. Take a social history relating to interpersonal, work, family and other relationships
- C. Take a history of drug abuse
- D. Perform an appropriate general physical examination
- E. Apply appropriate and gentle examination

techniques to evaluate patients in each of the specialist areas of O&G

- F. Understand benefits and limitations of various investigations used in O&G
- G. Order appropriate investigations for each case
- H. Interpret the results of investigations
- I. Make a differential diagnosis
- J. Assess and plan management for any obstetric or gynaecological patient
- K. Manage exposure risks of HIV, hepatitis B virus and similar infections to self
- L. Perform a breast examination
- M. Make clinical decisions with an understanding of the costs of those decisions
- N. Resuscitate an adult patient, including intubation and cardio-pulmonary arrest
- O. Understand the special needs of an adolescent with an obstetric or gynaecological problem
- P. Understand the special needs of a child with a gynaecological problem
- Q. Understand the special needs of women from different ethnic groups
- R. Understand the special needs of Aboriginal and Torres Strait Islander women
- S. Use word processing and database software on a PC

III. Communication and Counselling

- A. Counsel women in all aspects of general obstetrics and gynaecology
- B. Take a sexual history and perform basic sexual counselling
- C. Convey bad news to patients and relatives in a sensitive manner
- D. Perform basic grief counselling, including counselling parents after a perinatal death and counselling relatives of a dying patient

SYLLABUS

- E. Counsel women with unwanted pregnancy
- F. Counsel women seeking termination
- G. Counsel women seeking to adopt out a baby at the end of pregnancy
- H. Counsel women who habitually abuse drugs
- I. Present a concise summary of clinical problems to colleagues/students
- J. Teach junior colleagues in clinical situations
- K. Present a lecture to a medical and/or nursing group
- L. Conduct a tutorial for a medical and/or nursing group
- M. Negotiate a compromise, including conflict resolution
- N. Communicate with other health professionals, including preparation of succinct and relevant letters to general practitioners
- O. Understand the ethics and mechanisms of consultation with colleagues within the specialty and in other specialties

IV. Ethical and Legal

- A. Evaluate the ethical aspects of individual cases
- B. Understand the ethical implications of health economics
- C. Understand legal implications when obtaining consent or documenting adverse outcomes
- D. Understand the medical and interpersonal difficulties which commonly lead to litigation in O&G practice
- E. Prepare a medical report for medico-legal consideration

V. Documentation

- A. Maintain accurate and legible records, including diagnosis and plan of

management

- B. Complete a 'front sheet' as soon as possible after discharge of patient from hospital, to enable accurate coding
- C. Write full and accurate notes on operations and other procedures
- D. Write concise discharge summaries and understand contemporary coding practices and their implications, including the use of DRGs

VI. Epidemiology and Research

- A. Define livebirth, abortion, stillbirth, neonatal mortality, perinatal mortality, infant mortality, maternal mortality, preterm birth and low birthweight in use in Australia and internationally
- B. Understand distributions and measures of central tendency
- C. Know the factors involved in determining sample size
- D. Understand the factors involved in assigning causation
- E. Understand the concept of bias and the methods used to reduce bias such as controls, standardisation, randomisation, stratification and blindness
- F. Define the terms validity, reliability, specificity, sensitivity and predictive value as applied to screening and diagnostic tests
- G. Interpret the results of tests of significance, including confidence limits, odds ratio, survival ratio, life tables and those used in meta-analysis
- H. Apply the principles of clinical decision analysis
- I. Critically evaluate new techniques, technologies and treatments
- J. Understand the main requirements of good clinical research
- K. Perform a Medline search using a computer
- L. Perform a critical appraisal of a clinical

- research publication
- M. Write a grant application
- N. Design a research study
- O. Apply for ethics committee approval
- P. Collect, collate and interpret data
- Q. Apply basic statistical analysis to clinical data
- R. Write a research paper
- S. Critically review personal and hospital current practice using contemporary quality assurance principles
- T. Organise and participate in quality assurance activities using contemporary quality assurance methodology
- VII. Women's Health Issues**
- A. Identify major issues in women's health which require special attention or new initiatives
- B. Understand the major objections and complaints that women make about the delivery of obstetric and gynaecological services
- VIII. Applied Anatomy**
- A. Know the gross anatomy of the female bony pelvis
- B. Know the anatomy of the walls and floor of the pelvis, including levator ani, piriformis, obturator internus, bones, fasciae
- C. Know the embryology and anatomy of the female genital tract, including the common malformations seen
- D. Know the course and relationships of the common, internal and external iliac vessels and lymphatics in the female pelvis
- E. Know the anatomy of the somatic nervous system in general terms and its extension into the female pelvis in particular
- F. Know the anatomy of the autonomic nervous system in general terms and its extension into the female pelvis in particular
- G. Know the peritoneal arrangements in the pelvis
- H. Know the gross anatomy of the rectum and anal canal
- I. Know the structure of the placenta
- J. Know the embryology of early pregnancy, including development of chorion, amnion, placenta, umbilicus and umbilical cord
- K. Know the changes in the pelvic and abdominal anatomy of the pregnant woman, including the specialised anatomy of the pregnant uterus
- L. Know the embryology and anatomy of the urinary tract, particularly the female pelvis (especially the course and relationships of the ureter), and including the common abnormalities seen
- M. Know the anatomy of the anterior abdominal wall, including skin, fasciae, muscles, blood supply and innervation
- N. Know the basic embryology pertaining to the understanding of the major congenital abnormalities
- O. Know the anatomy of the fetal skull
- P. Know the anatomy of the breast
- Q. Know the anatomy of the larynx and trachea pertaining to intubation
- IX. Fetal Physiology**
- A. Know fetal growth patterns
- B. Understand the regulation of fetal growth
- C. Understand the physiological processes of maturation, including organ maturation before birth, with emphasis on pulmonary maturation and surfactant production
- D. Understand the principles of fetal cardiovascular physiology, including regulation of the fetal heart rate, fetal oxygen and carbon dioxide transport, and fetal responses to hypoxia

SYLLABUS

- E. Understand the endocrine and transport functions of the placenta
- F. Know the factors regulating placental blood flow
- G. Know the patterns of fetal activity, including fetal movements and fetal breathing movements
- H. Understand the mechanism of regulation of the volume and composition of amniotic fluid
- I. Know the fetal cardio-respiratory and endocrine responses to birth

X. Reproductive Physiology and Endocrinology

- A. Know the hormones and growth factors involved in reproduction and understand their significance, mode of action, effects, metabolism and principles of measurement
- B. Understand the physiology of the ovulatory cycle, including intra-ovarian control and that of the hypothalamic pituitary ovarian axis, FSH, LH, oestradiol and progesterone profiles and temporal relationships, control of ovarian function, oogenesis, follicular development, follicular atresia, ovulation, corpus luteum function and menstruation
- C. Understand the endocrine function of the foeto placental unit
- D. Understand testicular function, including the physiology of sperm production, transport and capacitation
- E. Understand the physiology of the human sexual response
- F. Understand the physiology of fertilisation, early embryonic development, implantation and establishment of pregnancy
- G. Understand the physiology of breast development and lactation
- H. Understand the physiology of the menopause, including knowledge of changing hormone patterns and sources (especially oestrogens) and body changes

- I. Understand the mechanisms involved in sex determination and differentiation
- J. Understand the physiology of puberty

XI. Genetics

- A. Understand the principles of monogenic inheritance and the rules of family transmission of single genes, including autosomal dominant and recessive and X linked abnormalities
- B. Understand the principles of polygenic inheritance
- C. Understand the principles of nucleic acid probes in genetic diagnosis
- D. Understand the inheritance of trisomies 13, 18 and 21
- E. Understand the basic principles of mutagenesis, teratogenesis and malformation
- F. Know the steps in normal and abnormal meiosis and mitosis

XII. Pathology

- A. Understand the principles of collection and preservation of specimens for optimal pathological assessment
- B. Understand the macroscopic and microscopic pathology of diseases of the fallopian tube epithelium, endometrium, cervical transformation zone, vaginal epithelium and vulva, and relate this pathology to clinical management
- C. Understand the macroscopic pathology of endometriosis, pelvic inflammatory disease, ovarian tumour and fibroids, as it relates to clinical management
- D. Understand the macroscopic pathology of abnormal placental development, including trophoblastic disease
- E. Understand the biological effects of radiation related to therapy and its complications
- F. Understand the basic principles of cellular

level pathology relating to C, D and E above

- G. Understand the clinical value of adult and neonatal autopsies
- H. Understand the macroscopic pathology of anomalous development of the uro-genital tract
- I. Understand the applications of molecular biology and genetics to obstetrics and gynaecology, including human papilloma virus, inherited disease and antenatal diagnosis
- J. Understand the mechanisms of development of menstrual disorders (eg amenorrhoea, dysmenorrhoea and dysfunctional uterine bleeding) and the common gynaecological conditions (eg myomata and endometriosis) as they relate to clinical management

XIII. Microbiology

- A. Know the normal microbial flora of the urogenital tract, including acquisition at birth, impact of growth and development, sexual activity and contraceptive practice
- B. Understand the pathogenesis of sexually transmitted diseases in both male and female
- C. Understand the principles of prevention of wound infection and nosocomial infections
- D. Understand the principles of antibiotic use, including mechanisms of action and resistance to major groups of antibiotics
- E. Interpret the results of microbiology investigations, including microscopy, culture and antibiotic sensitivity tests
- F. Know the requirements for the collection and transport of specimens for the diagnosis of infections, including special requirements for identification of fastidious pathogens (eg Chlamydia)
- G. Select tests for the diagnosis of specific infections (ie culture, microscopy, IgG/IgM, serological tests) and understand the principles on which the tests are based
- H. Understand the principles of sterilisation

and disinfection

XIV. General medicine as applied to obstetrics and gynaecology

NOTE: As the term is used in this section, 'medical disease(s)' refers to common or important medical or surgical conditions, particularly those set out in the specific objectives which follow.

- A. Know the effect of medical diseases in pregnancy
- B. Know the effect of pregnancy on medical disease
- C. Know the effect of drugs and treatments used in the management of medical disease on the pregnant woman and her fetus
- D. Know the effects of medical disease on gynaecological conditions
- E. Know the effects of medical disease on a woman's fitness for therapy for gynaecological conditions, including surgery and post-operative management
- F. Apply the above with respect to the following specific conditions:
 1. Haematology: anaemia (iron deficiency, megaloblastic, refractory, haemoglobinopathy), coagulation disorders, disseminated intravascular coagulation, immune thrombocytopenic purpura, von Willebrand's, transfusion reactions, venous thrombosis, embolus, anticoagulation
 2. Cardiovascular: valvular heart disease (rheumatic, congenital), artificial heart valves, supraventricular arrhythmias, hypertension, atherosclerosis, cerebrovascular disease, ischaemic heart disease
 3. 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)
4. 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
 5. 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
 6. Hepatic: acute fatty liver, cholestasis of pregnancy, viral hepatitis, pregnancy and chronic liver disease, drug reactions
 7. Infection: septic abortion, septic shock, Listeria, group B streptococci, syphilis, gonorrhoea, rubella, CMV, varicella, measles, influenza, herpes simplex, human papillomavirus, HIV
 8. Pulmonary: asthma, tuberculosis, smoking, pneumonia, aspiration of gastric contents, chronic lung disease
 9. Dermatology: itch, herpes gestationalis, PUPP, moles and melanomas
 10. Malignancy: breast cancer, choriocarcinoma, treatment of malignancy in pregnancy
 11. Neurologic: epilepsy, headache and migraine, Bell's palsy, paraplegia, cerebrovascular disease
 12. Psychological: manic-depressive psychosis, post-natal depression, schizophrenia
 13. Musculoskeletal: osteoporosis, carpal tunnel syndrome, backache
 14. Rheumatic: rheumatoid arthritis, systemic lupus erythematosus, antiphospholipid syndrome
 15. Substance abuse: alcohol, narcotics, amphetamines, tranquillisers, tobacco, cannabis
 16. Operative: surgical stress, shock, wound infection and prophylaxis, thromboembolism prophylaxis, analgesic options, general fluid management
 17. Trauma: management after motor vehicle accident
- XV. Ultrasound**
- A. Outline key studies relating to the bio-effects and safety of ultrasound
 - B. By reference to the physical principles which underpin ultrasound imaging, explain:
 1. How a real-time ultrasound machine functions
 2. The difference between continuous wave and pulsed Doppler
 3. How different types of transducer function
 4. How ultrasound radiation is propagated in tissue
 5. What B-scan means
 6. What grey scale means
 7. How common artefacts such as shadowing and reverberation occur
 - C. Describe the indications, benefits and limitations of ultrasound examination in the:
 1. Assessment of gestational age
 2. Assessment of fetal abnormalities at 18 weeks
 3. Assessment of fetal growth
 4. Assessment of fetal position

5. Diagnosis of ectopic pregnancy
 6. Assessment of gynaecological disorders, especially pelvic masses
- D. Describe the benefits and limitations of ultrasound examination as a screening test
- E. Describe and recognise the key ultrasonic features of:
1. Common fetal malformations
 2. Hydrops fetalis
 3. Intrauterine growth retardation
 4. Abnormal amniotic fluid volume
 5. Abnormal placentation
- F. Using a real-time ultrasound machine make an accurate assessment of:
1. Fetal number
 2. Presence or absence of heart motion after eight weeks' gestation
 3. Duration of pregnancy or size of fetus
 4. Presentation
 5. Site of placentation
 6. Amniotic fluid volume
 7. The pelvis, using a vaginal probe
- XVI. Surgery**
- A. Know the indications, contraindications and complications of all obstetric and gynaecological surgical procedures
- B. Decide when a procedure is to be used in a particular clinical situation
- Pre-operative
- C. Prepare a specific patient for a specific operation
- D. Undertake assessment for anaesthesia
- E. Obtain specific informed consent
- Intra-operative
- F. Open and close abdomen, using both vertical and transverse incisions
- G. Know the correct use of instruments, equipment and suture material, and care of same
- H. Understand the safety aspects of laser and electrodiathermy use
- I. Identify the ureter and internal iliac artery
- J. Apply microsurgical principles to prevent adhesions during surgery
- K. Understand the principles of central venous pressure monitoring
- L. Manage fluid and electrolyte balance
- M. Manage intravenous therapy, including use of blood and blood products
- N. Recognise injuries to the ureter, including those which become apparent post-operatively
- O. Recognise bladder and bowel trauma and manage under supervision
- P. Insert a suprapubic catheter
- Post-operative
- Q. Detect and manage post-operative complications, including pain, infection, thrombosis, reactionary and secondary haemorrhage, obstruction, paralytic ileus and urinary retention
- R. Diagnose and initiate management of pulmonary embolus
- S. Manage a patient with circulatory shock
- XVII. Obstetrics**
- Antenatal Care**
- A. Provide first visit care, including routine assessment, ordering of tests, counselling before testing and after results, assessment of risk category, assessment of requirement

SYLLABUS

- for genetic counselling, and patient education
- B. Counsel regarding the pros and cons of amniocentesis, chorionic villus sampling and fetal blood sampling
- C. Identify, evaluate and manage normal pregnancies
- D. Understand the principles of management of pregnancy in patients with pre-existing or current medical and surgical disorders
- E. Know how to assess and manage pregnancy-induced medical and surgical disorders, including pre-eclampsia, urinary tract infection, cholestasis, hyperemesis gravidarum, fibroid complications and ovarian cysts
- F. Assess and manage early pregnancy complications, including congenital malformations
- G. Assess and manage significant obstetric complications, including antepartum haemorrhage, iso-immunisation, abnormal growth, abnormal liquor volume, preterm labour, preterm rupture of the membranes, multiple pregnancy, abnormal lie, abnormal presentation and prolonged pregnancy
- H. Understand the use and reliability of tests of fetal well-being
- I. Understand the principles of pharmacology as applied to pregnancy
- Labour**
- J. Manage normal and abnormal labour and delivery, including appropriate use of induction and augmentation
- K. Manage labour following Caesarean section
- L. Manage labour complicated by heart disease or diabetes
- M. Manage primary post-partum haemorrhage
- N. Recognise and manage maternal and fetal complications which develop during labour, including pre-eclampsia and fetal distress
- O. Perform the following procedures in labour:
1. Normal delivery
 2. Induction and augmentation of labour
 3. Pudendal block
 4. Vacuum extraction
 5. Forceps delivery
 6. Caesarean section
 7. Breech delivery
 8. Twin delivery
 9. Management of shoulder dystocia
 10. Episiotomy and repair
 11. Repair of perineal, vaginal and cervical lacerations, including third degree tear
 12. Manual removal of placenta
 13. Management of maternal collapse
- P. Recognise and understand the principles of management of:
1. Uncommon malpresentations
 2. Hydrocephaly
 3. Acute inversion of the uterus
 4. Ruptured uterus
 5. Caesarean hysterectomy
 6. Conduction anaesthesia
 7. Amniotic embolism
- Puerperium**
- Q. Manage normal puerperium, including lactation
- R. Manage problems arising during the puerperium, including:
1. Puerperal sepsis
 2. Post-natal depression and other affective disorders
 3. Secondary post-partum haemorrhage

4. Perineal complications

5. Disorders of lactation

Maternal and Perinatal Morbidity and Mortality

S. Know the national maternal and perinatal death rates

T. Understand the major causes of perinatal and maternal morbidity and mortality

U. Know how to evaluate a perinatal death

XVIII. Neonatology

A. Examine a newborn baby and recognise neonatal abnormalities requiring paediatric care (eg congenital dislocation of hips, oesophageal atresia, cardiac murmurs)

B. Resuscitate a newborn baby. This includes rapid clinical assessment of neonatal asphyxia, external cardiac compression of neonate, use of bag and mask ventilation and use of endotracheal adrenaline.

C. Investigate and provide initial treatment of neonatal jaundice

XIX. Gynaecology

General

A. Diagnose and initiate management of acute and chronic abdominal or pelvic pain, including pain without organic cause

B. Know how to perform a paediatric gynaecological examination

C. Plan management of a woman with a pelvic mass

D. Understand diagnostic techniques in gynaecological cancer

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

F. Diagnose and know appropriate treatment of gynaecological fistulae

G. Understand the following:

1. The causes and pathogenesis of female urinary incontinence

2. The appropriate investigation and treatment of female urinary incontinence, including gynaecological fistulae

3. The role of urodynamic investigations

4. The pathogenesis, investigation and management of utero-vaginal prolapse, including recurrent prolapse

H. Diagnose and manage trophoblastic disease

I. Diagnose and manage women with infections of the upper genital tract

J. Diagnose and manage women with infections of the lower genital tract

K. Diagnose and manage the patient with a sexually transmissible disease

L. Diagnose and manage the patient with vaginal discharge

M. Understand the specific issues related to patients with HIV/AIDS, hepatitis B and hepatitis C

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

O. Counsel women about family planning and contraceptive issues

P. Manage women with all menstrual disorders

Q. Manage a woman with premenstrual syndrome

R. Manage the menopausal patient

S. Manage (in consultation) and counsel a couple with primary or secondary infertility (including scrotal examination and semen analysis), and understand the medical and/or surgical treatments for the common causes identified

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

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

SYLLABUS

V. Counsel and manage the couple with recurrent abortion

W. Manage the patient complaining of hirsutism

Gynaecological Procedures

X. While the procedures which a particular trainee actually performs will be determined by the hospital concerned, holders of the MRANZCOG should be capable of performing the following procedures without the assistance of a consultant obstetrician-gynaecologist:

1. Ovarian cystectomy
2. Oophorectomy
3. Surgical management of ectopic pregnancy
4. Hysterosalpingogram
5. Diagnostic laparoscopy for pain or infertility
6. Laparoscopic surgery at AGES Level 1 eg laparoscopic sterilisation, aspiration of ovarian cysts, division of minor adhesions, diathermy of peritoneal endometriosis and peritoneal biopsy
7. Diagnostic hysteroscopy
8. Diagnostic curettage
9. Colposcopic examination, including recognition of normal and abnormal transformation zone, and biopsy of cervix
10. Treatment of CIN using radical diathermy, loop excision, cryotherapy or laser
11. Outpatient endometrial sampling
12. Curettage for retained products of conception
13. Curettage for secondary post-partum haemorrhage
14. Suction curettage

15. Treatment of minor lesions of cervix, vulva and vagina

16. Management of a Bartholin's cyst or abscess

17. Management of a urethral caruncle

18. Fitting a vaginal pessary

19. Classification of endometriosis using revised AFS classification

20. Insertion of an IUCD

21. Removal of an IUCD

22. Fitting a diaphragm

23. Insertion and removal of a subdermal hormone implant

24. Sigmoidoscopy

Y. Holders of the MRANZCOG must know how to perform the following procedures and should be capable of performing them with the assistance of a consultant obstetrician-gynaecologist:

1. Hymenotomy
2. Appendicectomy
3. Abdominal myomectomy
4. Hysterotomy
5. Cystoscopy
6. Hysteroscopic biopsy
7. Hysteroscopic polypectomy
8. Office/outpatient hysteroscopy
9. Hysteroscopic and laparoscopic procedures with video monitoring
10. Colposcopic examination and biopsy of vagina and vulva
11. Cone biopsy
12. Total abdominal hysterectomy
13. Vaginal hysterectomy
14. Anterior vaginal repair

15. Posterior vaginal repair
 16. Management of a vaginal cyst
 17. Management of a vaginal septum
 18. Plastic repair to vaginal introitus
 19. Ventrosuspension
 20. Colposuspension
 21. Enterocoele repair
 22. Manchester repair
 23. Evacuation of a molar pregnancy
 24. Drainage of a pelvic abscess
- Z. A Member of the College should understand the principles underlying the following procedures, but need not be capable of performing them:
1. Sacrospinous colpopexy
 2. Abdominal colpo-sacropexy
 3. Suburethral sling procedure
 4. Omentectomy
 5. Laparoscopic myomectomy
 6. Vasectomy
 7. Hysteroscopic resection of small submucous fibroids
 8. Hysteroscopic endometrial ablation/resection
 9. Salpingoscopy/fallopscopy
 10. Laparoscopically assisted vaginal hysterectomy
 11. Staging gynaecological malignancy
 12. Vulvectomy
 13. Microsurgical techniques

ASSESSMENT COMPONENTS

DISTANCE EDUCATION PROGRAM (DEP)

Introduction

The Distance Education Program (DEP) continues to be an essential element of the MRANZCOG/FRANZCOG Training Program for trainees who are continuing under the previous training program. The DEP required the completion of a total of TEN units. These trainees are still required to complete certain units, specifically 1, 2 & 10, before becoming eligible for Fellowship.

The DEP Units

Unit	Unit name	To be completed
1.	Behavioural Medicine	Before applying for Fellowship at 66 months
2.	Medico-Legal Issues & Risk Management	
3.	Reproductive Physiology	Before eligible to sit for MRANZCOG examinations
4.	Anatomy	
5.	Genetics	
6.	Fetal Physiology	
7.	Clinical Epidemiology	
8.	Infectious Diseases	
9.	Surgical Pathology	
10.	Ethics	Before applying for Fellowship at 66 months

Trainees should consult Regulation 16.4 for information relating to the processes and timelines involved in relation to satisfactory completion of DEP units and applications for Fellowship.

Self-Paced

The DEP is self-paced. There is no requirement that all trainees must complete Unit 1 by the end of May, for example. There is also no set sequence for completion of units. For maximum flexibility, trainees can complete each unit individually and in any order. This allows them to complete units which are relevant to their current clinical work. There are, however, some deadlines (see the box above).

Unit Study Guides and How to Get Them

Units 1 & 2 can be downloaded from the College website: www.ranzcog.edu.au/trainees/dep.shtml

Unit 10 can be obtained in hard copy. Trainees wishing to order this unit should contact:

Distance Education Program
College House
254-260 Albert Street
East Melbourne VIC 3002
email: assessment@ranzcog.edu.au

DEP order forms are available on the website.

Revised DEP Units

The Medico-Legal DEP and its summative assessment task has been replaced with a summative assessment task based on the FLP Topic 22. This task should be completed and submitted for assessment in the same way as all other DEP assessment tasks and continues to be an assessment requirement for all trainees required to complete the DEP as part of their training.

Assessment

Each unit contains a number of assessment tasks. Most are included only to provide trainees with an opportunity to assess their own learning (formative assessment); however, each unit also contains assessment tasks which must be completed and submitted for marking (summative assessment). All assessment tasks must be typed.

VITAL INFORMATION

Trainees must submit TWO copies of each DEP assessment task and retain a copy for themselves.

If only a single copy of an assessment task is sent in to the College, it will be returned immediately – with a request to submit two copies.

Trainees must allow AT LEAST six weeks for the marking of an assessment task.

These tasks will be graded by the author of the unit or another examiner on a 'Satisfactory/Unsatisfactory' basis. Those receiving a grade of 'Unsatisfactory' will be returned with feedback. These can be resubmitted for marking. Each unit's summative assessment task must be graded as 'Satisfactory' before it can be credited as a pass for that unit.

When submitting an assessment task for marking, trainees must attach an Assessment Cover Sheet.

This is used to keep track of a trainee's work and will be returned to the trainee with a grade and comments.

Assessment Cover Sheets are available on the College website: www.ranzcog.edu.au/trainees/dep.shtml

When a trainee's assessment is received at College House, the date of receipt will be recorded and it will be sent to an examiner.

Trainees should not send assessment work to the author(s) of the unit. All assessment work and the assessment fee should be sent to College House.

ESSENTIAL INFORMATION FOR TRAINEES INTENDING TO APPLY FOR MEMBERSHIP/FELLOWSHIP

It is a NON-NEGOTIABLE College regulation that Membership and Fellowship application forms will not be prepared and sent to applicants until ALL pre-Fellowship DEPs (as applicable) have been assessed as satisfactory. Trainees intending to apply for Membership/Fellowship must allow the maximum possible time for the relevant DEP(s) to be assessed.

Assessment Fees

An assessment fee is payable on submission of each unit's assessment task(s). This fee covers the cost of development of the unit and the cost of materials, marking and administration. Trainees required to resubmit an assessment task do not pay a second assessment fee.

DEP Unit Assessment Fee Payment Forms, which are submitted with the completed assessment and fee, are available on the College website: www.ranzcog.edu.au/trainees/dep.shtml

Getting Help

The study guides are designed to be easy to follow without the assistance of a tutor. However, each study guide contains instructions on how to contact the author, if help is needed.

Another obvious source of assistance is fellow trainees. Students in most distance education programs find that occasional meetings with peers in their local area are often the most useful form of support.

IN-HOSPITAL CLINICAL ASSESSMENT (IHCA)

Trainees who commenced training prior to 1 December 2003 are required to satisfactorily complete the prescribed In-hospital Clinical Assessment (IHCA) modules before becoming eligible for Membership of the College.

In addition to the *Diagnostic Ultrasound* and *Colposcopy & the Treatment of Cervical Diseases* modules, trainees were required to complete Module 1: *Consultation Skills* by the end of Year 2 training.

These modules are marked on a pass/fail basis, with a pass being awarded if the candidate performs at a satisfactory level in all skill areas.

Further information regarding the IHCAs can be found in the *Training Program Handbook 2007*, also available on the College website.



